Ohio Department of Job and Family Services

CHILD ENROLLMENT AND HEALTH INFORMATION FOR CHILD CARE CENTERS AND TYPE A HOMES

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name: Faithlyn Widdig (Widdig)	Date of Birth: 3/9/08	First Day at Center: 1/27/11
Home Address: 5503 thornhamdr		City: Columbus
State: Oh	Zip Code: 43228	Home Telephone Number: 614 638 9242
Parent/Guardian Name: Annsta Widdig AKRISTIA widdig		Relationship to Child: Mother
Home Address: 5503 thornham		
City: Columbus	State: oh	Zip: 43228
Home Telephone Number:	Cell Phone: 614-638-9242	
Work/School Telephone Number: 614 300 0430	Work/School Name: Focus learning north	
Work/School Address: 4807 evanswood dr		City: Columbus

Please indicate if this name should be included on a parent roster ☐ Yes ☒ No

If you answered yes, please indicate which number above to list on the roster ☐ Work number ☐ Cell number ☐ Home number

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

Parent/Guardian Name: Gregory Qualls		Relationship to Child: father
Home Address: 3137 westerville Rd 1d 85		
City: Columbus	State: oh	Zip: 43229
Home Telephone Number:	Cell Phone: 614 6228985	
Work/School Telephone Number:	Work/School Name:	
Work/School Address:		City: columbus

Please indicate if this name should be included on a parent roster ☐ Yes ☒ No

If you answered yes, please indicate which number above to list on the roster ☐ work number ☐ cell number ☐ home number

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 and at least one person listed must be within one hour of the center/home and able to take responsibility for the child in case you cannot be contacted.

Name: Shane gardner		Name: Debbie Binkley	
City: Columbus	State: oh	City: Columbus	State: oh
Telephone Number: 614 3014644	Relationship to Child: grandfather	Telephone Number: 419-665-7822	Relationship to Child: grandmother.
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: Childrens Hospital / childrens close to home.		
Street Address: industrial mile Rd		
City: columbus	State: oh	Telephone Number: 614 722-2000

Child's Name Kathlyn Widdig

Allergies, Special Health or Medical Conditions, and Food Supplements

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 monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or type A 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 child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (*check one*)

☑ No

☐ Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a 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, monitor your child for symptoms or administer medication during child care hours? (*check one*)

☑ No

☐ Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (*check one*)

☑ No

☐ Yes - please explain

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

☑ No

☐ Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.

☐ N/A - program does not administer any medications.

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 the JFS 01217 "Request for Administration of Medication."

☐ N/A - child does not attend a full time program.

for a nap from anywhere Diapering Statement from 1-2

Is your child toilet trained? ☑ Yes (If yes, skip to Emergency Transportation Authorization section) ☐ No

The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the center/type A home'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		OR Do not sign both	*Do Not Give Permission* to Transport	
Center or Type A Home Name			Center or Type A Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			**does not have permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date 1/27/11		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the center's or type A home's policies and procedures/handbook.

Parent/Guardian Signature	Date 1/27/11

Signatures

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. The administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form to indicate the date reviewed.

Parent/Guardian Signature(s)			Date 1/27/11
Administrator/Designee Signature			Date 1/27/11
Parent/Guardian Initials	Date of Review 1/29/11	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 centers and type A homes to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37. This form must be on file at the center or type A home on or before the child's first day of attendance and thereafter while the child is enrolled.