

# Enrollment Packet Cover

Welcome to the Vineyard Community Preschool Program. We look forward to an exciting new school year together and getting to know our new students and families. Please complete the attached Preschool Enrollment Packet and contact Kristen Fitterer to schedule an appointment to register for preschool. 740-927-7729 or kfitterer@vineyard05.com.

When you arrive for your registration appointment, please bring the completed Preschool Enrollment Packet, along with the following documents:

- o Photo ID of parent or legal guardian
- o Custody paperwork, if applicable
- o Medical paperwork <u>completed</u> and <u>signed by the physician</u>

Our enrollment packet is also available on our website, vineyard05.com



# Program Enrollment

Printed Last Name of Child	First Name	Middle Initial
		Male O Female
Preferred /Nickname for Child	Date of Birth	
Mother's/Guardian Full Name	Cell Phone Number	Email
Dad's/Guardian Full Name	Cell Phone Number	Email

There is a \$75 non-refundable registration fee per enrollee. Checks payable to Vineyard Community Church.

Program Options:

- O 5 day Program | Mon-Fri 8:45 am 11:45 am \$284/month
- O 5 day Program | Mon-Fri 12:45 pm 3:45 pm \$284/month
- O 3 day Program | Mon, Wed, Fri 8:45 am -11:45 am \$195/month
- O 2 day Program | Tue, Thu 8:45 am 11:45 am \$149/month

Payment Options:

- O Online payments via ACH or Credit/Debit Card
- O Automatic Schedule payments via ACH or Credit/Debit Card

Please see our attached directions for payment option. We do not accept cash or checks for tuition payments.

I agree to pay my child's monthly tuition no later than the 15th of every month for the current month 6:00pm the next day. I understand that returned checks for insufficient funds or declined credit cards are assessed a \$20.00 processing fee. I understand that delinquent accounts will be charged a late fee of \$15 each day late. I also understand that a two-week, advanced written notice must be given prior to withdrawing my child from the Vineyard Community Preschool program.

I understand that there is an annual \$75.00 registration fee required in order to hold my spot in the preschool program. This deposit is non-refundable and non-transferable.

\_\_\_\_\_\_ I understand that there is a late pick-up of \$1 for every minute that you are late to pick-up your child. \_\_\_\_\_\_\_ See our late pick-up policy in the parent handbook for details.

Is your child currently enrolled in a preschool program? If yes, where\_\_\_

Signature Parent /Leg	gal Guardian			Date	//
Office Use: // Start Date	// Deposit Received	\$ Monthly Tuition	Processed by	// Completion Date	O Complete

**Reset Form** 

#### 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		Dat	e of Birth			First Day at Program/Home		
Home Address						City		
State	Zip Code	Hor	Home Telephone Number					
Parent/Guardian Name #1				Relation	ship to Ch	nild		
Home Address 🗌 Same as Child's			Home Tel	ephoneN	lumber 🗌	] Same as	Child's	
City				State		Zip		
Email Address (if applicable)			Cell Phon	e (if appli	cable)			
Parent's Work/School Name			Parent's V	Vork/Scho	ool Teleph	oneNumbe	ər	
Parent's Work/School Address					City			
Please indicate if this name should be for other parents/guardians.	released if a		n, of a child a	ttending t	l he progra	m/home rec	quests co	ontactinformation
If you answered yes, please indicate w			clude on the	list 🗆 V	Vork #	Cell#	🗆 Hor	ne# 🗌 Email
Where can you be reached while your	child is in this	s program/hom	e?					
Parent/Guardian Name #2				Relatio	nship to C	hild		
Home Address 🛛 Same as Child's			Home Telep	hone Nun	nber 🗆 S	Same as Ch	ild's	
City				Sta	ite		Z	ip
Email Address (if applicable)			Cell Phone				I	
Parent's Work/School Name			Parent's Work/School Telephone Number					
Parent's Work/School Address		I			City			
Please indicate if this name should be	released if a	parent/guardia	n, of a child a	ttending t	he progra	m/home, re	quests c	ontactinformation
for other parents/guardians. D Ye If you answered yes, please indicate w			cludo on the	liet 🗆 V	Vork #	Cell#		ne# 🗆 Email
Where can you be reached while your					VOIN #			
Emergency Contacts: Parents cann in the event of an emergency or illness one person listed must be able to take 18 years of age.	sif you canno	ot be reached.	Any person	listed sho	ould be ab	le to assist i	in contac	ting you. At least
Name			Name					
City		State	City					State
Telephone Number	Relationship	to Child	Teleph	one Num	ber		Relatio	nship 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			1	,				
Street Address								
City		State	Teleph	one Num	ber			

JFS 01234 (Rev. 10/2021)

