



# Registration Packet

**RICHMOND HEIGHTS LOCAL SCHOOL DISTRICT**  
447 Richmond Road  
Richmond Heights, Ohio 44143  
(216) 692-0086



# RICHMOND HEIGHTS LOCAL SCHOOLS

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447 RICHMOND RD. RICHMOND HTS., OHIO 44143 PHONE: 216-692-0086 FAX: 216-692-8487

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*"It's the Dawning of a New Day"*

## **Welcome New Families and Partners in Education**

We are so excited to welcome you to Spartan Nation and want to ensure that your child has a smooth transition to Richmond Heights Local Schools.

In order to meet that goal we will need ALL documents noted on the enrollment package. Therefore we strongly recommend you come prepared with all information to support a complete enrollment and a smooth transition.

Each child will be given a developmental and social/emotional screening prior to the start of preschool. Upon a completed enrollment package, our preschool staff will contact you to set up your child's screening appointment.

If you are unable to provide ALL documents at the time of enrollment, your child/children cannot begin school at Richmond Heights Local Schools until the registrar's office is in receipt of a complete enrollment package. Please refer to the enrollment package for the required documents.

If you have any questions of clarification, please feel free to contact me at [askew.kelly@richmondheightsschools.org](mailto:askew.kelly@richmondheightsschools.org).

Thank you and Welcome to Spartan Nation,

*Kelly Askew-Tucker*

Kelly Askew-Tucker  
Director of Educational Services  
216-692-0086 ext.571228



# RICHMOND HEIGHTS LOCAL SCHOOLS

447 RICHMOND RD. RICHMOND HTS., OHIO 44143 PHONE 216-692-7395 FAX 216-692-8487

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## PRESCHOOL REGISTRATION CHECKLIST

Parents, legal custodians or guardians must register their children **by appointment only** at the Board of Education Office. To schedule an appointment, please call **Ms. Bendes at (216) 692-7395**. In order for the registration process to move quickly, please use the checklist below and supply the district with the following documents:

1. \_\_\_ Completed **Registration forms** (attached).
2. \_\_\_ A current **Driver's License** or current **State ID** of the adult registering the student.
3. \_\_\_ **Original or certified copy of child's Birth Certificate**.
4. \_\_\_ **Child's Social Security Card**.
5. \_\_\_ **If applicable, a stamped, certified copy of Court Order establishing custody or guardianship.** (No photo copies)
6. \_\_\_ **Notarized residency affidavit** (form included in packet).
7. \_\_\_ **Lease, Mortgage, or Deed. The district will not enroll without proof of residence.**
8. \_\_\_ **Child's complete Immunization records** signed by your physician (form attached).

As the parent or legal guardian of the child being registered, you have a continuing responsibility to inform the superintendent of schools of any change of residence or legal custody. Regarding legal custody or guardianship, a court of jurisdiction must award it before a student will be allowed to enroll in the Richmond Heights Local School District.

The Richmond Heights Schools attendance officer will confirm the accuracy of information provided during the registration process by making home visits to all new students.

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I have read the above enrollment procedures, understand them and will abide by them. I will notify the superintendent of schools of any changes that may occur.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# RICHMOND HEIGHTS LOCAL SCHOOL DISTRICT

## RESIDENCY AND CUSTODY AFFIDAVIT



For the purpose of establishing school residence and custody (To be completed by parent or legal guardian)

### **SIGN ONLY AFTER CAREFULLY READING AND SIGNING IN THE PRESENCE OF A NOTARY**

**THE UNDERSIGNED, FIRST BEING DULY SWORN ACCORDING TO LAW, STATE THAT:**

I, \_\_\_\_\_, certify that I am the custodial parent/legal guardian of \_\_\_\_\_  
(Parent's or Legal Guardian's Full Name) (Student's Name)

and that I have established residency at \_\_\_\_\_  
(Street Number, Name, Apt. #) (City) (State) (Zip Code)

