



School Year 2026-2027 Enrollment / Registration Form

Child/Parent Information:

Child's Name: _____ Date of Birth: _____

School Age Child's Grade as of 2026/2027 School Year: _____

Parent/ Guardian 1 Name: _____ Phone: _____

Email Address: _____

Parent/ Guardian 2 Name: _____ Phone: _____

Email Address: _____

Days and Hours of Attendance: (Please note we have a three day a week minimum)

Days: (Please circle) Monday Tuesday Wednesday Thursday Friday

Approximate hours of daily attendance (for example 9:00 am-3:00 pm): _____

Permission for Release of Child from St. John's ELC

St. John's ELC has my permission to release my child to the following people other than primary care givers/parents or legal guardians:

Name: _____ Relationship: _____ Phone #: _____

Walking Trip Permission Off Site

My child _____ has permission to go on walking trips away from the premises of the school under the supervision of his/her teachers (within 1.5-mile radius of the school). Walking trips may include: Veteran's Memorial Park, Germantown Public Library, Kercher Park, Historic District, Bike Path, Senior Center, Valley View Primary/Intermediate School or the surrounding neighborhood.

Parent Signature: _____ Date: _____

See other side

Photograph/Video Consent

I agree that my child may be photographed or videoed for school purposes only.

YES or NO (circle one)

I agree that my child's photo or video may be shared to the school's webpage and or school's social media page.

YES or NO (circle one)

Parent/Legal Guardian Signature: _____

Date: _____

Please read and sign:

I understand that there is a non-refundable \$50 dollar registration fee required to hold my child's spot. **I understand and agree that tuition will be charged for ALL hours or days my child is scheduled to attend whether he/she attends or not**, payable one week in advance. **I agree that my child is fully potty trained.** I understand that my child's records must be on file by the first day of attendance. A medical and current shot record must be submitted to a preschool child's file within the first thirty days of attendance. I understand that there is a **2 WEEK WITHDRAWAL NOTICE REQUIRED.**

Parent/Legal Guardian 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
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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 (*please list in space below*):

Check below, if applicable:

- 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.

<p>IMMUNIZATION (Complete ONLY ONE SECTION below)</p> <p>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.</p>	
<p>Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:</p> <p><input type="checkbox"/> The above named child has been immunized against the diseases listed above.</p> <p><i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i></p>	<p>Initials of Examining Health Care Practitioner</p> <hr/> <p>Date</p>
<p>Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):</p> <p><input type="checkbox"/> 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):</p>	<p>Signature of Parent</p> <hr/> <p>Date</p>

St. John's Early Learning Center Potty Training Policy

St. John's Early Learning Center is licensed to accept children aged 2 1/2 (30 months), who are potty trained.

A potty trained child is a child who can do the following:

- Child must be able to tell the adult that he/she needs to use the restroom. Child must be able to use words to clearly indicate to staff that he/she has to use the restroom.
- Child shall not wear one-piece outfits that require adult assistance to use the toilet.
- Child must be able to pull down his/her underwear and pants and pull them back up without assistance.
- Child must be able to wipe himself/herself.
- Child must wear underwear, not diapers or pull-ups.
- Child must have minimal (no more than 2 per week) accidents that require changing clothes.
- If a child has multiple accidents in a day or over a period of 3 days, this indicates the child is not fully toilet trained. Parents will be asked to keep the child home until they are completely toilet trained.

Please fill out and detach the bottom section of this page and return with child's enrollment information.

I have read and understand St. John's Early Learning Center's Potty Training policy and state that my child is fully potty trained.

Child's Name: _____

Parent Signature: _____

Date: _____

Brightwheel Photo Permission

Child's Full Name

First Name: _____ Last Name: _____

Parents Signature: _____

Date: _____

St. John's Early Learning Center uses the Brightwheel app, which helps our school stay connected to our families better. We can observe and track children's development, communicate with families, and share photos and videos that help create a positive environment for each child and family.

Below, please indicate your preference regarding permitting the St. John's ELC staff to photograph and/or videotape your child while participating in daily activities and distributing the photographs and/or videos through the Brightwheel application. These pictures/videos will NOT be used for any advertising purposes but only for communication and documentation purposes. Photos/videos will appear on your child's personal feed; only you and people you have set up within the app as "family" can view the feed.

Photos of individual children will ONLY appear within that child's personal feed. Group photos with multiple children in the image may be posted on multiple children's feeds if it's permitted by signing this form. Group images are a great way for teachers to share with families about a social opportunity that occurred during the day or share with families about a fun lesson they did. Children's names will not be linked to photos.

The Brightwheel app does allow families to save the photos that appear within their child's feed. We ask that you respect our students' and families' privacy and not repost or share photos in which any child beyond your own is featured.

Thank you!

