Kids R Kids Learning Academy

Start Date _____

Rate _____

Reg. Fee _____

Discount _____

Full/Part Time_____

Infant

Enrollment Packet

Kids R Kids Learning Academy

Liberty Township

6532 Princeton-Glendale Road
Liberty Township, OH 45011
513.863.3001
https://kidsrkids.com/liberty-township/

Kids R Kids Learning Academy

Maineville

6493 South State Route 48
Maineville, OH 45039
513.583.8899
https://kidsrkids.com/maineville/

Kids R Kids Learning Academy

West Chester

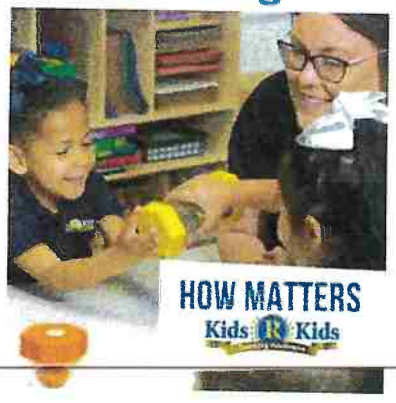
9077 Union Centre Blvd.
West Chester, OH 45069
513.860.5437
https://kidsrkids.com/west-chester/

New Year, New Look & New Beginnings! Visit Us Today!

Kids R Kids Learning Academy

Mason

7439 Mason Montgomery Rd.
Mason, OH 45040
513.398.9944
https://kidsrkids.com/mason/



Kids R Kids Learning Academy

Fairfield

8750 Holden Blvd.
Fairfield, OH 45014
513.870.0696
https://kidsrkids.com/fairfield-ohio/

Enrollment Application

Entrance Date ___/___/___ Withdrawal Date ___/___/___

Child

Child's Full Name _____ Age ___ Gender_____ Date of Birth ___/___/____

Child's Home Address _____ Home Phone _____

_____

Parent/Guardian(s)

Parent/Guardian Name_____ ☐ Parent ☐ Guardian

Home Address _____ Home Phone _____

Email _____ Cell Phone _____

Place of Employment _____ Business Phone _____

Employment Address _____

Parent/Guardian Name_____ ☐ Parent ☐ Guardian

Home Address _____ Home Phone _____

Email _____ Cell Phone _____

Place of Employment _____ Business Phone _____

Employment Address _____

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other_____

Child's Legal Guardian(s): ☐ Both parents/guardians ☐ Mother ☐ Father ☐ Other_____

Child's Living Arrangements: ☐ Both parents/guardians ☐ Mother ☐ Father ☐ Other_____

Emergency Contacts

The child may be released to the person(s) signing this agreement or to the following with photo ID:

Name Address Telephone Relationship

_____

_____

_____

Emergency contact(s) when parents cannot be reached:

Name Address Telephone Relationship

_____

_____

Doctor to be contacted when parents cannot be reached:

Name Address Telephone

_____

_____ ___/___/____

Parent/Guardian Signature Date

_____ ___/___/____

Parent/Guardian Signature Date

Date

Kids R Kids Learning Academy

Distribution
- *Child's File*
- *Transportation Log*
- *Field Trip Log (School-Age Only)*

Health and Emergency Permission

This form must be completed for all enrolled children annually and as changes occur

Child

Child's Full Name _____ Age _____ Gender_____ Date of Birth ___/___/____

Child's Home Address _____ Home Phone _____

Parent/Guardian(s)

Parent/Guardian Name_____ Phone 1: _____ Phone 2: _____

Parent/Guardian Name_____ Phone 1: _____ Phone 2: _____

Medical Information

Doctor to be contacted when parents cannot be reached:
Name Full Address Telephone

Dentist:
Name Full Address Telephone

Health Insurance Provider:
Name Full Address Telephone

Does your child have special needs affecting participation in school activities? ☐ Yes ☐ No
Specify: _____

Does your child have allergies? ☐ Yes ☐ No
Is your child on prescribed medication for Illness/Allergies? ☐ Yes ☐ No
Specify: _____

Actions Taken: _____

Weight of Child: _____

Emergency Contacts

The child may be released to the person(s) signing this agreement or to the following with photo ID:
Name Address Telephone Relationship

Emergency contact(s) when parents cannot be reached:
Name Address Telephone Relationship

_____ _____/_____/_____
Parent/Guardian Signature Date

_____ _____/_____/_____
Owner/Director Signature Date

This form was developed by Kids 'R' Kids International, Inc. It's important to review State Guidelines regularly to ensure compliance.

