



Welcome to the OakPark family!

We are pleased you have selected OakPark Preschool for your child's early education and care. Below is a list of what you will need to provide for your child to help us ensure the best care possible. We hope this will help ease the anxiety of your child's first day at school and help ensure a positive daily experience.

Infant - 6 weeks to 1 year

- Bottles of prepared formula or breast milk clearly labeled with your child's name and **date and time** formula was prepared or breast milk was expressed (and date thawed if previously frozen). Please bring enough for the length of time your child is in attendance. Extra bottles will be sent home daily. OakPark provides Similac Advantage formula. If you are using another formula, please bring an "emergency" can of your formula for teachers to prepare as needed.
- ****A package of diapers** clearly labeled with your child's name. Teachers will inform you when your child needs more.
- ****Two packages of diaper wipes** are to be provided by the 1st Monday of each month.
- Two extra complete changes of clothes including socks and shoes if possible. Please remember children learn through play and love to get messy. Coat, jacket, hoodie or sweatshirt as needed.
- A pacifier, if used.
- A family picture

Toddler – 1 to 3 years

- ****A package of diapers** clearly labeled with your child's name. Teachers will inform you when your child needs more.
- ****Two packages of diaper wipes**. These are to be provided the 1st Monday of each month.
- A favorite blanket and/or small pillow for rest time, clearly labeled with your child's name.
- Two extra complete changes of clothes including socks, and shoes if possible. Please remember children learn through play and love to get messy. Coat, jacket, hoodie or sweatshirt as needed.
- Please be sure shoes fit securely. Tennis shoes are strongly recommended. **No open-toed shoes or flip-flops!!**
- Swim suit, towel and beach-shoes or flip-flops for SPLASH days. Kid Sunscreen (non-aerosol) (SUMMER ONLY)
- A family picture

Preschool – 3 to 5 years

- A full set of clothing including socks, shoes, pants, shirts and underwear. Please remember children learn through play and love to get messy. Coat, jacket, hoodie or sweatshirt as needed.
- Please make sure shoes fit securely. Tennis shoes are strongly recommended. **No open-toed shoes or flip-flops!!**
- Swim suit, towel and beach-shoes or flip-flops for SPLASH days. Kid Sunscreen (non-aerosol) (SUMMER ONLY)
- A favorite blanket and/or small pillow for rest time, clearly labeled with your child's name.
- A family picture

School Age

- An extra change of clothes. Coat, jacket, hoodie or sweatshirt as needed.
- Please make sure shoes fit securely. Tennis shoes are strongly recommended. **No open-toed shoes or flip-flops!!** NOTE: Children will not be permitted to go on field trips without appropriate footwear.
- Swim suit, towel and beach-shoes or flip-flops for SPLASH days. Kid Sunscreen (non-aerosol) (SUMMER ONLY)

Reminders

- ****Diapers and wipes are provided for children enrolled in our Early Head Start program.**
- **Parents are required to escort children to their classroom and make contact with the teachers.**
- **Tuition drop box is located in the main hallway on the wall between the office doors. We accept payments of cash, check, or money order. Please see the director if you are interested in making electronic payments.**
- **Please label all clothing and personal items.**

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth	First Day at Program/Home	
Home Address			City	
State	Zip Code	Home Telephone Number		
Parent/Guardian Name			Relationship to Child	
Home Address			Home Telephone Number	
City			State	Zip
Email Address (if applicable)		Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name		
Parent's Work/School Address			City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email				
Where can you be reached while your child is in this program/home?				
Parent/Guardian Name			Relationship to Child	
Home Address			Home Telephone Number	
City			State	Zip
Email Address (if applicable)		Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name		
Parent's Work/School Address			City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email				
Where can you be reached while your child is in this program/home?				
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.				
Name		Name		
City		State	City	
State		State		
Telephone Number	Relationship to Child		Telephone Number	Relationship to Child
Other numbers where emergency contact can be reached (if applicable)		Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital				
Street Address				
City		State	Telephone Number	

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No
 Yes - check all that apply Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? (*check one*)

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (*check one*)

- No
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."
 N/A - child does not attend a full time program.

