

Dear families,

We are thrilled to announce Horizon Education Centers' free academic after school program for up to (14) students from Constellation Schools: Elyria Community Middle. We have many things in store for the year, from field trips to family nights as well as supporting goals for your students to learn and grow into innovative, prepared, and responsible young adults.

The Horizon program uses students' own interests and curiosity to propel their learning. We have a limited number of spaces for our program, so please apply quickly. **Each student will need their own packet submitted.**

All students will receive tutoring services, homework help, and will be required to participate in a computer program called Achieve3000 that helps students learn and reinforce math and reading skills.

Horizon does not guarantee that students will complete their homework - that is the student's responsibility and may be limited by time. Students will partake in hands-on lesson plans, clubs (such as Art, Nature, and STEM), and recreational activities.

Students are to be picked up or given permission to walk home from the program. Dismissal time is between 5-5:30 pm. Please come to East Rec (1101 Prospect St. Elyria, Ohio) to pick up your child. We do provide bus transportation to community drop off sites (such as West Way Gardens, Wilkes Villa & Elyria High School, please check off which location is best for you on the SSP Authorization and Waiver to Transport page).

As you fill out the forms please make sure you provide us with a correct phone number and email address. Each form is required in order for your student to begin the program.

If you or someone in your family would like to be involved in the program, please let us know! We have openings for volunteers, guest speakers, and seats at the stakeholder meetings that occur throughout the year. We look forward to working with you this year to help your child(ren) grow and succeed!

Best,

Ivy Esser-Whidden

440-328-7145

[iesser-whidden@horizonohio.org](mailto:iesser-whidden@horizonohio.org)



## **Program Attendance Policy**

Attendance is a very important part of the 21<sup>st</sup> CCLC program. In order for your child to get the most out of the program, he/she must attend daily. It is important that each student attend each day for the full program length. The program runs from (2:30-5:30pm) daily. Attendance also impacts how the program is funded. When students are absent, funding is reduced, increasing the possibility of the loss of the program.

**Parents are responsible for contacting the Site Coordinator, Ivy Esser-Whidden, if their child will be absent by texting or calling their cell phone at (440-328-7145) or emailing at (iesser-whidden@horizonohio.org).** If a child has a prior commitment, written notice containing the parent/guardian's signature and stating the reason for the absence must be provided to the Site Coordinator ahead of time.

21<sup>st</sup> CCLC excused absences include: illness of the student, serious illness or death of a family member, head lice or nits, doctor or dental appointment, legal matters, religious holiday, unforeseen emergencies, and prior commitments the Site Coordinator has received written notice of ahead of time. These prior commitments include students participating in sports or other afterschool activities (Drama Club, Student Council, etc.). Please also be aware that students are not permitted to attend programming any day(s) they are suspended from school. This includes out-of-school and in-school suspensions.

If your son/daughter is absent during programming, and the Site Coordinator has not been contacted regarding this absence, you will be contacted. If the primary contact cannot be reached, every person listed on the Registration Form will be called until someone is reached. Your student's safety is our top priority. We would never want to assume a child is with their family while the family assumes the child is attending programming.

If any student attends the program less than three days a week for two consecutive weeks due to unexcused absences, the Site Coordinator will request a conference to be held with the family. Please be aware that frequent absences may result in your child's removal from the program especially if we have a waiting list for available seats.

**\*NEW THIS YEAR**

Students enrolled with Southside Pride will not be able to participate in the Parks and Rec's Open Rec program. They will have to choose Horizon's Southside Pride academic afterschool program OR Open Rec they will not be able to do both.



## **Horizon Education Centers Afterschool Program Student Contract**

Students will attend the afterschool program Monday-Friday (school days only) unless there are prior obligations. If students will be absent, parents are required to notify the Site Coordinator. Regular attendance is important if students are going to benefit from the program and a student will be removed from the program if he/she fails to meet the attendance requirements.

Students are not allowed to attend the after school program on any day(s) they have been suspended from school (in-school or out-of-school suspensions). If a student is suspended from school more than three times, the student will be removed from the after school program.