Parental/Guardian Agreement with Kids R Kids Maineville

Below is a breakdown of the policies and procedures at our school. Our goal is to create a partnership between our program and your family. We have implemented the following policies and procedures at the school to provide the highest quality early education experience. The three most important things we need from our families is:

Partnership, Communication and Patience.

These are the highlights of our policies and procedures that we have found come up more often. A full list of our policies and procedures are available in our parent handbook. Please initial each section below to ensure there Is a clear understanding.

Child Name:

Date of Birth:

General (Please initial)

_____I understand that Kids 'R' Kids of Maineville, a Kids 'R' Kids franchise, is independently owned and operated and that neither Kids 'R' Kids International, nor any other Kids 'R' Kids is responsible for the actions or obligations of this school.

_____I agree to provide Kids 'R' Kids with all information about my child's needs. If my child has an Individual Education Plan, I will share all paperwork with the school director to ensure that Kids 'R' Kids is able to meet the needs of my child. I understand that Kids 'R' Kids can make changes to my child's enrollment at any time.

_____I understand that it is my responsibility to escort my child into and out of the school and to sign my child in and out of the school. I understand that all children must be picked up by a person, 18 years or older. I understand that a staff member will escort my child into the school when being transported to school by Kids 'R' Kids transportation.

_____If I have not picked up my child 30 minutes after closing, and all attempts to contact my emergency contacts and me fail, Kids 'R' Kids will call the proper authorities.

_____I understand that it is my responsibility to keep the school advised of any changes to the information provided in this application.

Health and Safety (Please Initial)

_____I agree to follow all requirements of the school's medical policy.

_____My child **IS or IS NOT** (Circle One) currently on medication(s) prescribed for "long term" continuous use and/or has the following pre-existing illness, allergies, or health concerns: Please list any medications and/or conditions._____

_____

_____

_____, I agree to provide the school with all necessary information pertaining to the administration of medication (date, prescription#, doctor's notes, direction, medication in original pharmaceutical container, etc.}.

_____, I understand that if my child is ill, including, but not limited to, a severe cough or sore throat, undetermined rash or spots, temperature over 100.4 degrees, severe headaches, upset stomach and/or diarrhea, he or she cannot be accepted into the school until well. In the event my child has a notifiable disease, a release form from a medical source may be required before my child re-enters the school. Kids 'R'. Kids will notify parents if a notifiable disease has been introduced into the school and guidelines will be followed per the CDC Chart/Health Dept.

_____Children must be symptom free for 24 hours unless otherwise recommended by a doctor, before returning to school.

_____, I understand that when I am notified that my child is sick, I must pick up within 45 minutes.

_____ In the event that a child is found with living lice or knits, the child will be sent home for treatment. After treatment, the child may return to the school with the understanding that the child will be retreated in 7-10 days of the initial treatment.

_____Should (child's name)_____(Date of birth) _____ suffer any injury or illness while in the care of Kids R Kids Maineville and the facility is unable to contact me immediately, it shall be authorized to secure medical attention and care for the child as may be necessary.

(Parents name) _____shall be responsible for payment of services.

Financial: (Please Initial)

_____Hours of Operation 6:30 am - 6:30 pm Monday- Friday

_____Tuition payments made after close of business Monday will be assessed a $50.

_____ There will be a $6 service fee for all credit card transactions.

_____ Please refrain using cash for any transactions.

_____ Weekly Supply Fee, per child $5

_____Any check or tuition payment returned will be charged a NSF fee of $50.

____ Registration fee of $175 (One child) & $225 (Family)

_____All students will be subject to an initial registration fee upon enrollment. (Non-Refundable)

_____ Late Pick Up Fee starting at 6:31PM is 25.00 dollars.

_____Two weeks' l written notice via email is required to disenroll your child. Should a 2 week notice not be provided, your account will be billed accordingly.