Date of Occupancy: \_\_\_\_\_ Lease End Date (if applicable): \_\_\_\_\_

I, \_\_\_\_\_, certify that I am a resident of the above residence located within **Richmond Heights Local School District**. The registrar has explained to me that legal residency is determined by certain conditions, among them are that mail delivery, voting residence, and payroll city tax deductions are based on the **Richmond Heights Local School District** address and also, that the residence where meals are taken, and where the resident parent sleeps must be the **Richmond Heights Local School District/Richmond Heights** residence. (Photo identification, such as an Ohio Driver's License with your most recent address, is required for identification)

List the names of ALL people, both adults and children, who reside at the above address. Also, please indicate their school (if applicable) and "status" (i.e., homeowner, lessee, renter, parent, guardian, student, preschooler, grandparent, etc.) Attach a separate piece of paper, if needed.

Last Name	First Name	School (If Applicable)	Last Name	First Name	School (If Applicable)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Please read each statement and then place your initials to the left of the statement.**

- \_\_\_\_\_ I/we certify that the information provided in this document and registration packet is true and no information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll named students in the **Richmond Heights Local School District**.
- \_\_\_\_\_ I/we understand that I/we are responsible for informing school officials of any change(s) in the residence of any parent, legal guardian, or other responsible adult. If I change my present address to another address that is within the **Richmond Heights Local School District**, I will **immediately** file another residency and custody affidavit with the Board of Education of the **Richmond Heights Local School District**. I further understand that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the **Richmond Heights Local School District**, I will withdraw my child(ren) from the district and will enroll my child(ren) in the new district of residence.
- \_\_\_\_\_ I/we are also responsible for informing school officials of any changes to the legal custody or guardianship of the child(ren).
- \_\_\_\_\_ I/we have provided the **Richmond Heights Local School District** with an official copy of any and all current court orders from the Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody or residency of the children being enrolled as per Ohio Revised Code 3313.672.
- \_\_\_\_\_ I/we acknowledge the student who is being registered has not been expelled or excluded from any other school pursuant to O.R.C. Sections 3301.121 and 3313.662.
- \_\_\_\_\_ I/we understand that if the student attends school while not being eligible to do so tuition free, the student and all responsible parties will be liable for tuition at a rate set by the Ohio Department of Education according to the Ohio Revised Code 3317.08, and related costs, and the student will immediately be withdrawn from the **Richmond Heights Local School District**.
- \_\_\_\_\_ I/we understand that the **Richmond Heights Local School District** may use whatever legal means it has at its disposal to verify my residency. I/we hereby waive my rights to confidentiality of information relative to my/our residence and give permission to the **Richmond Heights Local School District**, the City Tax Administrator, and the Regional Income Tax Agency (RITA) to release information such as name, social security number, and current and former addresses to confirm or deny my residency for the current or prior years.

**NOTE:** Be sure you have read this statement carefully before you sign. **Giving false information under oath is punishable as a criminal offense** under the Ohio Revised Code 2921.13 and 2921.21, a misdemeanor of the first degree with a maximum fine of \$1,000 and/or a jail term of six months. In cooperation with the City Prosecutors, each violation may be thoroughly and vigorously prosecuted.

**Signature(s)**

Parent/Legal Guardian/Custodian: \_\_\_\_\_  
Student 18 years of age or older: \_\_\_\_\_

County of Cuyahoga)

)SS

State of Ohio)

Before me, a Notary Public of the State of Ohio, came the above-named who said that he/she/they did understand the statements set forth above and did adopt said statements and the information, herein as his/her/their own, as true to the best of his/her knowledge of the consequences and penalties of falsification, and did affix his/her signature in my presence,

