

Notre Dame Elementary Pre-School Admission Checklist

___ Notre Dame Schools Application

___ \$25.00 Pre-School Registration Fee BEFORE April 15th or

___ \$50.00 Pre-School Registration Fee AFTER April 15th

___ \$75.00 Administrative Fee (Supplies, etc.)

___ Days Attending Form

___ Copies of Birth Certificate

___ Shot Records

___ Social Security Card

___ Custody Papers (if applicable) ___ Physical Form (filled out after July 1)

___ Early Childhood Education Eligibility Screening Tool Form

___ Family Information Form for Step Up To Quality Program

___ Latchkey Form and \$25.00 Registration Fee (if applicable)

___ Milk Fee (5 days-\$51.30 3 days-\$30.90)

To be completed after school begins:

___ Pre-School Entrance Exam (to be scheduled)

___ ASQ-SE-2 Form

___ ASQ3 Form

___ DIAL-4 Screening

___ Discipline Policy

___ Handbook Signature

___ Pre-School Directory

___ Emergency Form

Notre Dame Preschool Registration
1401 Gallia Street
Portsmouth, Ohio 45662

Parent(s) Guardian Name: _____

Address: _____

Phone Number: home _____ **work** _____ **cell** _____

Email address: _____

Child's Name _____ **Birthday** _____

Name you wish your child to be called at school _____

Program (Please check one):

_____ **Monday, Wednesday, Friday 8:00 A.M.-11:00 A.M. (½ day)**

_____ **Monday, Wednesday, Friday 8:00 A.M.-2:10 P.M. (All day)**

_____ **Monday through Friday 8:00 A.M.-11:00 A.M. (½ day)**

_____ **Monday through Friday 8:00 A.M.-2:10 P.M. (All day)**



This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Student & Family Information

Child's Name, Date of Birth, Family/Guardian Name, Home Address, City, State, Zip, Employer Name, Employer Street Address, Cell Phone, Home Phone, Work Phone, Call Order

Alternate Family Information:

Family/Guardian Name, Family Street Address, City, State, Zip, Employer Name, Employer Street Address, Cell Phone, Home Phone, Work Phone, Call Order

Section II - Authorization for Emergencies

List 2 Emergency Contacts for use ONLY if the parents cannot be contacted:

Name, Street Address, City, State, Zip (two columns)

Please select 1, 2 or 3 to set call order of phone number used to reach emergency contact:

Home, Cell, Work, Call Order (two columns)

List Medical Contacts, In Case Of Emergency:

Physician, Street Address, City, State, Zip, Phone, Dentist, Street Address, City, State, Zip, Phone

Section III - Child's Health Information

Child's Chronic Medical/Health Needs

Empty box for child's chronic medical/health needs

Child's History of Hospitalization:

Child's Disease History:

Child's Allergies/Treatment:

Child's Dietary Needs/Restrictions:

NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE

Child's Medication/s:

Section V - Registration Authorizations

I authorize the following to be listed on the parent roster: My child's name Yes No

Family name Yes No

Phone numbers Yes No Cell Home Work

Exempt from immunizations because of religious conviction: Yes No

Child immunization records attached: Yes No

Annual Class Roster: Each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program.

