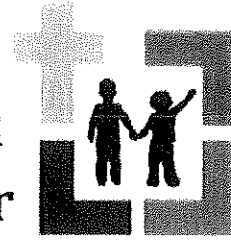


Zion Christian Early Learning Center



FALL REGISTRATION

It's time to make plans for the fall 2023-24 school year. Please let us know if you are planning to continue enrollment in the fall. The fall program begins September 5th, 2023. Classrooms fill up fast so register as soon as possible. We are looking forward to an exciting new school year! However, if you aren't enrolled in the summer your spot is not guaranteed for the fall.

*A minimum of 3 half days a week

Registration deadline is August 4th.

Child's name _____

Child's Birthdate _____

_____ **yes my child will be attending**

_____ **no my child will not be attending**

Parent signature _____

Date: _____

The registration fee is \$40.00 per child.

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

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

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code		Home Telephone Number	
Parent/Guardian Name #1				Relationship to Child	
Home Address <input type="checkbox"/> Same as Child's				Home Telephone Number <input type="checkbox"/> Same as Child's	
City			State		Zip
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2				Relationship to Child	
Home Address <input type="checkbox"/> Same as Child's				Home Telephone Number <input type="checkbox"/> Same as Child's	
City			State		Zip
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. List the name of 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
<p style="text-align: center;">Allergies, Special Health or Medical Conditions, and Medical Foods</p> <p>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.</p>
<p>Does your child have any food, medication or environmental allergies? <i>(check all that apply)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - <i>check all that apply</i> <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> Environmental Please list and explain: </p> <p>Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed. </p>
<p>Does your child have a developmental delay or special health or medical condition? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain </p> <p>Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed. </p>
<p>Is your child currently using any medication or medical food? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain </p> <p>If yes, does this medication or medical food need to be administered at the child care program/home?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food. </p>
<p>Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain </p> <p>Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - written instructions from the child's health care provider must be on file. <input type="checkbox"/> N/A - program does not provide meals or snacks to the child. </p>

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.
<input type="checkbox"/> 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.
<input type="checkbox"/> Not applicable
List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.
<input type="checkbox"/> Not applicable
List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.
<input type="checkbox"/> Not applicable

Child's Name

Diapering Statement

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the following:)	
The program's policy is to check diapers every <u>2</u> hours. Please indicate if you want your child's diaper checked according to the program's policy or another:	
<input type="checkbox"/> I agree with the program's schedule	<input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR	Do <u>Not</u> Give <u>Permission</u> to Transport
Program or Home Name <u>Zion Christian ELC</u> 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.	Do not sign both	Program or Home Name <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="transform: rotate(45deg); width: 40%; height: 40%; background: white;"></div> <div style="transform: rotate(-45deg); width: 40%; height: 40%; background: white;"></div> </div> 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

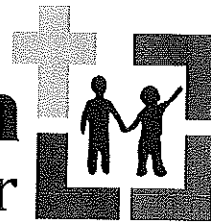
The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

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.

Zion Christian Early Learning Center



3300 Canfield Rd. Youngstown OH 44511 330-792-4066

Photo Consent Form

Occasionally during the school year local media or the newspaper will take pictures or film footage or our schools special events. Please indicate below as to whether or not your child may be photographed.

_____ Yes, my child may be photographed for use for all media purposes

i.e. newsletters, website, Facebook, etc...

_____ No, my child may not be photographed for all media purposes

i.e. newsletters, website, etc...

Parent/Guardian Signature

Date

Zion Christian Early Learning Center



3300 Canfield Rd. Youngstown OH 44511 330-792-4066

Family Information	
Name of Child	
Birth date	
Home Phone	
Street Address	
City, State, Zip	

Mother/Guardian	
Name	
Street Address	
City State Zip	
Cell Phone	
Email	
Place of Employment	
Work Phone	

Father/ Guardian	
Name	
Street Address	
City State Zip	
Cell Phone	
Email	
Place of Employment	
Work Phone	

Marital Status				
MARRIED	DIVORCED	SEPARATED	WIDOW/WIDOWER	SINGLE
Custody/Visitation Arrangements				

Other Members of your Household (Siblings, grandparents, etc.)			
	Name	Age	Relationship to Child
1.			
2.			
3.			
4.			
5.			

Persons Permitted to pick up your Child from the Center (Other than parents)		
	Name	Relationship to Child
1.		
2.		
3.		
4.		
5.		