_____Tuition includes, breakfast, snack & lunch

Holidays: Our published tuition takes into consideration of the following holidays or events for which we are closed. We will be closed on the following holidays: New Year's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day and the Friday after Thanksgiving, Christmas Eve and Christmas Day. We close at 2pm on New Year's Eve. If the Holiday falls on the weekend, we will observe the day prior. Additionally, our school will close 2 additional days for teacher training.

Vacation Credit: All families will be awarded one half week credit after their first 6 months of continuous enrollment. Families will be awarded two half weeks of credit upon their one- year anniversary.

Parent Signature:_____ Date _____

Distribution
- *Infant/Toddler Classroom Forms*
- *Preschool/School-Age Classroom Forms*
- *Kitchen Log*
- *Child's File*

Child Allergy Profile

Update annually or as child's information changes

Child's Full Name: _____ Suite: _____

Please list any known allergies:

_____

Symptoms of Allergic Reaction:

_____

_____

_____

_____

Emergency Care Plan:

_____

_____

_____

_____

_____ ___/___/___

Parent/Guardian Signature Date

_____ ___/___/___

Owner/Director Signature Date

This form was developed by Kids 'R' Kids International, Inc. It's important to review State Guidelines regularly to ensure compliance.

Kids R Kids Learning Academy

Distribution
- *Child's File*

Release

For and in consideration of the opportunity to have my minor child's name, voice, picture, portrait, artwork and/or likeness published and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned, on behalf of myself and my minor child, hereby agree as follows:

1. I hereby grant Kids 'R' Kids International, Inc., Kids 'R' Kids # _____, and its affiliates, franchisees, nominees, licensees, successors and assigns and those acting under their permission (hereinafter "KRK"), the unrestricted, absolute, perpetual, worldwide right to:

a. use my and my minor child's name, voice, picture, portrait, artwork and/or likeness, however obtained;

b. reproduce, copy, modify, alter, edit, publish, use, create derivatives in whole or in part, without limitation, my and my minor child's image, picture, portrait, artwork and/or likeness in still and/or video photography, film or tape taken of me or my minor child by or on behalf of KRK.

c. display, exhibit, distribute, transmit or broadcast the above or any part thereof; in any project or medium, whether now or hereafter existing, including, without limitation printed publications, television, radio, the internet, any online service or website, blog or social media, including, without limitation: Twitter, Facebook, Instagram, any number of times and for any purpose, including, without limitation, promotional, advertising and marketing purposes.

2. I agree that any picture, portrait, artwork or other product or material derived there from is wholly owned by KRK and that KRK may copyright any product or material containing same. If I receive any copy thereof, I shall not use it for any purpose nor authorize its use by anyone else.

3. I hereby waive my right to inspect and/or approve the finished product or material, or to the eventual use that it might be applied.

4. I hereby release and discharge KRK from and against any claim or liability arising out of invasion of privacy, right of publicity, defamation, portrayal in a false light, misappropriation, and copyright infringement arising out of or in connection with the use of materials referenced hereunder, including without limitation the use of my or my minor child's name, voice, picture, portrait, artwork and/or likeness in any manner authorized by this Release, whether now known or arising in the future.

5. I hereby warrant that I am eighteen years old or older and am the parent and/or legal guardian of the minor child named below and am competent to contract for the minor child named herein as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents hereof. I agree that this Release is intended to be as broad and inclusive as permitted under the laws of the State of Georgia, and that if any portion thereof is held to be invalid, that the balance shall continue in full force and effect.

6. This Release constitutes an Agreement between myself and KRK and contains the entire understanding between myself and KRK regarding the subject matter hereof. This Release cannot be modified except in a writing signed by all parties hereto and shall be governed in accordance with the laws of the State of Georgia.

_____ _____

Child's Full Name Parent/Guardian Printed Name

_____ ___/___/___

Parent/Guardian Signature Date

This form was developed by Kids 'R' Kids International, Inc. It's important to review State Guidelines regularly to ensure compliance.