Students will receive homework assistance, tutoring, and online enrichment daily. Students will also participate in the clubs and activities that the program offers. Clubs and participation in the afterschool program are privileges and students can be removed from them at any time for any given amount of time as a consequence of bad behavior.

Students are expected to follow the same rules that they follow during the school day. A student's choices affect their success in the program as well as in the school and poor choices will reflect poorly on the after school program.

Please review the program's rules:

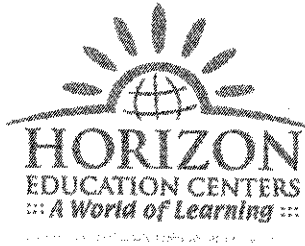
1. Students will come each day with a positive attitude ready to learn and have fun.
2. Students must report to the program with homework, study materials, a book and their laptops. Students with no homework will be told to complete additional Achieve3000 lessons silently and will not bother other students.
3. A student's cell phone must remain turned off and in their book bag. If a cell phone is used during programming, the phone will be taken and given back at the end of the program. If a parent/caretaker needs to contact the student, he/she will call the Site Coordinator at (440-328-7145)
4. Horizon staff are here to help and students will respect them.
5. Students will keep their hands, bodies, personal items to themselves
6. Students may listen to music during homework time, but only with ear buds. Students cannot share their earbuds with other students.
7. Students will not be disruptive or disrespectful.
8. Students will comply with Horizon staff directions.
9. Students will stay in the designated after school space and not roam around other areas of the building.
10. Students will help keep the after school space(s) clean.
11. Students will not use anything that is not for the specific use of Horizon.
12. Students will not bully others.
13. Students will not act or behave in such a way that could cause physical injury to others.
14. Students will refrain from loud and boisterous conduct at all times.



15. Students that ride the bus must follow the same rules that the school has in place. Riding the bus is a privilege and students can be removed from the bus for any given amount of time, including permanently, as a consequence for bad behavior.
16. Students must finish their homework AND achieve 3000 to get free time. Free time is a privilege and can be taken away.

If a student does not follow the rules, there will be consequences for their actions. These will be decided by a Horizon staff member. Students may also receive incentives for positive choices they make. Incentives and consequences for students' behavior may include but are not limited to:

Incentives for Positive Choices		Consequences for Poor Choices	
Verbal recognition	Entered into prize drawings	Warning	Cool down time
Student of the month	Free time	Call home	Written reflection
Call home		Suspension from program	Removal from activity
		Removal from program	

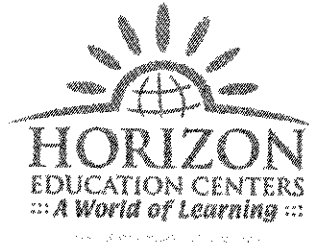


## **Mini Bus/Van Routine Trip Permission**

Horizon Education Centers  
Afterschool Program  
2022-2023

You will be notified of any field trips ahead of time

<b>Routine Trips</b>	Any destination close to school for programming purposes (i.e. library, volunteering opportunities, local colleges, etc...)
<b>Date(s) of Trip(s)</b>	Any Mon-Fri within the 2022-2023 afterschool program start and end dates.
<b>Approximate Time(s)</b>	Between the hours of 2:30-5:30 pm
<b>Mode of Transportation</b>	Mini Bus, Van, or Yellow school bus



## **Walking Field Trip Permission**

Horizon Education Centers  
Afterschool Program  
2022-2023

You will be notified of any field trips ahead of time

<b>Field Trip Destination</b>	Any destination within a reasonable walking distance (1-2 miles) in which students and staff can walk using sidewalks (library, park, etc.)
<b>Date(s) of Trip</b>	Any Mon-Fri (weather permitting) within the 2022-2023 afterschool program start and end dates.
<b>Approximate Time(s)</b>	Between the hours of 2:30-5:30 pm
<b>Mode of Transportation</b>	Walking (under the supervision of staff)



## **Horizon Education Centers Transportation Rules**

These rules are in place for your child's safety and the safety of all the children who attend Horizon.