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (<i>print or type</i>)	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																
<input checked="" type="checkbox"/> The above named child has been examined.																
<input checked="" type="checkbox"/> 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).																
<input checked="" type="checkbox"/> The above named child does not have allergies OR is allergic to the following (<i>please list in space below</i>): <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>																
<i>Check below, if applicable:</i> <input type="checkbox"/> 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 <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Height _____</td> <td style="width: 20%;">Vision _____</td> <td style="width: 10%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 20%;">Lead _____</td> <td style="width: 10%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Weight _____</td> <td>Hearing _____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Hemoglobin _____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>BMI _____</td> <td>Dental _____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Other: _____</td> <td></td> </tr> </table>		Height _____	Vision _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weight _____	Hearing _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	BMI _____	Dental _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	
Height _____	Vision _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead _____	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Weight _____	Hearing _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin _____	<input type="checkbox"/> Yes <input type="checkbox"/> No												
BMI _____	Dental _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____													
Notes:																
Signature of Examining Health Care Practitioner	Date of Examination															
Name of Examining Health Care Practitioner	Telephone Number															
Street Address	City, State and Zip Code															

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES
(MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

IMMUNIZATION (Complete ONLY ONE SECTION below) Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases: Chicken pox, Diphtheria, Haemophilus Influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.	
Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER: <input type="checkbox"/> The above named child has been immunized against the diseases listed above. <i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i>	Initials of Examining Health Care Practitioner <hr/> Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): <input type="checkbox"/> I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):	Signature of Parent <hr/> 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 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

CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2022-2023

INSTRUCTIONS: To apply for free and reduced-price meals, read the household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving food assistance (SNAP) or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4* an adult household member must sign and date form; the last 4 digits of social security number must be listed if *Part 3* is completed. *Part 5* is optional. * Asterisks indicate info that must be completed. Form must be completed annually and valid for only 12 months.

CENTER NAME _____

PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER

* NAME OF ENROLLED CHILD(REN)	AGE	BIRTH DATE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

CHECK IF A FOSTER CHILD
 (The legal responsibility of a welfare agency or court. Attach documentation)

☐

☐

☐

☐

PART 2 – LIST EACH CHILD'S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.

Check type of benefit: ☐ FOOD ASSISTANCE (SNAP) or ☐ OHIO WORKS FIRST (OWF)

CASE NO. _____

CASE NO. _____

CASE NO. _____

CASE NO. _____

PART 3 – TOTAL HOUSEHOLD SIZE, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: List names of all household members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.

a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	b. CHECK IF NO/ZERO INCOME	c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, Monthly, Annually			
		1. Earnings from work before deductions	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
EXAMPLE: JANE SMITH	<input type="checkbox"/>	\$ amount / how often	\$ amount / how often	\$ amount / how often	\$ amount / how often
1. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the "I do not have a Social Security Number" box. I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

* SIGNATURE OF ADULT HOUSEHOLD MEMBER _____

DATE _____

* If Part 3 is completed, insert last 4 digits of Social Security Number

☐ (Check if applicable) I do not have a Social Security Number

Print Name: _____

Daytime Phone Number: _____

Street / Apt: _____

City / State / Zip: _____

Work Phone Number: _____

County: _____

PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other

Please mark one ethnic identity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.

Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion: Weekly x 52, Every 2 Weeks (biweekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12

Total Household Size: _____	Total Household Income: \$ _____ Per: <input type="checkbox"/> week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> month <input type="checkbox"/> year	Application Certified/Categorized as:
		<input type="checkbox"/> FREE, based on <input type="checkbox"/> Food Assistance/OWF Case No. <input type="checkbox"/> Household size and income <input type="checkbox"/> Foster Child
		<input type="checkbox"/> REDUCED, based on Household size and income
		<input type="checkbox"/> PAID, based on <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete <input type="checkbox"/> Invalid case number or information

Signature of Sponsor / Center Representative _____ Date Sponsor Certified/Categorized Form _____

Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application. If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.

Effective Date (From the first of month of date signed) _____

Expiration Date (Valid until last day of month in which form was signed one year earlier) _____

Ohio Department of Education - Office of Nutrition
CHILD AND ADULT CARE FOOD PROGRAM
ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside School Hours, Youth Development & After School at Risk

Instructions to Complete

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

CENTER NAME

Zion Christian ELC

CHILD'S NAME

(please print)

AGE

BIRTHDATE

month / day / year

**CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE
AND THE MEALS RECEIVED WHILE IN CARE**

Check (✓) Days Child Normally in Care	List hours child normally in care				Check (✓) meals child normally receives while in care					
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

☒ Yes, the schedule listed above may frequently vary due to changes in parents/guardians schedule.