Child's Name _____

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

Diapering Statement

Is your child toilet trained? Yes (If yes, skip to Emergency Transportation Authorization section) No (If no, fill out the following)

The program's policy is to check diapers every 2 hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

I agree with the program's schedule I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR	Do Not Give <u>Permission</u> to Transport
Program or Home Name <p align="center">OAKPARK PRESCHOOL</p>	Do not sign both	Program or Home Name <p align="center">OAKPARK PRESCHOOL</p>
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature _____ Date _____		Parent's Signature _____ Date _____

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. Yes No
(check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15 and 5101:2-13-15. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

Persons authorized to remove my child from OakPark

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Routine Permission Slip

(For Infant, Toddler, Preschool children only)

I give my permission for _____ to participate in
(Child's Name/Please Print)
routine walks around OakPark Preschool and the Massillon Commons any day while attending
OakPark Preschool from 6:30 am to 6:00 pm.

Parent Signature _____ Date _____

Parent Name _____
(Please Print)

PreK and School Age Routine Permission Slip

(For PreK and School Age children only)

I give my permission for _____ to participate in
(Child's Name/Please Print)
routine walks around OakPark Preschool, the Massillon Commons, and to the field behind
Meadow Winds any day while attending OakPark Preschool from 6:30 am to 6:00 pm.

Parent Signature _____ Date _____

Parent Name _____
(Please Print)

OakPark Preschool

Child and Family Information

Child's Name	Nickname	Birthdate	1st Day at OakPark
Who is in the child's family?			
Who lives at home with the child?			
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional details?			
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of a family member, friend or pet, etc)			
Are there cultural or religious practices of your family we should be aware of? (dietary restrictions, clothing/head coverings, etc.)			
Do you you have any pets at home? If so, what are they and what are their names?			
What time does your child normally go to bed and wake in the morning?			
What time(s) and for how long does your child usually nap?			
Does your child have trouble sleeping? (Night terrors, trouble going to sleep, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain.			
Has your child had previous child care experience? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional details? (center, babysitter, etc)			
What are your expectations of this program?			
What other information would be helpful for the staff caring for you child to know?			
Parent Signature	Date	Dates form updated:	
		Date	_____
Primary Caregiver Signature	Date	Date	_____
		Date	_____

Ohio Department of Education - Office for Child Nutrition
CHILD AND ADULT CARE FOOD PROGRAM
ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside-School-Hours, Youth Development & After School At Risk

Instructions for Completion

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

CENTER NAME **OakPark Preschool**

CHILD'S NAME (please print) **AGE** **BIRTHDATE** / / /
month day year

**CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE
AND THE MEALS RECEIVED WHILE IN CARE**

Check (✓) Days Child Normally in Care	List Hours Child Normally in Care				Check (✓) Meals Child Normally Receives while in Care					
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

Yes, The schedule listed above may frequently vary due to changes in parents/guardians schedule

SIGNATURE OF PARENT/GUARDIAN **DATE** **DAY PHONE NUMBER**

MAILING ADDRESS:
STREET /APT. **CITY** **ZIP CODE**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form, \(AD-3027\)](http://www.ascr.usda.gov/complaint_filing_cust.html) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

ETHNIC and RACIAL DATA FORM

Agency/Daycare Center OAKPARK PRESCHOOL

Agency/Daycare Address 2446 LINCOLN WAY EAST - MASSILLON OHIO 44646

The agency or daycare listed above receives Federal financial assistance for participating in the Child and Adult Care Food Program (CACFP). Because they receive Federal financial assistance they are required to record and maintain the Ethnic and Racial data of all children enrolled in the CACFP. This information is used solely for the purpose of determining compliance with Civil Right laws and will be kept confidential. **We are requesting for each participant to 'Self Identify' and provide this information, however it is optional to Self Identify. If you choose not to Self Identify, then please be aware that the agency/daycare will need to make a judgment of your child's race and ethnicity because Civil Rights law require them to do so.** This ethnic and racial information will remain confidential and on file for 3 years and will only be accessible to authorized personnel.

To Self Identify, please answer the following questions.

Child's name _____

Ethnic Category: Choose one

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino".	
Non-Hispanic or Latino:	

Racial Categories: Check all that apply

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.	
Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
Black or African American: A person having origins in any of the black racial groups of Africa.	
Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa	
Other	

Parent/Guardian Signature _____ Date _____