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public



# RICHMOND HEIGHTS LOCAL SCHOOL DISTRICT

## STUDENT REGISTRATION FORM



<b>Student Name</b>	Last Name	First Name	Middle Name	Entry Grade
<b>Social Security #</b> <small>(optional)</small>	- -	<b>Birth Date</b>	Month / Day / Year	
<b>Student Home Address</b>	Number	Street	City	Zip Code Up <input type="checkbox"/> Down <input type="checkbox"/> Apt. #
<b>Parent/Guardian</b>	Name		Phone Number	
<b>Previous school attended</b> <small>Include homeschooling</small>	Name of School	School District	City	State

Is this student Hispanic/Latino? <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino	<b>Race</b> <small>(choose one or more)</small> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander How Identified:
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Citizenship</b> <input type="checkbox"/> Dual National <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Resident Alien <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other please name:

<b>Birthplace</b> City State Country	<b>Native / Primary Language</b> <input type="checkbox"/> English <input type="checkbox"/> Other please name:
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<b>Student Lives With</b> <small>(check all that apply)</small> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Self
<b>Legal Custody</b> <small>(check all that apply)</small> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent Court Journal Entry: ( / / ) County: _____ District Bearing Cost(for Foster Children only):	<input type="checkbox"/> Guardian <input type="checkbox"/> CCDCFS <input type="checkbox"/> Other (explain): <input type="checkbox"/> Probate Court <input type="checkbox"/> Juvenile Court Restrictions: _____

Is the child in gifted or Advanced Placement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe services:
Does the child have a 504 plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, describe services:
Has the child ever had an IEP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list year of most recent evaluation:
If yes, do you have a copy of the IEP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, indicate program:
Is the child suspended?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, from what district?
Is the child expelled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, from what district? End Date:

I do not consent to the release of email, home address, and home phone number for outreach purposes

**Daycare/Preschool/Kindergarten Questionnaire**

Has your child been in a previous school setting:  Yes  No

If so, please name school(s): \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone Number \_\_\_\_\_

Permission to Contact:  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT(S) / GUARDIAN INFORMATION**

**STUDENT NAME:**

<b>Mother</b>		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		Dual Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Name		First Name	
Address		Number	Street	City		Zip Code	
Workplace				Email			
Home Phone			Work Phone			Cellular Phone	

<b>Father</b>		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		Dual Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Name		First Name	
Address		Number	Street	City		Zip Code	
Workplace				Email			
Home Phone			Work Phone			Cellular Phone	

<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other:				
Last Name		First Name					
Address		Number	Street	City		Zip Code	
Workplace				Email			
Home Phone			Work Phone			Cellular Phone	
Social Worker (If Applicable):							

<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other:				
Last Name		First Name					
Address		Number	Street	City		Zip Code	
Workplace				Email			
Home Phone			Work Phone			Cellular Phone	
Social Worker (If Applicable):							

**EMERGENCY CONTACT INFORMATION**

Name	Relationship	Name	Relationship
Telephone		Telephone	
Address		Address	
Email		Email	

**PLEASE LIST ALL OTHER CHILDREN UNDER THE AGE OF 22 WHO LIVE AT THE HOME ADDRESS**

Name	Grade	Date of Birth	Gender	Relationship To Student

*I hereby certify, under penalty of perjury, that all of the information that I have given is correct in all respects to the best of my knowledge.*

Date: \_\_\_\_\_ Parent/Legal Guardian/Independent Student: \_\_\_\_\_

Date:	Information Verified By:	Signature
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# Richmond Heights Local Schools

## Emergency Medical Authorization

To enable parents and guardians to provide necessary information and to authorize the provision of emergency treatment for a student who becomes ill or is injured while under school authority.

Student Name \_\_\_\_\_  
Last First Middle Birth Date

Home Address \_\_\_\_\_ Apt. \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**Parent(s) or Guardian with whom student lives:**

\_\_\_\_\_  
Name / Relation to student / Name / Relation to student

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Daytime (\_\_\_\_\_) \_\_\_\_\_ Daytime (\_\_\_\_\_) \_\_\_\_\_

**Non-Residential Parent (If Applicable)**

\_\_\_\_\_  
Name / Relationship to Student (\_\_\_\_\_) Primary Phone

\_\_\_\_\_  
Address Apt. City State Zip Code

**Is there a court order which limits / prohibits non-custodial parent contact?**  Yes  No  
 If yes is marked, parent must contact the office and provide legal documentation.