Cathy Harting, Director

St. John's Early Learning Center 201 West Market St. Germantown, Ohio 45327

937-855-2150 stjohnselc937@gmail.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 #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 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.					
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

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 <i>St. John's ELC</i>			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
FAMILY INFORMATION
FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

Child's Name (Last)	(First)	Nickname (If any)
<p><i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i></p>		
Who is in the child's immediate family?		
Who lives at home with your child?		
What is the primary language spoken in your child's home?		
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? 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 family member, friend or pet) Additional Details?		
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)		
Do you have any pets at home? If so, what are they and what are their names?		
Has your child had a previous care arrangement? <input type="checkbox"/> Yes or <input type="checkbox"/> No Additional Details? (Center based, in home, with family, with parents, etc.)		
My child drinks <input type="checkbox"/> milk, <input type="checkbox"/> formula, <input type="checkbox"/> juice or <input type="checkbox"/> water. (Check all that apply) How much and how often?		
Does your child have any favorite foods?		
Does your child dislike any foods?		
Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)		

Please check all of the words that best describe your child's personality and behavior

- active adventurous affectionate anxious bossy bright busy calm cautious cheerful
 content creative curious easily-angered emotional energetic excitable friendly gives-in-easily
 happy hesitant insecure jealous likes structure/routines loud loving mellow outgoing
 prefers adult attention quiet sensitive serious shares-well social spontaneous stubborn tentative
 other:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

My child sits in a high chair, booster, child size chair or adult size chair. (Check the one that applies.)

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up 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.)? Please explain.

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

Parent/Guardian's Signature

Date

Dear Families,

In order to maintain a Step Up to Quality Rating, centers are required to have families complete the attached Family Needs Survey. Please take a few moments to complete the attached survey and return it to the center as soon as you can.

Thank you,

Cathy Harting - St. John's ELC Director

Dear Families,

In order to maintain a Step Up to Quality Rating, centers are required to have families complete the attached Family Needs Survey. Please take a few moments to complete the attached survey and return it to the center as soon as you can.

Thank you,

Cathy Harting - St. John's ELC Director

Dear Families,

In order to maintain a Step Up to Quality Rating, centers are required to have families complete the attached Family Needs Survey. Please take a few moments to complete the attached survey and return it to the center as soon as you can.

Thank you,

Cathy Harting - St. John's ELC Director

Ohio Department of Children and Youth
FAMILY NEEDS SURVEY FOR STEP UP TO QUALITY (SUTQ)

We want to support any needs you or your family may have. THE INFORMATION YOU PROVIDE ON THIS FORM IS CONFIDENTIAL
 Please circle Y (YES) or N (NO) to best describe your current situation for each topic. If you circle Y for an item, please briefly list the CONCERN if this is an area of need for your child or family. Our goal is to provide resources to support you and your family, based on your answers.

Child's/Children's Name(s):	Caretaker's Name:	Date Completed:
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TOPICS	Briefly List CONCERN
Child Development and Education- Does anyone in your family have any need for resources or support in the areas listed below?	
Y N	Information on child growth and development.
Y N	Guiding and supporting a child's behavior.
Y N	Medical or disabilities or possible conditions for any child or adult in the family.
Y N	Obtaining toys or activities to use to help any child in your home.
Y N	Preparing your child for kindergarten.
Child and Family Health- Does anyone in your family have any need for resources or support in the areas listed below?	
Y N	Health insurance and/or access to regular medical care, dental care, or medications.
Y N	Medical or health supplies or supports that anyone in your family needs.
Y N	Accessing immunizations.
Y N	Finding a pediatrician, general practitioner, dentist, therapist, psychologist, optometrist, or other specialty practitioner.
Y N	Concerns with depression, anger, anxiety, or mental health needs.
Y N	Concerns with alcohol, drug, or addiction problems.
Financial and Household Supports- Does anyone in your family have any need for resources or support in the areas listed below?	
Y N	Help paying for child care.
Y N	Help finding housing or safe housing.
Y N	Help paying your mortgage or rent.
Y N	Help with food expenses.
Y N	Finding household items such as furniture, clothing, or school supplies.
Y N	Access to transportation or transportation expenses.
Y N	Attending school (such as a GED, Certifications, or college degrees)
Y N	Help finding work or job training

Are there other needs you or your family have that are not listed above:

Parent Signature	Date:
Administrator or Designee Signature:	Date:

For Staff Use:

Bronze Rating Level	Silver Rating Level	Gold Rating Level
Resources provided to the family:	Resources provided to the family:	Resources provided to the family:
Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:
	Referrals provided to the family:	Referrals provided to the family:
	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:
		Follow-up provided to the family:
		Administrator or Designee Signature & Date:

St. John's Early Learning Center Supply Donation List

We accept donations of supplies. If you are able, please choose some of the items on the list and bring them to the center. We appreciate our families helping to supply the center

- Tissues
- Baby Wipes
- Disinfectant Wipes
- Disinfectant Spray
- Paper Towels
- Ziplock Bags (all sizes)
- Hand Sanitizer

St. John's Early Learning Center Supply Donation List

We accept donations of supplies to start our school year. If you are able, please choose some of the items on the list and bring them to the center. We appreciate our families helping to supply the center.

- Tissues
- Baby Wipes
- Disinfectant Wipes
- Disinfectant Spray
- Paper Towels
- Ziplock Bags (all sizes)
- Hand Sanitizer

Door Keypad PIN

Child's/Children's Name(s) _____

Please select a 4-digit PIN number that will give you access to the center. Each family will have their own code. If a number is already in use you may be asked to pick another number.

PIN Request _____