



THE GROWING PLACE
P R E S C H O O L

PRESCHOOL REGISTRATION PACKET

Jen Wolf, Director

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Welcome to The Growing Place Preschool, where we are committed to **TILLING** the soil of our student's imagination, while **GROWING** their lives through quality whole-child education, as we assist in **PLANTING** them for a successful future.

We are a ministry of Radiant Life Church desiring to aid the child and family during these developmental, early childhood years. The faculty and staff are committed to creating an environment that nurtures a child spiritually, socially, physically & intellectually.

We are a state licensed facility that abides by all rules and regulations set forth by the State of Ohio, plus our own standards of excellence. Our license is posted in the directors' office, with all the rules governing this center available upon request.

Classes are from 9:00 am to 3:00 pm daily, with AM & Enrichment/Afternoon classes available. Doors are open from 9-9:15 with drop off available under the portico. Pick up time for morning class is 11:30-11:45 or 3-3:15 if your student stays all day with us. We will put your child/children in the car for you, however state law does not allow us to buckle them in, so we ask that you pull forward or pull into a spot to buckle them up, so we can keep our line moving.

We do offer early morning care from 8:00-9:00 am, for an additional fee.

Our tuition is an annual tuition that we divide up over the 9 months that we are in session, from September to May and is payable regardless of sick days, vacation, or pandemics. Tuition is due by the 5th of each month.

Any student remaining after the designated pick-up times will be assessed a fee of \$5.00 per 15-minute segment.

REGISTRATION

To register and secure your child's spot, please fill out the registration papers in their entirety and return it with the registration fee of \$90.00. The registration fee encompasses the costs of all the school supplies needed for the year for your child.

EXAMPLE OF A DAILY SCHEDULE OF CLASSROOM ACTIVITIES

9:00-9:45 Greeting, free play, one on one learning (stations) or table work.

9:45-10:00 Clean up time; learning to put toys away properly & cooperatively.

10:00-10:30 Circle Time; overview of colors, numbers, shapes, calendar & weather.

10:30-10:45 Bathroom & Snack; relaxed time for table manners, conversation and teaching thankfulness to God.

10:45-11:00 Specials (Bible, Library) or craft time

11:00-11:30 Large Motor Play; supervised indoor/outdoor play to develop large motor coordination & socialization.

Time segments may vary but all activities are incorporated during each class period.

~Our toddlers are introduced to the state early learning curriculum program. They work on letters, shapes & colors. Cutting, writing & drawing are also introduced. Social/Emotions skills are a daily objective as well.

~Three-year-old classes use the Pathway for Preschool Christian curriculum along with learning everyday social skills.

~The Pre-K (4-year-old) class uses the Footsteps to Fours curriculum, along with the requirements set forth by our local school districts for Kindergarten readiness.

~The September 5's class is one designed for those kiddos who need an extra year before moving on to Kindergarten. This class will reinforce all they learned in our Pre-K class as well as challenging them with more sight words, math, reading & writing.

All students must be the age of the class they will be in by September 30th.
(Example: If you student turns 4 on October 3rd, they will be in the 3's class)

Tuition Rates are as Follows:

2 days a week	\$1305.00/year or \$145.00/month
3 days a week	\$1485.00/year or \$165.00/month
4 days a week	\$1575.00/year or \$175.00/month
5 days a week	\$1620.00/year or \$180.00/month

Junior Toddler Class for 18 months to 2 ½ years old

Choose your days.....Your child must come the same days each week.

Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____

Senior Toddler Class for 2 ½ -3-year-olds

Choose your days.....Your child must come the same days each week.

Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____

3-Year-Old Class

Choose your days.....Your child must come the same days each week.

Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____

Pre-K Class (Minimum of 4 Days a Week)

Choose your days.....Your child must come the same days each week.

Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____

September 5's Class

(Designed for those kids who have completed our Pre-K class and need an extra
year before moving onto Kindergarten)

Choose your days.....Your child must come the same days each week.

Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____

Enrichment Class

Our Enrichment Class is offered for our 3's, Pre-K & September 5's who have attended class during our morning session, it is from 11:30-3:00pm.

Tuition Rates are as Follows:

2 days a week	\$1305.00/year or \$145.00/month
3 days a week	\$1485.00/year or \$165.00/month
4 days a week	\$1575.00/year or \$175.00/month
5 days a week	\$1620.00/year or \$180.00/month

Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____

Nap Class

Our nap class is offered for our Junior & Senior Toddler Classes who have attended class during our morning session and is from 11:30-3:00pm.

Tuition Rates are as Follows:

2 days a week	\$1305.00/year or \$145.00/month
3 days a week	\$1485.00/year or \$165.00/month
4 days a week	\$1575.00/year or \$175.00/month
5 days a week	\$1620.00/year or \$180.00/month

Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____

We offer a sibling discount of 20% off the lower rate and

Radiant Life Church members receive a 25% discount.

EARLY CARE

We offer early care hours in the morning from 8:00-8:55 am. Early care is available daily and anyone can use it; you do not need to let us know you are or reserve a spot. We will send an invoice home at the end of the month for the time used and it is payable with the following months tuition. It is \$4.00/hour, or we portion it out into 15-minute increments.

Early Care Fees

8:00-8:15 = \$4.00

8:15-8:30 = \$3.50

8:30-8:45 = \$3.00

8:45-8:55 = \$2.50

Child's Nickname (If Applicable) _____

Who lives in the home with the child? (Parents, names & ages of siblings, any pets?)

Are there any special family arrangements we should be aware of? (Ex: shared custody, foster to adopt, etc.,) If yes, the State of Ohio requires a copy of the court papers with the specifics.)

Have there been any recent changes or transitions your child has gone through that we should be aware of? (Ex: moved from a crib to a bed, moved to a new house, divorce, death of a family member or pet)

Is there a secondary language spoken in your home? _____

AUTHORIZED PICK-UP INFORMATION

Please add anyone you would like authorized to pick up your child in addition to you, we ask that there be at least one other person on the list, if possible.

The authorized party will need to show the colored pick-up tag that we issue or their driver's license.

Mom's Name: _____

Mom's Phone Number: _____

Dad's Name: _____

Dad's Phone Number: _____

Name: _____

Relationship to Child: _____

Phone Number: _____

Name: _____

Relationship to Child: _____

Phone Number: _____

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?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name <u>of 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.					
Name			Name		
City		State	City		State
Telephone Number		Relationship to Child		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 Medical Foods

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 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/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 to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- ☐ No
☐ Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or 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 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

- ☐ No
☐ Yes - please explain

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 for each medication and a JFS 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? (*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 file.
☐ N/A - program does not provide meals or snacks to the child.

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

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 _____ 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 sign both	Do Not Give <u>Permission</u> to Transport	
Program or Home Name			Program or Home Name	
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, 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.

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):	
Section A- EXAMINATION	
√ The above named child has been examined.	
√ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).	
√ The above named child does not have allergies OR is allergic to the following (<i>please list in space below</i>):	
<i>Check below, if applicable:</i>	
<input type="checkbox"/> Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.	
Optional: Measurements and Recommended Assessments/Screenings Height _____ Vision _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Lead _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Weight _____ Hearing _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Hemoglobin _____ <input type="checkbox"/> Yes <input type="checkbox"/> No BMI _____ Dental _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____ Notes:	
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 IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

IMMUNIZATION (Complete ONLY ONE SECTION below)

Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:

Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.

Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:

☐ The above named child has been immunized against the diseases listed above.

If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):

Initials of Examining Health Care Practitioner

Date

Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):

☐ I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):

Signature of Parent

Date