**Transportation**

Check all that applies: Bus to school \_\_\_\_\_ Bus from school \_\_\_\_\_ Car rider \_\_\_\_\_ Walk \_\_\_\_\_

\* If your child does not go home after school, please list where the child goes, on what days, and phone number:

\_\_\_\_\_  
Name / Agency (\_\_\_\_\_) Phone Number M T W T H F  
Circle Days

**Note: Requests to change normal transportation MUST be made in writing.**

List the person(s) who will care for your child in the event that reasonable attempts to contact parent(s) have been unsuccessful. List contacts in the order in which you prefer them to be called.

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name / Relationship to Student Primary Phone
2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name / Relationship to Student Primary Phone
3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name / Relationship to Student Primary Phone

Please include name of an older sibling who is authorized to pick up student in the event of a disaster.

Grade \_\_\_\_\_

**Information Concerning Student's Health – Please print**

Medical History: \_\_\_\_\_  
\_\_\_\_\_

Allergies (insect, food, medications, etc.): \_\_\_\_\_  
\_\_\_\_\_

Physical impairments that limit mobility: \_\_\_\_\_  
\_\_\_\_\_

Medications taken (including dosage and times given): \_\_\_\_\_  
\_\_\_\_\_

**\*\*Please note: If your child would need to take any medication during a 24-hour period of "sheltering in place", please contact the school nurse to discuss this matter confidentially.**

Describe any **critical medical information** the bus driver should be aware of when transporting this student:  
\_\_\_\_\_  
\_\_\_\_\_

**To Grant Consent**

**I grant consent**, in the event that reasonable attempts to contact me have been unsuccessful, (1) for the administration of any treatment deemed necessary by the named doctors:

Dr. \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Preferred Physician

Dr. \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Preferred Dentist

or in the event the designated preferred practitioner is not available, by another licensed physician or dentist.

(2) the transfer of the child to (preferred hospital) \_\_\_\_\_, or any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

**Refusal to Grant Consent**

**I refuse to grant consent** for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish the school authorities to take the following action:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date





Department of Education

Office of Early Learning and School Readiness
Child Medical Statement

Revised 3/12/2018

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

Section I - Child Medical Information

Child's Name

Date of Birth Height Weight

Table with 2 columns: Immunizations and Exempt from Immunization. Rows include Complete for Age, In Process, Religious Conviction, Health, and Other.

Limitations or health conditions, including allergies, medications, and dietary restrictions.

Large empty rectangular box for entering limitations or health conditions.

Section II - Child Medical Statement Verification

Physician/Clinic/Hospital Name Provider Address

Provider Phone Number Provider City Provider State Provider Zip

Check box of examining medical professional:

- Physician
Physician Assistant
Advanced Practice Registered Nurse

This child has been examined and is in suitable condition to participate in group care.

Signature of Medical Professional Date of Exam

Programs funded through the Ohio Department of Education must have written policies and procedures to ensure that children have received comprehensive health screenings and/or that families are informed of the importance of health screenings and the resources to obtain them.

## Ohio Department of Health • School and Adolescent Health Immunization Report

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth /   /
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Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671).  
 A copy of the child's immunization record may be attached or dates may be entered below.  
 Please note the month, day, and year for each immunization should be on record.