Kids R Kids Learning Academy

Distribution
- *Child's File*
- *Infant/Toddler Classroom Forms*
- *Pre-School/School-Age Classroom Forms*

Child Profile

For children ages 1 and up

A new form is required with each classroom transition

This profile will help your child's teacher get to know your child better. Your input will also help with your child's adjustment to the new classroom.

Child's Full Name: _____ Date of Birth: ___/___/___

Parent/Guardian's Name: _____
(Please Print)

1. List any nicknames your child may have. _____

2. Has your child had previous group care experiences? □ Yes □ No

3. What language(s) is spoken in your home? _____

4. List the names and ages of siblings.

_____

_____

5. Do you have pets at home? □Yes □ No If yes, please list type of pet and name.

_____

6. What words are spoken in your home to describe everyday things (I.e. toileting, nap, eat, play and outside)?

_____

_____

_____

_____

_____ ___/___/___
Parent/Guardian Signature Date

This form was developed by Kids 'R' Kids International, Inc. It's important to review State Guidelines regularly to ensure compliance.

Kids 'R' Kids Learning Academy

Distribution
- *Infant/Toddler Classroom Forms*
- *Front Desk Forms*

_____
(Month)

Infant Feeding Plan

For children ages 6 weeks-12 months

Child's Full Name: _____ Date of Birth: ____/____/____

Instructions to Parents/Guardians:
- Bottles must be pre-mixed (if applicable), labeled with child's full name, current day's date and ready to be served.
- Disposable Nurser Bags must be refrigerated or frozen, stored only with the amount of milk for one feeding, labeled with the child's full name, and date of collection.
- Update diet information as needed or every 30 days. Use a new form or initial/date changes on this form.

Does child feed self? □Yes □ No

Child's diet includes (check all that apply):

Formula	□	Juice	□
Breast Milk	□	Baby Foods	□
Whole Milk	□	Strained Foods	□
Water	□	Table Foods	□

Formula type: _____
Bottle's Formula Amount: _____
Breast Milk Storage: □ Bottles □ Disposable Nurser Bags
Bottle's Breast Milk Amount: _____
Bag's Breast Milk Amount: _____

Food Likes: _____
Food Dislikes: _____
Allergies: _____
Restrictions: _____

Feeding	Time of Day	Type and Approximate Amount of Food

Additional Instructions (i.e. for the introduction of solid foods, dietary changes): _____

I understand it is my responsibility to keep Kids 'R' Kids # _____ updated, in writing, as my child's needs change or ***every 30 days,*** and that it is Kids 'R' Kids policy that bottles are held, not propped, during feeding & that bottles are discarded within an hour after warmed. Unused breast milk will be sent home. Not discarded.

_____ ____/____/____
Parent/Guardian Signature Date

This form was developed by Kids 'R' Kids International, Inc. It's important to review State Guidelines regularly to ensure compliance.

Distribution
- *Child's File*
- *Infant/Toddler Classroom Forms*

Infant Child Profile

For children ages 6 weeks-12 months

A new form is required with each classroom transition and should be updated as information changes.

This profile will help your child's teacher get to know your child better. Your input will also help with your child's adjustment to the new classroom.

Child's Full Name: _____ Date of Birth: ___/___/___

Parent/Guardian's Name: _____
(Please Print)

1. Has your child had previous group care experiences? □ Yes □ No
2. What language(s) is spoken in your home? _____
3. List the names and ages of siblings.

   _____

   _____
4. Do you have pets at home? □Yes □ No If yes, please list type of pet and name.

   _____
5. What milestone(s) has your child reached? (I.e. rolling over or crawling)

   _____

   _____
6. Does your child take a pacifier? □ Yes □ No When? _____
7. How often and how long does your child nap? _____
8. How many hours does your child sleep at night? _____
9. List any additional care plan instructions, i.e. diapering or sleeping _____

   _____

   _____

_____ ____/____/____
Parent/Guardian Signature Date

This form was developed by Kids "R" Kids International, Inc. It's important to review State Guidelines regularly to ensure compliance.

