



Rise & Shine New Family

Enrollment Packet

Kindergarten

Student Name: _____

Please complete the following packet in entirety and return a hard copy to the front desk. Questions? Email mrsmcbride@riseandshineeducation.com

Every line must be filled in, even if "N/A" is appropriate

Documents Included:

- 1. Authorized Persons (page 3)** – This information is necessary if you plan to car pool or need to have someone other than you picking up your child. This can be updated at any time.

Permission Form For Walks (page 3) – We would like to take the children outside for fresh air and educational walks. We must have this signed for your child to participate in the walks.
- 2. Child Enrollment and Health Information (page 4)** – This contains the most vital information that we could ask for. Please make sure every line is completed and printed clearly.

Parent/Guardian Name and Address - Each parents name and address has to be filled out separately. You can not write "same".

Emergency Contacts – We are looking for someone who would be available to pick up your child and assume responsibility for that child if he/she becomes ill at school. Keep in mind that it should be someone who can be at school in 10 to 15 minutes. We just don't want a child who is not feeling well to have to wait long for someone to come get them.

Allergies, Special Health or Medical Conditions, and Food Supplements- This is an important section that must be filled out correctly. If your child has an allergy and you checked yes to the question that your child needs monitoring and/or an action plan, then you need to fill out form JFS #01236. If you check yes to the questions that ask if medicine is needed to care for your children, then you must fill out form JFS #01217. We must have these forms on file and have a meeting with your child's teachers to go over these forms before your child attends school.

Child Personal Information - This is your chance to fill in any information about your child that you want us to know.

Diapering Statement - Rise & Shine policy is that all children need to be potty trained to attend EXCEPT the toddler class. The program's policy is to check diapers every 1-2 hours.

Emergency Transportation – This section gives us permission to transport your child to the nearest medical facility. That means if there were an extreme emergency, we would attempt to contact you and at the same time, call 911 for the EMS. We do not transport the child. Remember to write Rise & Shine for the center you give permission to transport.

Refusal To Transport – We are required by the State to give you this option. If you refuse to allow us to have your child transported, then we cannot have your child attend Rise & Shine.

Acknowledgement of Policies and Procedures- The school handbook is on our website for you to review. Please sign this acknowledging that you have read and reviewed the handbook.

Signatures- Please complete this form by signing and date the last page at the bottom just ONCE. After reviewing your forms, then I will sign off as complete.

You do not need to fill out the very last section of this form.

3. **Child's Medical Statement (page 8)** – The physical is good for only one year. This form must be completed in full, including the date of the physical, all immunization dates, and signed by the doctor or nurse practitioner. If your child is a returning student, then we can use their current physical that is on file and dated after September 1, 2022. This form is due 30 days after the start of school
4. **Picture Permission (page 9)** - Please see directions listed on the top of the form.
5. **Confidential Application (page 10)** – This form will allow us to become more familiar with your child which will assist us in meeting your child's needs. All information is kept confidential.
6. **FORS (page 13)** - FORS is our Parent Teacher Unit or "PTA". We encourage ALL parents to participate. See form for more details.

AUTHORIZED PERSONS/PERMISSION FORM FOR WALKS

STUDENT'S NAME:

FIRST MIDDLE LAST

NAMES OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL:

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

PERMISSION FOR YOUR CHILD TO GO FOR WALKS:

My child _____ has my permission to go for walks with his/her class.

Parent or Guardian's Signature _____ Date ____/____/____

Reset Form

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 <u>cannot be listed</u> 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 <u>you cannot be reached</u>. 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		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? <i>(check all that apply)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes - <i>check all that apply</i> <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> 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? <i>(check one)</i> <input type="checkbox"/> No <input type="checkbox"/> 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? <i>(check one)</i> <input type="checkbox"/> No <input type="checkbox"/> 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? <i>(check one)</i> <input type="checkbox"/> No <input type="checkbox"/> 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? <i>(check one)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain
If yes, does this medication or medical food need to be administered at the child care program/home? <input type="checkbox"/> No <input type="checkbox"/> 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? <i>(check one)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain
Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group? <input type="checkbox"/> No <input type="checkbox"/> Yes - written instructions from the child's health care provider must be on file. <input type="checkbox"/> N/A - program does not provide meals or snacks to the child.

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? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> 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:	
<input type="checkbox"/> I agree with the program's schedule	<input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR	Do Not Give <u>Permission</u> to Transport
Program or Home Name	Do not sign both	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		Parent's Signature
Date		Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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.

