

ST. AGATHA CHILD CARE PROGRAM

1880 Northam Road
Columbus, OH 43221
488-3322

pmcclint@cducation.org

Dear Parents:

Thank you for registering your child in the St. Agatha Child Care Program for the 2009/10 school year. We have enclosed the following:

- 1) Child Data Sheet / Permission to Transport & Administer First Aid and Emergency First Aid
- 2) Registration Agreement / Child's Medical Statement
- 3) Interest Form / Address and Photo Release
- 4) Calendar
- 5) No- Show Policy

Please note that the medical statement does not need a physician's signature; it can be completed by a responsible adult. However, the medical statement must be completed, including the immunization record, prior to your child entering child care. Even if your child has been in our program previously, a new medical statement must be completed, including the immunization record. Please return the medical statement, child data sheet/ permission to transport, interest form, and no-show policy along with the registration agreement.

This registration agreement and one week's tuition, which will be credited to the last week of attendance in the program, are due on or before . If you have any questions, please call us at 488-3322 or E-mail – pmcclint@cducation.org.

These forms must be **complete** before your child can attend our program. We need all three emergency contacts and a complete medical page. We must have physicians name and number and all other information including a start date. St. Agatha Childcare Enrichment will begin August 24, 2009.

Sincerely,

Patricia McClintic
St. Agatha Child Care Enrichment Director

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Child's Name _____ Date of Birth _____ Age _____
Address _____ Male ___ Female ___
Mother's Name _____ Home Phone _____
Home Address _____ zip _____ Cell Phone _____
Home E-mail address _____
Employer _____ Work Phone _____
Employer's Address _____
Mother's E-Mail Address _____
Father's Name _____ Home Phone _____
Home Address _____ zip _____ Cell Phone _____
Employer _____ Work Phone _____
Employer's Address _____
Father's E-Mail Address _____
Other phone number where parents can be reached _____

People to be contacted in the event of an emergency if the parent can't be contacted. These should be the names of people who have your permission to remove the child from Child Care.

Name _____

Address _____

Relationship _____ Phone _____

Name _____

Address _____

Relationship _____ Phone _____

Name _____

Address _____

Relationship _____ Phone _____

Name of Physician _____ Phone _____

Address _____

Name of Dentist _____ Phone _____

Address _____

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Either PART I or PART II below must be completed. Do not complete both.

PART I.

Permission to Transport Child /Administer First Aid and Administer Emergency First Aid

I give _____ my permission to administer first
(name of child care facility)

aid, emergency first aid and/or transport my child _____
(name of child)

to _____ for emergency medical care or to _____
(hospital, clinic) (dentist , clinic)

for emergency dental care, or to the nearest available source of assistance.

Parent's Signature	Date
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PART II. Refusal to Grant Permission

I do not give _____ my permission to
(name of child care facility)

administer first aid, emergency first aid and/or transport my child _____
(name of child)

for emergency medical or dental care. In the event of an illness or injury which requires
emergency medical or dental treatment. I wish the child care facility to take the following
actions. _____

Parent's Signature	Date
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CHILD'S MEDICAL STATEMENT – 2009/10

Child's Name _____

Date of Birth _____

IMMUNIZATION RECORD

Enter month/day/year of each

DTP 1. _____ 2. _____ 3. _____ 4. _____ * 5. _____

Polio 1. _____ 2. _____ 3. _____ * 4. _____

Hepatitis B 1. _____ 2. _____ 3. _____

Varicella 1. _____

(Chickenpox)

Measles, mumps, rubella – usually combined as MMR _____

If separate, Measles _____, Mumps _____, Rubella _____

*The 5th DPT and the 4th polio are normally given just prior to kindergarten.

1. List all allergies and any special precautions/treatments indicated for these:
(foods, medications, or environmental)

2. List medications, food supplements, modified diets, etc. currently being administered to the child:

3. List any chronic physical problems and any history of hospitalization:

4. List any diseases the child has had:

Signature of Parent

Date

REGISTRATION AGREEMENT - ST. AGATHA CHILD CARE PROGRAM

1. I understand I am enrolling my child for the 2009-2010 school year. The first day for my child will be _____(starting date).
2. I understand that I am responsible for payment of contracted fees, according to the dates of my coupon booklet. I will give two weeks notice of withdrawal from the program. The only exception is if your child is absent due to illness for and entire school week.
3. I agree to pay _____ for _____ days.
4. The St. Agatha Child Care staff will assume full responsibility for my child from the time he/she arrives at the program until dismissal time. The child must be signed in upon arrival and signed out by an authorized person.
5. I understand that I am required to pay one week tuition by _____. This will be credited to the last week of attendance in the program.

I agree to adhere to the St. Agatha Child Care Program registration policies and give my child permission to participate fully in this program.

Signature_____ Date_____

Child's Name_____ School_____

Home Address & Zip_____

HOW MUCH DOES IT COST?

KINDERGARTEN CHILDCARE ENRICHMENT FEES

	<u>Enrichment Only</u> <u>(8:30-12:15 or 11:15-3:00)</u>	<u>Enrichment & AM</u> <u>(includes 7:30-8:30)</u>	<u>Enrichment& PM</u> <u>(includes 3:00-6:00)</u>	<u>Enrichment AM&PM</u> <u>(anytime from 7:30-6:00)</u>
5 days	\$ 65.00 / wk	\$85.00	\$125.00	\$145.00
3 days	\$ 39.00 / wk	\$51.00	\$ 75.00	\$ 87.00
2 days	\$ 26.00 / wk	\$34.00	\$ 50.00	\$ 58.00

BIG KIDS (grades 1-8)
5 day week (MTWThF)
3 day week (MWF)
2 day week (TTh)

BEFORE SCHOOL
\$ 20.00 per week
\$ 12.00 per week
\$ 8.00 per week

AFTER SCHOOL
\$ 60.00 per week
\$ 36.00 per week
\$ 24.00 per week

(Continued)

9. When necessary, what discipline techniques do you use at home and how does your child respond to this?

10. What makes your child SPECIAL?

11. What previous school and/or child care experience has your child had?

Please complete the following:

1. I give St. Agatha Child Care permission to release my child's name, address, and phone number to other children in the program upon a request or for inclusion in a directory.

Please circle one

YES

NO

(parent's signature & date)

2. I give St. Agatha Child Care permission to photograph my child during the program hours.

Please circle one

YES

NO

(parent's signature & date)

ST. AGATHA CHILD CARE

CHILD CARE – NO SHOW POLICY/PROCEDURE

In the event a child does NOT show up to our program on their scheduled day, and the parent has not contacted us regarding the child's absence, the following steps will be taken.

- 1) Contact respective school office to see if child attended and/or if the child is still there. If the child was absent from school, no further action will be taken.
- 2) Call the child's home phone number to see if he/she is there.
- 3) Phone parents at work.
- 4) If parents cannot be reached, leave a message.

I have read and fully understand the St. Agatha Child Care Program's "NO SHOW" policy/procedure.

Parent Signature

I am requesting: (please circle #1 or #2).

- 1) SAACP to proceed with above and begin phone calls.
** I understand and agree to assume the financial obligations for this procedure.
-----1st incident will be at no cost but any incident (s) thereafter will cost \$10.00 each.
- 2) No phone calls to be made
**I understand and am assuming full responsibility of my child's attendance and will not hold the St. Agatha Child Care Program liable for anything.

Parent Signature

This form MUST be fully completed and returned to the St. Agatha Child Care Program prior to your child's enrollment.

Thank you for your cooperation.

St. Agatha Child Care Staff

