

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](mailto:kfitterer@vineyard05.com) .

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

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

Our enrollment packet is also available on our website, [vineyard05.com](http://vineyard05.com)



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.  Yes  No

If you answered yes, please indicate which number(s) above to include on the list  Work #  Cell #  Home #  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.  Yes  No

If you answered yes, please indicate which number(s) above to include on the list  Work #  Cell #  Home #  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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Exam

1. General Finding -Significant finding on (describe any abnormalities):

General Physical Examination

Height* _____	Weight* _____	BP _____	Lymphatics _____
Skin _____	Head _____	Eyes _____	Ears _____
Nose _____	Teeth _____	Neck _____	Chest _____
Back _____	Abdomen _____	Genitalia _____	Extremities _____

Lead Screening\* \_\_\_\_\_

Hematocrit Screening\* \_\_\_\_\_

\*Required by Ohio Revised Code

2. Specific Findings

General Neurological Examination

Gait _____	Station _____	Muscle Power _____
Muscle Tone _____	Reflexes _____	Cranial Nerves _____

Motor Abnormalities

Gross Motor Coordination \_\_\_\_\_

Fine Motor Coordination \_\_\_\_\_

Sensory Abnormalities \_\_\_\_\_

3. Behavioral Problems (check if observed or reported by informant)

Hyperactive    Withdrawn    Short attention span    Disturbed sleep pattern    Distracted

Other (please describe): \_\_\_\_\_

4. Medical Diagnosis \_\_\_\_\_

5. Medical Recommendations (include medication as prescribed) \_\_\_\_\_

This is to certify that the above named child has had a complete physical examination.

\_\_\_\_\_  
Physician Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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

Child's Name ( <i>print or type</i> )		Date of Birth
<input checked="" type="checkbox"/> This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care. <input checked="" type="checkbox"/> This above named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code (please note any exceptions below).		
<b>Signature</b> of Examining Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner		Date of Examination
Name of Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner		Telephone Number
Street Address		
City, State and Zip Code		

**ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS**

**Exceptions to Immunization requirements pursuant to 5104.014 ORC** (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).

I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.

Signature of Parent	Date of Signature
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<b>Optional Recommended Assessments/Screenings</b>			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
<b>Measurements</b>		<b>Notes</b>	
Height			
Weight			
BMI			





\_\_\_\_\_  
Printed Name of Child

\_\_\_\_\_  
Class

\_\_\_\_\_  
Teacher

I, \_\_\_\_\_, am aware of a late fee I will be charged for picking up my child late on:  
Printed Parent /Legal Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ @ \_\_\_\_:\_\_\_\_\_  
Date Time

Based on the late pick-up policy in the parent handbook, that states we are allowed to charge a \$1 per minute for every minute after pick-up time, the following amount will be billed to me:

\$\_\_\_\_\_  
Late pick-up fee

I have been made aware of the late pick-up policy in the parent handbook and will pay the balance owed at time of billing.

\_\_\_\_\_  
Signature Parent /Legal Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Staff/Teacher

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



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

- o 2 - Plastic pocket folders
- o 1 - White Elmer's glue 4 oz.
- o 4 - Dry erase markers (any color)
- o 10 - Elmer's glue sticks .24 oz
- o 1 - Box gallon Ziploc bags
- o 3 - Boxes of Kleenex
- o 2 - Crayola colored pencils 12 pack
- o 1 - #2 pencils 12 pack
- o 1 - Box of baby wipes
- o 1 - 9 x 12 construction paper 50 count pack
- o 1 - Play Doh 20 oz. 4 pack
- o girl – 2 – hand soaps
- o boy – 3 – rolls of paper towels

4 Independence Day

JULY 2018						
S	M	T	W	Th	F	S
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 2019						
S	M	T	W	Th	F	S
		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		

1 New Year - No School  
 2-4 Christmas Break - No School  
 21 Martin Luther King No School

13 In-Service - No School  
 14 In-Service - No School

AUGUST 2018						
S	M	T	W	Th	F	S
			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 2019						
S	M	T	W	Th	F	S
					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		

15 Conference Day No School  
 18 President's Day No School

3 Labor Day  
 4 Open House 6:30-7:30pm  
 5 First day of Classes

SEPTEMBER 2018						
S	M	T	W	Th	F	S
						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						

MARCH 2019						
S	M	T	W	Th	F	S
						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						

11-15 Spring Break

26 In-Service - No School  
 29 Conferences - No School

OCTOBER 2018						
S	M	T	W	Th	F	S
	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 2019						
S	M	T	W	Th	F	S
	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			

19 Easter Break - No School

21-23 Thanksgiving Break

NOVEMBER 2018						
S	M	T	W	Th	F	S
				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 2019						
S	M	T	W	Th	F	S
			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	

23 Last Day of School

24-31 Christmas Break

DECEMBER 2018						
S	M	T	W	Th	F	S
						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 2019						
S	M	T	W	Th	F	S
					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