**Vaccine** **Record complete dates (month, day, year) of vaccine doses given**

Diphtheria, Tetanus, Pertussis (DTP)						
DTaP, Tdap						
DT, Td						
Polio						
Hepatitis B (HBV)						
Measles, Mumps, Rubella (MMR)						
Varicella (Chickenpox)						
Hepatitis A						
Meningococcal (MCV4, MPSV4)						
Pneumococcal (PCV)						
Measles (Rubeola) only						
Rubella only						
Mumps only						
Haemophilus influenza Type b (Hib)						
Influenza						
Other						

This information was provided by    Health Care Provider    Parent/Guardian    Other

Signature	Print name	Date /   /
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# RICHMOND HEIGHTS LOCAL SCHOOLS

Date: \_\_\_\_\_

## Home Language Survey



*Federal guidelines require that this form be completed for all enrolled students.*

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (ZIP)

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Please answer the following questions:**

1. What language did your child speak when first learning to talk? \_\_\_\_\_
2. What language does your child speak most often at home? \_\_\_\_\_
3. What language do you use most frequently when communicating with your child? \_\_\_\_\_
4. List the language(s), other than English, spoken by your child \_\_\_\_\_
5. List the language(s), other than English, spoken in the home. \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

### ONLY COMPLETE BELOW IF ANY ANSWER ABOVE WAS ANOTHER LANGUAGE

*If your answer was any language other than English to questions 1-5, please answer the following questions.*

6. What is the Parent/Guardian's native language? Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_
7. Does your child:  speak English  read English  write English (Check all that apply.)
8. Which adults in the home **speak** English?  Mother  Father  Guardian
9. Which adults in the home **read** English?  Mother  Father  Guardian
10. Do you need an interpreter?  Yes  No      If yes, do you have one available?  Yes  No
11. Interpreter's Name (If available): \_\_\_\_\_ Phone #: \_\_\_\_\_
12. When did your child first attend school in the United States? Date: \_\_\_\_\_

13. List the schools your child attended in the United States

School Name	City/State	Grade	Dates Enrolled

14. List the schools your child attended in another country

School Name	City/Country	Grade	Dates Enrolled



# Richmond Heights Local Schools

Prepare individual learners to navigate an evolving global community using 21<sup>st</sup> century competencies.

## Richmond Heights School District Preschool Program

As required by the Preschool Program Rules, each year our program must prepare a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in the program.

Please authorize the following to be listed on the parent roster.

- |                 |                              |                             |
|-----------------|------------------------------|-----------------------------|
| My child's name | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Family name     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Phone Numbers   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Signature of parent/guardian



# Richmond Heights Local Schools

Prepare individual learners to navigate an evolving global community using 21<sup>st</sup> century competencies.

## POLICY AGREEMENT FORM

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Please read and complete all sections, sign and return to your child's homeroom teacher.

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### 1. Receipt of the Student Code of Conduct:

- I have received a copy of the Richmond Heights Student Code of Conduct contained within the Student Handbook and reviewed this information with my child.
- I have not received a copy of the Richmond Heights Student Code of Conduct or the Student Handbook.

### 2. Media Release:

Permission granted       Permission denied\*

Photographs, voice recordings and videos of students participating in activities at school may appear in media such as newsletters, newspapers, the Richmond Heights Schools' web site, brochures, or other publicity materials. Please indicate whether you grant permission for the use of photos, recordings and videos in such media formats.

\*Please be advised that if you decide to deny permission for media release of your child's image or voice, it does not include incidental images or voice recordings captured at athletic or school events taken by a third party.

### 3. Field Trips:

Permission granted       Permission denied

My child has permission to participate in school experiences outside the school building and grounds such as field trips. I understand that I will be informed in advance of the dates, times, and locations of any planned activity or field experience. I further understand that I may be required to complete permission slip forms for individual field trips during the school year.

