



2026 Summer Enrollment / Registration Form

Child/Family Information:

Child's Name: _____ Date of Birth: _____

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

Parent/Guardian's Name: _____ Phone#: _____

Email Address: _____

Parent/Guardian's 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 (ex: 8am-4pm, **Not number of hours**) _____

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, 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)

Child's T-Shirt Size: (Circle one)

Youth Extra Small Youth Small Youth Medium Youth Large Youth Extra Large

I understand that there is a non-refundable \$120 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
REQUEST FOR ADMINISTRATION OF MEDICATION FOR CHILD CARE

<p>This form is to be completed for each prescription or non-prescription medication that a child needs to receive while in care. It is not required to be completed for topical products, lotions, or if the medication is required by a health care plan (JFS 01236).</p>		
Child's Name	Date of Birth (if needed to determine the correct dosage)	Weight (if needed to determine the correct dosage)
Box 1 The following section must always be completed by the parent/guardian.		
Name of medication <i>Equate Kids Sunscreen SPF 50</i>		Dosage <i>Topical - to cover skin</i> <input type="checkbox"/> See attached
To be administered at the following times <i>When playing outdoors and at swimming pool</i>	For the following period of time <i>12/31/2026</i>	Medication expiration date
<p>I understand:</p> <ol style="list-style-type: none"> 1. This form expires twelve months from the date of my signature, if box 2 has not been completed. 2. That my child must receive at least one dose of medication at home prior to the program administering the medication (unless the medication is used for emergencies). 		
Signature of Parent/Guardian		Date
Box 2 The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant when any of the following apply:		
<ol style="list-style-type: none"> 1. The nonprescription medication contains codeine or aspirin; 2. A physician's instruction is needed for a nonprescription medication; 3. The child does not meet the minimum age or weight requirements as listed on the label instructions on the nonprescription medication; 4. The nonprescription medication is to be given longer than three consecutive days within a fourteen-day period; 5. The intended use differs from the manufacturer's instructions or use 		

Ohio Department of Children and Youth
**PERMISSION TO PARTICIPATE IN WATER AND SWIMMING ACTIVITIES
 FOR CHILD CARE**

<p>Written parental permission is required for the water activities your child will be engaging in when: <i>(check all that apply for this activity)</i></p> <p><input checked="" type="checkbox"/> Water is directly accessible to child (no water activities planned) <input checked="" type="checkbox"/> Child swimming or playing in water 18 inches or more in depth <input type="checkbox"/> Infants and toddlers using wading pools</p>	
<p>The program is providing additional adults or child care staff members that exceed the licensing ratio requirements for the water/swimming activity. <i>(The program is to meet the minimum ratio requirements outlined in rule).</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Swim Site <i>Germantown Aquatic Center</i></p>	
<p>Date(s) <i>June 1 to August 15, 2026</i></p>	
<p>Departure/Arrival Times from Program <i>11:45 am to 4:00 pm</i></p>	
<p>Mode of Transportation (parents driving, provider vehicle, public transportation, school bus, etc.) <i>walking</i></p>	
<p>I give permission for my child to participate in the swimming/water activity listed above.</p>	
<p>Child's Name</p>	<p>Child's Date of Birth</p>
<p>My child is a <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer</p>	
<p>Parent's Signature</p>	<p>Date</p>

Reset Form

PLEASE SIGN AND COMPLETE BOTH SIDES OF THIS FORM

PERMISSION TO PARTICIPATE IN SWIMMING ACTIVITIES

EVENT: Walking to and swimming at the Germantown Aquatic Center

DATES: June 1 – August 15, 2026, once or twice each week, as indicated on monthly calendar.
Approximately 12 pm to 4 pm for school aged groups and 12 pm to 1:45 pm for preschool groups.

My child _____ **has my permission to go swimming at the Germantown Aquatic Center as indicated on the monthly calendar.**

In consideration of St. John’s Early Learning Center permitting my child to participate in the event, I hereby for myself, my heirs, administrators and assigns, waive and release any and all rights and claims of any nature I may have against St. John’s Early Learning Center and any organizations connected with this event, their representatives, successors and assigns, for any and all injuries or damages of any nature which my child may suffer while taking part in an activities connected with this event.

My child can swim: YES NO

Circle the depth of water your child is permitted to swim in:

Baby Pool Only 3 feet 4 feet 5 feet Over 5 feet

My child can go on the following slide(s): 3-foot-deep water slide 4-foot-deep water slide

My child can dive/jump off the diving board: YES NO

Children may need to pass a swimming test to be allowed to swim in water over 3 feet and use the slides and/or diving board.

Children will have sunscreen applied before leaving the center and at breaks.

Parent/Guardian Signature _____

Date _____

PLEASE SIGN AND COMPLETE BOTH SIDES OF THIS FORM