Child's Name	
Allergies, Special Health or Medical Conditions, and Medical Foods Fill in this section accurately and completely. Please note that if your child has a <b>current</b> health or med staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program	ical condition requiring child care medication, the JFS 01236
Does your child have any food, medication or environmental allergies? ( <i>check all that apply</i> )	
□ No □ Yes - <i>check all that apply</i> □ Food □ Medication □ Environmental Please list and	lexplain:
Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take active mergency medication to your child? ( <i>check one</i> ) No Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.	on if a reaction occurs, or give
Does your child have a developmental delay or special health or medical condition? ( <i>check one</i> ) No Yes - please explain	
Does the special health or medical condition require child care staff to perform a procedure, or perform monitor your child for symptoms or administer medication during child care hours? ( <i>check one</i> ) No Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed. Is your child currently using any medication or medical food? ( <i>check one</i> ) No Yes - please explain	child specific care such as: to
If yes, does this medication or medical food need to be administered at the child care program/home? No Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file fo 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food. Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? No	
<ul> <li>Yes - please explain</li> <li>Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food</li> <li>No</li> <li>Yes - written instructions from the child's health care provider must be on file.</li> <li>N/A - program does not provide meals or snacks to the child.</li> </ul>	group?

Child's Name	
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff <b>c</b> personnel in an emergency situation.	or medical
□ Not applicable	
ist any additional information about your child that would be useful for staff to know, such as fears or ways that your child be comforted.	prefers to
□ Not applicable	
ist any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.	
Not applicable .ist any additional information about your child that would be useful for staff to know, such as special routines, or behavior	needs.
, , , , , , , , , , , , , , , , , , , ,	
Not applicable	

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Childle N

Child's Name				
	Dia	pering S	tatement	
	(If no, fill out the followin	g:)		
The program's policy is to check dia program's policy or another:	apers everyhours	s. Please	indicate if you want your child's dia	aper checked according to the
I agree with the program's sche	edule 🗌 I do not ag	ree, pleas	se check my child's diaper every _	hours.
	Emergency T	ransport	ation Authorization	
Give <u>Permission</u> to	Transport		Do Not Give Permis	sion to Transport
Program or Home Name			Program or Home Name	
has permission to secure emerge		OR	does not have permission to se	1
my child in the event of an illness of		Do	transportation for my child in the	
emergency treatment. The emerge service will determine the facility to	• •	not	which requires emergency treatr action to be taken:	nent. I wish for the following
transported.	which my child will be	sign	action to be taken.	
		both		
Parent's Signature	Date	4	Parent's Signature	Date
	Date		r arenta olgnature	Date
I have reviewed and received a cop	by of the program's or ho	me's polic		
administrator/designee prior to the		Juararan		
Parent/Guardian Signature(s)				Date
Administrator/Designee Signature	Date			
The form is to be initialed and date information has stayed the same of	d, at least annually, after r changes have been not	it has bee ed. If sig	en reviewed by the parent/guardian nificant changes are needed, pleas	n. This is to indicate all se 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, 5101:2-13-15, and 5101:2-14-04. 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.



### Medical Evaluation

Child	's Name			// Date of Birth
				, , ,
Parer	nt/Guardian's Name			/// Date of Exam
1. (	General Finding -Significant f	inding on (describe any	abnormalities):	
(	General Physical Examination Height* Skin Nose Back	Weight* Head Teeth Abdomen	BP Eyes Neck Genitalia	Ears Chest
	_ead Screening*			
I	Hematocrit Screening*			
2. 5	pecific Findings			*Required by Ohio Revised Code
(	General Neurological Examin Gait Muscle Tone	Station		Muscle Power Cranial Nerves
	Notor Abnormalities Gross Motor Coordination <u>.</u>			
	Fine Motor Coordination _			
(	Sensory Abnormalities			
	Behavioral Problems (check if O Hyperactive O Withdraw	•		pattern <b>O</b> Distracted
	O Other (please describe):			
4.	Medical Diagnosis			
5.	Medical Recommendations (i	nclude medication as p	rescribed)	
This	is to certify that the above na			nation.

part of Vineyard Community Church | 15187 Palmer Road SW| Etna OH 43068 | 740-729-7729 | vineyard05.com

Physician Signature

ver.8.16

**Reset Form** 

# Ohio Department of Job and Family Services CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name ( <i>print or type</i> )	Date of Birth							
	Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):							
(Physician/Physician's Assistant/Advanced Practice Section A- EXAMINATION	Registered N	urse/Certifie	d Nurse Practitioner):					
$\sqrt{1}$ The above named child has been examined.								
The above named child is in suitable condition for partimentally and physically fit to be in group care).	icipation in gro	up care (i.e. f	ree of infectious disease,					
$\sqrt{1}$ The above named child does not have allergies OR is	allergic to the	following ( <i>plea</i>	ase list in space below):					
Check below, if applicable:         Additional information that will assist the child care pr named child (special health care and developmental Optional: Measurements and Recommended Assessments/So Height Vision Q Yes	considerations creenings	s) accompani						
Height       Vision       Image: Constraint of the second	No Hem     No Othe	oglobin ər:	🖸 Yes 🛛 No					
Signature of Examining Health Care Practitioner			Date of Examination					
Name of Examining Health Care Practitioner		Telephone Number						
Street Address	City, State and	Zip Code						
ATTACH A COPY OF THE CHILD'S IMMU (MM/DD/YYYY FORMAT) OF DO			G DATES					
IMMUNIZATION (Complete ONLY ONE SECTION belo Section 5104.014 of the Ohio Revised Code requires Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepa Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and	immunization atitis A, Hepatiti							
Section B - To be completed by the EXAMINING HEA PRACTITIONER: The above named child has been immunized against listed above.		Initials of Exa	amining Health Care Practitioner					
If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):		Date						
Section C - To be completed by the child's parent ON WAIVING AN IMMUNIZATION(S): I have declined to have my child immunized for reaso conscience, including religious convictions against all diseases listed above or against the following disease	ons of of the	Signature of I	Parent					
	5(5).	Date						