Distribution
- *Child's File*
- *Transportation Log*

Transportation Agreement

The following information is required to be updated by Kids 'R' Kids annually and when transportation situation changes

Child's Full Name: _____ Date of Birth ___/___/___

Kids 'R' Kids (Liberty Township, Fairfield, West Chester, Maineville, Mason) emergency transportation/medical procedure:

1. Call emergency medical team, if necessary
2. Contact parent/guardian (phone, email, text)
3. Contact alternate emergency contact, if necessary
4. Emergency medical team transports child to hospital.
5. Kids 'R' Kids representative will accompany child to hospital.

Emergency Medical Facility the center uses: _____

Address_____ Phone _____

I, _____give permission for Kids 'R' Kids _____ to seek medical attention and /or transport my child_____, in the event of any emergency. I further agree to hold harmless and release Kids 'R' Kids _____and Kids 'R' Kids International, Inc. from all liability. I further agree to keep the facility informed of any changes in the information below.

For School Age Use Only: *If the child relocates to another school or the hours change, this form must be updated immediately*

Name of School: _____

School Address: _____

School Phone: _____

- In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids_____.
- It is vital that Kids 'R' Kids_____ be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids_____ will assume the above schedule of transportation will be followed unless we receive different instructions from parents in writing. Instructions should be received at Kids 'R' Kids_____ by the earliest possible time before scheduled pickup or drop off.

I, _____ agree for my child to be transported by Kids 'R' Kids_____

❑ **To school at _____ (am/pm)**
❑ **From school at _____ (am/pm)**

On the following days: Monday Tuesday Wednesday Thursday Friday

_____ _____/_____/_____
Parent/Guardian Signature Date

_____ _____/_____/_____
Owner/Director Signature Date

This form was developed by Kids 'R' Kids International, Inc. It's important to review State Guidelines regularly to ensure compliance.

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 ☐ Same as Child's		Home Telephone Number ☐ 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. ☐ Yes ☐ No

If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ Email

Where can you be reached while your child is in this program/home?

Parent/Guardian Name #2		Relationship to Child
Home Address ☐ Same as Child's		Home Telephone Number ☐ 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. ☐ Yes ☐ No

If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ Email

Where can you be reached while your child is in this program/home?

Emergency Contacts: Parents **cannot be listed** as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness **if you cannot be reached.** 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
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? (*check all that apply*)

☐ No

☐ Yes - *check all that apply* ☐ Food ☐ Medication ☐ 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? (*check one*)

☐ No

☐ 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? (*check one*)

☐ No

☐ 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? (*check one*)

☐ No

☐ 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? (*check one*)

☐ No

☐ Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

☐ No

☐ 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? (*check one*)

☐ No

☐ Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

☐ No

☐ Yes - written instructions from the child's health care provider must be on file.

☐ N/A - program does not provide meals or snacks to the child.

Child's Name

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? ☐ Yes *(If yes, skip to Emergency Transportation Authorization section)*
☐ No (If no, fill out the following:)

The program's policy is to check diapers every 2 hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

☐ I agree with the program's schedule ☐ I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give *Permission* to Transport			**Do Not Give *Permission* to Transport**	
Program or Home Name Kids R Kids			Program or Home Name Kids R Kids	
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.		**OR** **Do not sign both**	**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	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. ☐Yes ☐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 (*print or type*)	Date of Birth

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 _____ ☐ Yes ☐ No Lead _____ ☐ Yes ☐ No

Weight _____ Hearing _____ ☐ Yes ☐ No Hemoglobin _____ ☐ Yes ☐ No

BMI _____ Dental _____ ☐ Yes ☐ 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.

Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:	**Initials of Examining Health Care Practitioner**
☐ The above named child has been immunized against the diseases listed above. *If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):*	Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): ☐ 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):	**Signature of Parent** Date

Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®– a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below referenced credit card account **(Section A)** OR, initiate debit entries to my (our) Checking or Savings Account, indicated below **(Section B).** To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

☐ Checking ☐ Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

For Official Use Only

Date Received
Employee Signature

A service of

procare SOFTWARE®