The rules for Horizon vehicles (mini bus, van, or yellow school bus) are as follows:

- Sit in your seat. Remain seated and buckled.
- Behave in a safe and appropriate manner.
- No food or snack wrappers on bus.
- Do not eat, drink, or chew gum.
- Do not bring electronics, toys, or personal items.
- Use appropriate and respectful words. Quietly talk.
- Take care of the vehicle.
- Follow directions.
- Board and exit the bus in an orderly manner.
- Do not distract the driver.

Parents are required to review these rules and guidelines with their children. If the children are unable to abide by the rules, the following consequences will take place:

- ✓ Verbal warning to child (documentation on a behavior report) – copy to file/original to parent
- ✓ Immediate conference with parent, driver (if possible), and administrator
- ✓ Immediate removal of riding privileges for 1-3 days
- ✓ Final removal of all riding privileges for the school year



Keep the previous pages.

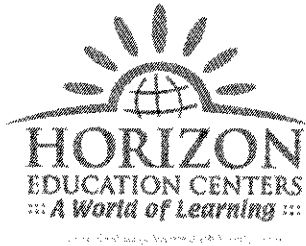
Please fill out and turn in the rest of the Packet to Ivy  
Esser-Whidden at East Rec. (1101 Prospect Street, Elyria,  
Ohio)



School year: \_\_\_\_\_  
Summer: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Keyless Entry Code: \_\_\_\_\_

Parent Account #: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Password: \_\_\_\_\_  
(Please write clearly)



## Registration Form

\* Berea \* Cascade \* East Lorain \* Southside Pride \* Elyria \* Emerson \* GALA \* Harrison \*  
\* Lorain Community \* Louis Agassiz \* Market Square \* North Olmsted \* Old Brooklyn \* Parma Community \*  
\* Shoreway \* South Elyria \* Southside \* Triskett Station \*

Children's Names	Age	D.O.B.	Grade	School Name	Gender	Race/Ethnicity
1. _____	/ /	/ /	/ /	_____	/ /	_____
2. _____	/ /	/ /	/ /	_____	/ /	_____
3. _____	/ /	/ /	/ /	_____	/ /	_____
4. _____	/ /	/ /	/ /	_____	/ /	_____
5. _____	/ /	/ /	/ /	_____	/ /	_____
6. _____	/ /	/ /	/ /	_____	/ /	_____

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone/Cell #: \_\_\_\_\_ Start Date: \_\_\_\_\_

Main Email Address: \_\_\_\_\_ (USED FOR BILLING (if applicable) & NOTIFICATIONS)

Guardian Name: \_\_\_\_\_ Guardian Place of Business: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Guardian Place of Business: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

In emergencies, what is your preferred method of communication? Text Phone call Email

Persons authorized to pick up children:

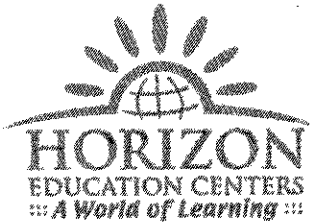
Name (first and last)	Phone number	Name (first and last)	Phone number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**English Language Learner:** Is English the language mostly spoken in your home? Yes No (circle one)

**Student with Disability:** My child has an Individual Education Plan (IEP) or 504 Plan that gives special accommodations at school, and I grant permission for the school to release my child's plan to the Site Coordinator. Yes No (circle one)

**Complete the back**

School year: \_\_\_\_\_  
Summer: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Keyless Entry Code: \_\_\_\_\_



Parent Account #: \_\_\_\_\_

Email Address: \_\_\_\_\_  
Password: \_\_\_\_\_  
(Please write clearly)

**Internet Release:** I understand the school district's internet and computer use policy remains in place for the afterschool program. Yes No (circle one)

**Media Release:** I give permission for my child to be photographed and/or videotaped. My child's image may be used in Horizon Promotional or Information Material/Media at the present time or in the future. Yes No (circle one)

**Transportation\* Release (school-sites only):**

I would like my child to walk home from the afterschool program. Yes No (circle one)

I will pick up my child from the afterschool program at (5:30pm). Yes No (circle one)

My child will need bus transportation home (if available). Yes No (circle one)

\*Transportation: If walking or pickup is NOT an option and transportation is available at the Horizon school-based site, Horizon will transport students more than ½-mile radius from the school or at the site coordinator's discretion. Due to the nature of our buses, we CANNOT drop off at individual homes, rather a block/corner surrounding multiple residences.