Date

Signature of Authorized
Family Member/Guardian

Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

How do I apply for Early Childhood Education Services (ECC)?	<ul style="list-style-type: none">• Complete the screening tool, JFS 01121.• Submit this form to your provider.• Do not submit the form to the Ohio Department of Education.• Your provider will let you know if you qualify.
How do I apply for Publicly Funded Child Care?	<ul style="list-style-type: none">• Complete the screening tool, JFS 01121, and the JFS 01122 Publicly Funded Child Care Supplemental Application, answering as many questions as you can. Be sure to sign the application.• Submit both the JFS 01121 and JFS 01122 to your local county agency.• Attach verifications to the JFS 01122 (see verification requirements below).• A verifications checklist will be mailed to you within 10 days of your application date if more information is needed to make a decision on your case.• You will have 30 days from the date the county receives your application to provide all needed information.
What verifications do I need for publicly funded child care?	<ul style="list-style-type: none">• Proof of income: Verification of all money coming into your household (such as pay stubs, tax records, award letters, child support).• Proof of any child support paid.• Proof of citizenship or qualified alien status for children in need of care: If the county agency verifies that a caretaker receives or has received OWF for a child, verification of citizenship is not required.• Proof of a qualifying activity for all caretakers in the household: Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, employment verification, self-sufficiency contract, etc.• Provide the name and address of an eligible child care provider chosen for each child in need of care. (See below for tips on choosing a provider).
What is Step Up To Quality?	<p>Step Up To Quality helps families identify child care programs that go beyond the minimum standards of licensing. Star Rated programs demonstrate higher levels of quality in a variety of ways. For more information, visit our website at http://jfs.ohio.gov/cdc/index.stm and click on "Step Up To Quality."</p>
How do I choose a Provider?	<p>ECC: If you would like to view a map of early childhood education providers, visit http://education.ohio.gov/Topics/Early-Learning/Early-Childhood-Education-Grant.</p> <p>Publicly Funded Child Care: Parents may select any program approved to offer publicly funded child care or early childhood education. These programs include centers, family child care homes and in-home aides located throughout the state of Ohio.</p> <ul style="list-style-type: none">• If you would like assistance with selecting a publicly funded child care provider, you may contact your local Child Care Resource and Referral Agency. Visit http://jfs.ohio.gov/cdc/families.stm for contact information.• You may use the ODJFS Child Care Directory to look for programs that fit your child care needs at http://childcaresearch.ohio.gov/. You may search by location, type of program, and by ages of children who need care. You will be able to learn more about each program including Step Up To Quality rating, any additional accreditation or affiliation, and view all licensing inspections and complaints substantiated within the past three years.

Continued on next page

When will my eligibility begin?	<p>ECC: You will be notified by your provider when you may begin care.</p> <p>Publicly Funded Child Care: Eligibility for the child care program is determined within 30 days from the date the signed application is received by the county. If this application is approved and you are eligible for child care benefits, the county agency may authorize payment for child care from the date the county received this application.</p>
What if my child has a disability or I suspect my child may be developmentally delayed?	<ul style="list-style-type: none"> • To learn more about Medicaid health screenings and early intervention services for your child, please visit the Ohio Department of Job and Family Services child care website at http://jfs.ohio.gov/CDC/childcare.stm and click on "Families." • Publicly Funded Child Care: Your child care provider may qualify for additional assistance if they must make special adaptations for your child. Your provider may contact your county agency for more information.
How do I make a complaint about a provider?	<p>ECC (ODE): If the program is licensed by ODE, call 614-466-0224.</p> <p>Publicly Funded Child Care (ODJFS): If the program is licensed by ODJFS, call 1-877-302-2347, option 4</p>

Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

Tell us about you (the applicant)			
First Name	MI	Last Name	
Address			Today's Date
City	State	County	Zip Code
Phone Number ()	Additional Phone Number ()	E-mail Address	

Tell us about the people in your home							
Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

Tell us about your needs for your child(ren)

Child 1	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			
Child 2	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			
Child 3	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			

Tell us about your finances

Will you or the people in your home receive income this month? Yes No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income <i>(before taxes)</i>	How Often Received <i>(weekly, bi-weekly, etc)</i>	Date Last Received	Work or School Schedule <i>(please list times)</i>
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

Do you or anyone in your household pay Child or Spousal Support? Yes No

How Much?

Signature of Applicant

Date

Ohio Department of Job and Family Services
FAMILY INFORMATION
FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

Child's Name <i>(Last)</i>	<i>(First)</i>	Nickname <i>(if any)</i>
<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. <i>(Check all that apply)</i> 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