### 4. Computer Acceptable Use Policy – Student User Agreement:

As a student user of the Richmond Heights Local Schools computer network, I agree to comply with district policy 7540.03 (found on the Richmond Heights Schools web site under Forms and Links and "Bylaws and Policies"), which states the rules for communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

Student Name (please print) \_\_\_\_\_ Grade Level \_\_\_\_\_

Student Signature: \_\_\_\_\_ Teacher: \_\_\_\_\_

**5. Computer Acceptable Use Policy -**

**Parent Permission:**

Permission granted

Permission denied

As a parent or legal guardian of the minor student signing on the previous page, I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet. Teachers, staff and students are instructed to use educationally appropriate speech and expression when using the Internet and other technological tools. I understand, however, that I am responsible for setting and conveying the standards that my child/children should follow when using the Internet. I also understand that there is no guarantee or expectation of privacy when using school-owned computers. Some materials on the Internet may be objectionable, and not authorized by the School Board for educational purposes, but I assume risks by consenting to allow my child to participate in the use of the Internet. In addition, I understand that emails and any responses to it will be archived for later retrieval and may constitute a public record and therefore may be made available upon request in accordance with Ohio Public Records law (ORC 149.43).

**6. Permission for district, school and teachers to use email to communicate with parents about students and other district information:**

Permission granted

Permission denied

I grant permission to use email as a means of communication for the district, school, and my child's teachers.

**Parent email (please print carefully):**

**My child**  has access to this email account.  does not have access to this email account.

**I have read each section of this Policy Agreement Form and have indicated in each section whether I grant or deny permission.**

**Parent Name (please print):** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please sign and return this form to your child's teacher.**

**CHILD RELEASE AUTHORIZATION**

Even though transportation is provided by this school district, there may be a time when your child will need other means of transportation.

I, the parent/guardian of \_\_\_\_\_ give my permission for the following person or persons to transport my child.

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NAME OF PERSON	RELATIONSHIP TO CHILD
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NAME OF PERSON	RELATIONSHIP TO CHILD
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NAME OF PERSON	RELATIONSHIP TO CHILD
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---

Signature of Parent/Guardian

---

Date

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

Child's Name (Last)	(First)	Nickname (If any)
<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>		
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 <b>sleeping</b> (Night terrors, trouble going to sleep, etc.)? Please explain.	
What might you and/or your <b>child</b> be anxious about as he/she starts in this program?	
What are you and/or your <b>child</b> excited about as he/she starts in this program?	
What are your expectations of <b>this</b> program?	
What other information would <b>be</b> helpful for the staff caring for your child to know?	
Parent/Guardian's Signature	Date

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

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**How do I apply for Early Childhood Education Services (ECC)?**

- 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.

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**How do I apply for Publicly Funded Child Care?**

- 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.

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**What verifications do I need for publicly funded child care?**

- **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).**

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**What is Step Up To Quality?**

**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."**

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**How do I choose a Provider?**

**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>.

**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.

- 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.

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**Continued on next page**

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)**

<b>Tell us about your needs for your child(ren)</b>			
<b>Child 1</b>	<b>Provider Name and Address</b>	<b>Child's Needs</b>	<b>What hours/days do you need services? (i.e. child care or preschool) Check all that apply</b>
<b>Name</b>		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
<b>Child's Mother's Maiden Name</b>			<b>What is the child's home school district?</b>
<b>Child's City of Birth</b>			
<b>Child 2</b>	<b>Provider Name and Address</b>	<b>Child's Needs</b>	<b>What hours/days do you need services? (child care or preschool) Check all that apply</b>
<b>Name</b>		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
<b>Child's Mother's Maiden Name</b>			<b>What is the child's home school district?</b>
<b>Child's City of Birth</b>			
<b>Child 3</b>	<b>Provider Name and Address</b>	<b>Child's Needs</b>	<b>What hours/days do you need services? (child care or preschool) Check all that apply</b>
<b>Name</b>		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
<b>Child's Mother's Maiden Name</b>			<b>What is the child's home school district?</b>
<b>Child's City of Birth</b>			

**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 (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received	Work or School Schedule (please list times)
					<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
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## **MANAGEMENT OF COMMUNICABLE DISEASES**

If your child is ill when at home, do NOT send him/her to school. It is not fair to expose other children to disease; neither will your child benefit from the experience. We are not equipped to handle sick children, and you will be asked to pick them up immediately.