**I understand that by signing this document I am agreeing to Horizon Education Centers rules and policies as well as the school's policies (if applicable). I also acknowledge that all information in this registration form is current and accurate.**

Parent's/Caretaker's Name: \_\_\_\_\_

Parent's/Caretaker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_  
Student ID # (if applicable): \_\_\_\_\_



**Authorization for Release of Information**  
**21<sup>st</sup> Century Community Learning Center**

Southside Pride, which is part of Constellation Schools: Elyria Community Middle, is hereby granted permission to release information to Horizon Education Centers, a 21<sup>st</sup> Century Community Learning Center grantee, and designated Horizon staff, and for Horizon Education Centers to release information to Constellation Schools: Elyria Community Middle.

Such information as may be necessary regarding the services for:

\_\_\_\_\_ Child's Full Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

**2022-2023 School Year**

\_\_\_\_\_ School Attending (full name please) \_\_\_\_\_ Principal's Name \_\_\_\_\_

**2021-2022 School Year**

\_\_\_\_\_ School Attended (full name please) \_\_\_\_\_ Principal's Name \_\_\_\_\_

**Student with Disability (circle one):**                      **Yes**                      **No**

My child has an Individual Education Plan (IEP) or 504 Plan that gives special accommodations at school, and I grant permission for the school to release my child's plan to the Site Coordinator.

**Purpose or need for information:** Coordination of after-school supportive educational services provided by Horizon Education Centers.

**Specific information to be released:** School related information for the 2021-2022 and 2022-2023 school year that may include grade cards/interims, attendance records, Ohio assessment results, school benchmark assessment results, in-school suspensions (if applicable), and Individualized Education Plan (IEP) or 504 Accommodation Plan (if applicable).

This consent to disclose information may be revoked by the family at any time, except to the extent that action has been taken in reliance thereon.

\_\_\_\_\_ Parent/Caretaker's Name (print)

\_\_\_\_\_ Parent/Caretaker's Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Horizon Education Centers Site Coordinator

\_\_\_\_\_ Date



### Acknowledgement Page Sign-Off

Please read through all the enclosed registration materials. You will be required to fill-out the following forms and submit them to the Horizon Program Site Coordinator at Southside Pride:

- Registration Form
- Ohio Department of Job and Family Services, CHILD ENROLLMENT AND HEALTH INFORMATION FOR CHILD CARE
- Authorization for Release of Information
- Walk Home Permission Form
- Family Engagement
- Food Form
- CACFP Enrollment Form
- Southside Pride Authorization and Waiver to Transport Child

In addition, as you read through the remainder of the items, you and your child (*where noted*) will initial each item below and then sign and date this page. Your initials and signature will acknowledge your understanding of these five documents, your commitment and agreement with Horizon's policies and rules, and your permission to allow students to partake in trips. Once completed, this fully executed form will also have to be submitted to the Horizon Program Site Coordinator at Southside Pride.

Thank you for entrusting us with your child in our afterschool program.

<b>HORIZON FORM</b>	<b>PARENT INITIALS</b>	<b>STUDENT INITIALS</b>
Program Attendance Policy		
Horizon Education Center Afterschool Program Student Contract		
Horizon Transportation Rules		
Mini Bus/Van Trip		N/A
Walking Field Trip		N/A

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Parent Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Student Name: \_\_\_\_\_



Southside Pride After School Program
Authorization and Waiver to Transport Child



Child's Full Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

I authorize Horizon Education Centers to transport my minor child in a company Bus or Van, driven by an individual authorized by Horizon Education Centers. I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer. I understand participation in the identified event is not a requirement for participation in the program.