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.

<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> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<p>Initials of Examining Health Care Practitioner</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
<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> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<p>Signature of Parent</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
<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> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<p>Date</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
<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> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<p>Date</p> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

PICTURE PERMISSION FORM

Please carefully consider your answers before completing this form.

We do several digital and often virtual activities at Rise & Shine throughout the year. If the activity is planned to be posted on social media, and your answer is no, your child will not be able to participate or will participate in a different way. Most teachers post weekly class photos of what is happening in the classroom and your child will not be able to be pictured unless you check below. We will respect your choices.

I understand and give permission that my student may be photographed or videotaped during their participation at Rise & Shine. These photos/videos may be used for publications on the Rise & Shine/Polaris Website, Social Media, for Teacher communication purposes and publications, or for educational purposes.

I agree to the above statement _____ Yes _____ No

Child's Name: _____

Parent Name: _____

Parent Email: _____

Parent Signature: _____

Date of Birth ____/____/____

CONFIDENTIAL APPLICATION

Student's Name _____

Last**Middle****First****Nickname**

What name do you wish to have your child learn to write? _____
 (Example Alex instead of learning Alexander)

Mother's Name: _____ Father's Name: _____

Marital status of parents: _____

Are there any special family/living arrangements, such as shared parenting, living in two homes, or custody specifications, etc?

List the names and ages of other children in family, also other persons in the home:

Does your child have? If you answered yes, please explain.

Food allergies _____

Diet restrictions _____

Medical restrictions _____

Name any interest/favorites of your child's: (foods, toys, entertainment, books, etc,)

Any limitations or type of behavior we should be aware of: _____

Date of Birth ____/____/____

Has your child ever been seen by a specialist? _____

If yes what kind of specialist and what were the reasons the specialist was consulted?

What were the results or recommendations following the consultation? _____

Has your child had group play experience? _____ Where? _____

Does your child have playmates? _____

What responsibilities does your child have? _____

How much T.V. does your child watch per week? _____

Hours of sleep your child gets at night? _____ Does your child take a nap? _____

What time does your child wake up in the morning? _____

Does your child have trouble sleeping? (Night terrors, trouble going to sleep, etc.) Yes or No? Explain _____

Does your child have any security habits? (thumb-sucking, favorite toys, etc.) _____

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

Has your child had any unusual experiences such as an accident, hospital stay, or prolonged absence from parent? _____

What kind of baby-sitting arrangements is your child accustomed to? _____

What is the primary language spoken in the home? _____

Are there any cultural or religious practices of your family of which we should be aware? _____

Circle all the words that 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 any additional personality and behavior characteristics, etc.? _____

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

What causes your child to feel angry or frustrated? _____

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

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

Church home: _____

Has your child previously attended an Early Education program or childcare center? _____

If yes, name of school and how many years: _____

Elementary school that your child will attend: _____

How did you hear about us? _____

FORS

Through Friends of Rise & Shine (FORS) we strive to work in partnership with parents and teachers to enhance our ability to serve our students through engagement and empowerment of families. All parents are invited and encouraged to participate in FORS sponsored events and projects!

All sign up opportunities will be communicated through our FORS Facebook page. **Search “Rise and Shine Preschool and Kindergarten Parents (FORS)” Group in Facebook.**

Questions? Email michelleburd@riseandshineeducation.com or ask in our FORS FB group!

Parent’s Name: _____ Child’s Name: _____

Class (Days/Time): _____

Yes! I would like to support FORS! I will send in my \$5 suggested yearly donation in one of the following ways:
(Check all that apply)

Cash/check in a marked envelope dropped off in the school drop off box or front desk.

Charge my ProCare account for the \$5.00 FORS donation

Yes, sign me up for FORS, but I am unable to donate at this time.

I am interested in learning more about being part of the FORS Committee and help lead, plan and organize events and projects.

No, I am not interested in joining Rise & Shine's Parent Teacher Unit.

I or a family member have been blessed with the following talent/skill/trade/career that can be shared with the students at Rise & Shine through a presentation: (ex: Military Member, a nurse and can talk about first aide safety, dentist, musician for a “concert”, Park Ranger, Vet, dance instructor, artist, teacher, etc.)

Career/Talent to share: _____

Name: _____ **Email:** _____

Yes, I understand that ALL FORS parent volunteer opportunities will be communicated through the above parent run Facebook pages.