Printed Name of Child

Class

Teacher

Vineyard Community Preschool recognizes the value of the audio-visual & other types of electronic communication in providing your child with an effective education & hereby grants permission for your child and/or his/her schoolwork products to be photographed or videotaped as part of an education program produced by Vineyard Community Preschool. Vineyard Community Preschool further grants permission for the photographs and/or videotapes to be used in media presentations that are made available to other educational institutions, cable television stations, or network. This includes that your child's image, name, work product, and school maybe revealed in the presentation(s) but that no further information about your child or his/her schoolwork will be revealed without the parents/guardians prior consent.

Please check each permission you wish to allow:

\_\_\_\_\_ Permission to display class work

\_\_\_\_\_ Permission to use live images

\_\_\_\_\_ Promotional material/brochure

\_\_\_\_\_ Permission to use photo online

\_\_\_\_\_ Permission to use for classroom

Signature Parent /Legal Guardian

The Ohio Department of Job and Family Services requires us to make available class rosters to parents (upon request). The rosters will include the names, addresses, and phone numbers of parents/guardians of children in the preschool classroom. The rosters will not include the name or telephone number, etc. of any person who requests that his/her name, and other information not be included.

I authorize the following to be listed on the parent roster:

\_\_\_\_ Child's name

\_\_\_\_\_ Parent(s)/guardian name

\_\_\_\_\_ Home phone number

- \_\_\_\_\_ Cell phone number
- \_\_\_\_\_ Work phone number
- \_\_\_\_ Email

Signature Parent /Legal Guardian

/ /

Date

Date



# Authorized Pick-Up

Printed Last Name of Child	First Name	Middle Initial
I authorize Vineyard Community Preschool to or deletions to this list must be submitted in we the parental relationship, need not be included	riting for the Vineyard Community Preschoc	I to honor them. Parents, due to the nature of
		//
Signature Parent /Legal Guardian		Date
please inform all authorized pick-up persons lis your child. If they do not have a government is: 	•	
Full Name	Cell Phone Number	Relationship to Child
 Full Name	Cell Phone Number	 Relationship to Child
	Cell Phone Number	Relationship to Child



## Parent Handbook Receipt

Please sign and return this page to the Director by the first day of classes.

I have read the Parent Handbook. I understand the expectations for my child(ren), and I will support these policies and procedures in dealing with my son/daughter and the school. If at any time my child(ren) or family cannot support the policies and procedures found in the handbook, I will withdraw my child(ren) from the school.

	//
Signature of Father (or legal guardian)	Date
Signature of Mother (or legal guardian)	// Date

Name(s) of students





JULY 2023							
Su	М	Tu	W	Th	F	Sa	
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	16	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						
	AUGUST 2023						

Su	м	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

- Open House 5:30-7:30 PM 5
- First Day of Classes 6

SEPTEMBER 2023								
Su	М	Tu	W	Th	F	Sa		
					1	2		
3	4	5	6	7	8	9		
10	11	12	13	14	15	16		
17	18	19	20	21	22	23		
24	25	26	27	28	29	30		

### **OCTOBER 2023**

Su	М	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

**NOVEMBER 2023** 

1

Th F Sa

3 2

4

Tu W

Su M

#### 27 In-Service - No School

30 In-Service - No School

#### 10 Veteran's Day - No School

**Christmas Program** 

Teacher In-Service -

No School 18-29 Christmas Break

22-24 Thanskgiving Break

14

15

12	13	14	15	16	17	18			
12	15	14	15	10	17	10			
19	20	21	22	23	24	25			
26	27	28	29	30					
DECEMBER 2023									
<b>C</b>	84	т	14/	Th	E	Sa			

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

#### **JANUARY 2024**

Su	М	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

### **FEBRUARY 2024**

Su	М	Tu	W	Th	F	Sa		
				1	2	3		
4	5	6	7	8	9	10		
11	12	13	14	15	16	17		
18	19	20	21	22	23	24		
25	26	27	28	29				

### **MARCH 2024**

Su	М	Tu	W	Th	F	Sa	
					1	2	
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	
31							

### **APRIL 2024**

Su	М	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

#### **MAY 2024**

Su	М	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

### **JUNE 2024**

Su	М	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	16	18	19	20	21	22
23	24	25	26	27	28	29
30						

#### 21-22 Field Days 23 Graduation



- 1-2 No School
- 15 Martin Luther King Jr. Day -No School

President's Day -19 No School

22	In-Service -
	No School
25-29	Spring Break

1 In-Service - No School