I acknowledge that Horizon Education Centers is not responsible once my child is dropped off at an authorized non-Horizon Education Center site and or city drop off locations. I understand that the bus driver/staff will keep attendance of each drop off and pick up for the operating times of the bus route.

I have read, understand, and discussed with my child:

- (1) My child will travel in a motor vehicle driven by an adult and my child is to remain in their seat, wear their safety belt during travel, and not be disruptive to the driver of the vehicle;
(2) My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip;
(3) Riding in any motor vehicle includes risks, including but not limited to personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,

I understand positive communication must be made with a Horizon employee via in person or over the phone in order for my child to start this transportation program

- I do NOT want my child to participate in the Southside Pride transportation portion of programming.
I want my child to participate in the Southside Pride transportation portion of programming.

- East Recreation Center: 1101 Prospect St, Elyria, OH 44035
South Elyria Horizon- 109 Loudon Ct, Elyria, OH 44035
Colonial Oaks: 10425 Middle Ave, Elyria, OH 44035
Boys and Girls Club- 1821 Middle Ave, Elyria, OH 44035
South Branch Library-1611 Middle Ave, Elyria, OH 44035
Franklin Elementary- 446 11th St, Elyria, OH 44035
Westway Gardens: 731 Infirmary Rd, Elyria, OH 44035
Elyria High School: 600 West Ave, Elyria, OH 44035
Central Library- 320 Washington Ave, Elyria, OH 44035

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- Positive communication was made with the parent and that all aspects of the Southside Pride transportation program has been reviewed with and by a staff member of Horizon Education Centers.

Employee/Staff Name: \_\_\_\_\_

Employee Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### Walk Home Permission Form

Dear Parent or Guardian:

This form only applies to those students who will walk home. Please do not complete this form if this doesn't apply to your student.

If you want to allow your student to walk home from the 21<sup>st</sup> CCLC afterschool program, this form must be completed and returned to Ivy Esser-Whidden. Your student will not be allowed to leave the program unaccompanied unless and until this form has been received.

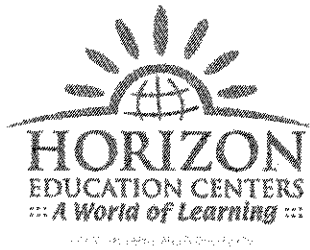
My student has permission to WALK HOME from the 21<sup>st</sup> CCLC afterschool program held at East Rec (1101 Prospect St) at 5:30pm. I am aware that once my student leaves, there will be no adult supervision for them while walking home. I have made my student aware that, for their safety, they are not allowed to loiter around the premises after program hours or at any nearby businesses, and they are to go directly home.

By signing, you are agreeing to the following guidelines:

- You are aware of the student dismissal time for the 21<sup>st</sup> CCLC afterschool program: 5:30pm
- You will assist Horizon Education Centers in ensuring your child's safety by adhering to the guidelines outlined above.
- You agree that ANY CHANGES from the above permission will be communicated (in writing) to the Site Coordinator, Ivy Esser-Whidden. This permission form will remain in effect unless and until you have notified Ivy in writing that it has been rescinded.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ **Printed Name:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ **Printed Name:** \_\_\_\_\_



## Family Engagement

Student name: \_\_\_\_\_ Parent name: \_\_\_\_\_

One of the requirements of the 21<sup>st</sup> Century grant that funds this program is to make sure all parents/caretakers and families are involved in the program. Due to this requirement, we are highly encouraging each family to attend all family event nights (held monthly) and conferences (held in January) as well as to participate in at least **two hours of programming time per grading period** through at least one of the Engagement Opportunities listed below.

Please choose your interests from the Engagement Opportunities listed below. Using your preferred method of communication, a staff member will be following up with you. If you have any questions about any of the Engagement Opportunities, please feel free to contact Ivy Esser-Whidden by phone (440-328-7145) or email (iesser-whidden@horizonohio.org).