Should your child become ill while at the school, we will isolate him/her from the rest of the children and make him/her as comfortable as possible. We will contact you to pick up your child as soon as possible. Remember, if someone other than the registering parent will be picking up a child, staff members will require identification and your prior notice, preferably in writing.

Your child will be isolated and discharged to you immediately if these symptoms appear:

1. diarrhea more than once
2. severe coughing
3. difficult or rapid breathing
4. yellowish skin or eyes
5. tearing, inflamed eyes
6. temperature of 100 degrees Fahrenheit when taken by auxiliary method
7. untreated skin rash
8. dark urine or light stool
9. stiff neck
10. unusual spots
11. sore throat
12. vomiting
13. evidence of lice

Children who have fevers, vomiting and diarrhea should not return to school for 24 hours.

Children on antibiotics should remain at home until they have been receiving medication for 24 hours.

Every effort will be made to avoid transmitting illness within the classroom. All preschool staff members will wash their hands with soap and running water after each diaper change, or after assisting a child with toileting; after cleaning; before preparing or eating food, after toileting; before feeding any child; and when hands have been in contact with nasal or mucous secretions. Disposable towels or an air hand dryer will be available at all times.

## **BEHAVIOR AND GUIDANCE MANAGEMENT POLICY**

Children will be treated with respect, concern for their dignity and enhancement of their self-concept. The following beliefs underline our behavior management policy:

Development of self-discipline, decision-making and problem solving skills are the goals of our behavior-management policy. All techniques will be directed toward helping children take responsibility and develop an understanding of their own behavior.

We recognize that while children are learning self-control, they need to be protected from hurting themselves, others and destroying property. The following are some of the techniques used in behavior management with an emphasis on prevention.

- establish a positive relationship with the child
- arrange a safe, healthy and highly structured learning environment
- be an appropriate model
- implement problem solving skills taking into consideration developmental appropriateness
- define the limits or rules in positive manner and appropriate manner
- anticipate potential problems
- develop an effective communication (expressive/receptive) based on each student's level of functioning
- encourage and praise
- observe and record (when designated)/develop and consistently follow a behavioral plan
- offer verbal and/or visual suggestions, questions, gestures at the right time (respecting the need for autonomy and independence)
- guide children to make appropriate decisions and choices
- be proactive, anticipate behaviors and redirect the child when necessary
- allow natural and logical consequences within safety limits, be flexible and maintain a sense of humor

We also realize that children may at times, need more structured behavior management to reduce inappropriate behaviors. When those situations occur, the following techniques are used:



- behavior plans will be individualized to fit each students needs
- specific behavior plan will be developed and shared with families prior to implementation
- physically guiding/moving or redirecting a child to prevent injury to self, others and/or property

The center's actual method of discipline shall apply to all persons on the premises and shall be restricted as follows:

1. There shall be no cruel, harsh, corporal punishment or any unusual punishments such as, but limited to, punching, pinching, shaking, spanking or biting.
2. No discipline shall be delegated to any other child.
3. No physical restraints shall be used to confine a child by any means other than holding a child for a short period of time, such as in a protective hug, so the child may regain control.
4. No child shall be placed in a locked room or confined in an enclosed area such as a closet, a box or a similar cubicle.
5. No child shall be subjected to profane language, threats, derogatory remarks about himself or his family or other verbal abuse.
6. Discipline shall not be imposed on a child for failure to eat, failure to sleep, or for toileting accidents.
7. Techniques of discipline shall not humiliate shame or frighten a child.
8. Discipline shall not include withholding food, rest or toilet use.
9. Separation, when used as discipline shall be brief in duration and appropriate to the child's age and developmental ability and the child shall be within sight and hearing of a preschool staff member in a safe, lighted and well-ventilated space.
10. The center shall not abuse or neglect children and shall protect children from abuse and neglect while in attendance in the preschool program.