<b>Engagement Opportunities</b>	
Chaperone a field trip	Become a member of the Parent Advisory Board
Assist in planning a family event night	Volunteer at a family event night
Provide a dish to share at a family event night	Clerical support (i.e. phone calls, copies, organizing, etc.)
Help with a club	Be on our Stakeholder Team
Assist students during homework and/or Achieve3000 time	Donate materials or supplies
Share your cultural experience(s)	Share a talent or skill (art, technology, music, sports, etc.)
Share your career experience(s)	Teach/lead a lesson or activity

Please indicate any skills, talents, interests, or experiences that you would be willing to share as a volunteer:

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As part of family event nights, Horizon will be offering educational/informative sessions directed toward families' needs. Which of the below educational/informative opportunities would you be interested in attending? Please circle all that apply.

- a) Teaching your child how to read
- b) How to help my child with homework/schoolwork
- c) What questions to ask at parent teacher conferences
- d) Parenting classes
- e) Child development classes
- f) Informational sessions about your child's mental and physical health, including nutrition
- g) How to register my child for kindergarten/how to prepare your child for kindergarten
- h) How to register your student for high school/how to prepare your student for high school
- i) How to help your student apply for college/how to prepare your student for college
- j) Career development (resume writing, applying for jobs online, interviewing, etc.)
- k) Other; please explain below

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What is the best way to communicate with you? Please circle all that apply and provide your contact information where appropriate.

- a) Reminders via email; email: \_\_\_\_\_
- b) Reminders via text; cell phone number: \_\_\_\_\_
- c) Reminder via phone call; cell phone, home, or work number: \_\_\_\_\_
- d) Flyers/letters handed out during pick-up
- e) Flyers/letters mailed home; address: \_\_\_\_\_
- f) Flyers/letters given to student(s) to take home
- g) Sharing announcements on social media; identify your preferred social media application (Facebook, Twitter, Instagram, etc.) and your name on this application

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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 #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information 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 #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information 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?					
<b>Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. List the name of <u>at least one person</u> 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 able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.</b>					
Name			Name		
City		State	City		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
<b>Allergies, Special Health or Medical Conditions, and Medical Foods</b>
<p>Fill in this section accurately and completely. Please note that if your child has a <b>current</b> 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 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.</p>
<p>Does your child have any food, medication or environmental allergies? (<i>check all that apply</i>)</p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes - <i>check all that apply</i>    <input type="checkbox"/> Food    <input type="checkbox"/> Medication    <input type="checkbox"/> Environmental    Please list and explain: </p>
<p>Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (<i>check one</i>)</p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed. </p>
<p>Does your child have a developmental delay or special health or medical condition? (<i>check one</i>)</p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes - please explain </p>
<p>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? (<i>check one</i>)</p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed. </p>
<p>Is your child currently using any medication or medical food? (<i>check one</i>)</p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes - please explain </p>
<p>If yes, does this medication or medical food need to be administered at the child care program/home?</p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food. </p>
<p>Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (<i>check one</i>)</p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes - please explain </p>
<p>Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?</p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes - written instructions from the child's health care provider must be on file.  <input type="checkbox"/> N/A - program does not provide meals or snacks to the child. </p>

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.

Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

Not applicable

Child's Name
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**Diapering Statement**

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the following):	
The program's policy is to check diapers every ____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:	
<input type="checkbox"/> I agree with the program's schedule	<input type="checkbox"/> I do not agree, please check my child's diaper every ____ hours.

**Emergency Transportation Authorization**

<u>Give Permission to Transport</u>	<b>OR</b>	<u>Do Not Give Permission to Transport</u>
Program or Home Name	<b>Do not sign both</b>	Program or Home Name
<b>has permission</b> 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.		<b>does not have permission</b> 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		Parent's Signature
Date		Date

**Acknowledgement of Policies and Procedures**

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. <input type="checkbox"/> Yes <input type="checkbox"/> 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, 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.