**SIGNATURE OF
PARENT/GUARDIAN**

DATE

**DAY PHONE
NUMBER**

**MAILING ADDRESS:
STREET /APT.**

CITY

ZIP CODE

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;

(2) fax: (833) 256-1665 or (202) 690-7448; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Revised 8/2022

ETHNIC and RACIAL DATA FORM

Agency/Daycare Center Zion Christian Early Learning
 Agency/Daycare Address 3300 Canfield Rd Yo. oh 44571

The agency or daycare listed above receives Federal financial assistance for participating in the Child and Adult Care Food Program (CACFP). Because they receive Federal financial assistance they are required to record and maintain the Ethnic and Racial data of all children enrolled in the CACFP. This information is used solely for the purpose of determining compliance with Civil Right laws and will be kept confidential. **We are requesting for each participant to 'Self Identify' and provide this information, however it is optional to Self Identify. If you choose not to Self Identify, then please be aware that the agency/daycare will need to make a judgment of your child's race and ethnicity because Civil Rights law require them to do so.** This ethnic and racial information will remain confidential and on file for 3 years and will only be accessible to authorized personnel.

To Self Identify, please answer the following questions.

Child's name _____

Ethnic Category: Choose one

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino".	
Non-Hispanic or Latino:	

Racial Categories: Check all that apply

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.	
Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
Black or African American: A person having origins in any of the black racial groups of Africa.	
Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa	
Other	

Parent/Guardian Signature _____ Date _____

Building For the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at child care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups:)
N/A	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

Participating

Facilities Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- .. Child Care Centers: Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- Family Child Care Homes: Licensed or approved private homes.
- After School Care Programs: Centers in low-income areas provide free snacks to School-age children and youth.
- .. Emergency Shelters: Programs providing meals to homeless children.

Eligibility State agencies reimburse facilities that offer non-residential day care to the following children:

- .. Children age 12 and under,
- " Migrant children age 15 and younger, and
- Youths through 18 in emergency shelters and after school care programs in needy areas.

Contact

Information If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center

Zion Christian
Early Learning Center
3300 Canfield Rd.
Youngstown, OH 44511
330-792-4066

Ohio Department of Education

CACFP Consultant
25 S. Front Street, MS 303
Columbus, OH 43215-4183
614-466-2945
Toll Free: 1-800-808-6235

Nondiscrimination

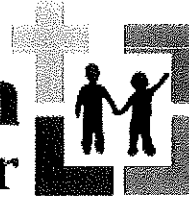
The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Zion Christian Early Learning Center



3300 Canfield Rd. Youngstown, Ohio 44511 | (330) 792-4066 |

Dear Parents,

We know how important it is to stay up to date on your child's learning journey, which is why we're excited to offer you access to Procure Solutions' best-in-class parent app. So be on the Lookout for an Email to Sign Up!

What Can I See on the App?

Once you download the Procure mobile app, you can stay up to date on your child's daily activities, milestones, and more! We can send you photos and videos of your child, as well as keep you in the loop on upcoming events and time-sensitive information.

The app also offers several "contactless" ways to check your child in and out. This helps us limit in-person interactions and unnecessary foot traffic in the center so we can better ensure the health and wellbeing of you, your children and our staff.

Billing made Simple?

Managing child care payments is a critical process for child care centers of all sizes. Parents can access and make payments from a computer or through the Procure child care app on their phone!

Procure makes it as convenient as possible for parents to send their tuition money on time. To maximize convenience, parents should be able to automate payments with either pre-authorized debit or recurring credit card billing, according to their preference.

How do I get the app?

You will receive an email from Procure with a unique 10-digit code and instructions on how to download and log into the the app.

We think you'll really enjoy this new way for us to stay connected with us at ZCELC!





Student Information

Student Name:
Assigned Classroom:

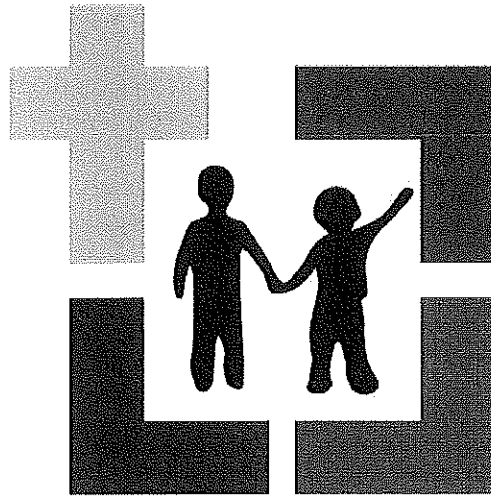
Student Name:
Assigned Classroom:

Contact information :
(Must Provide Email for each Parent)

Parent Name:
Relationship to Student : Mother / Father / Guardian
Phone #:
Email:

Parent Name:
Relationship to Student: Mother / Father / Guardian
Phone #:
Email :

The Procure child care mobile app is available for Apple iOS and Android devices and can be downloaded in their respective app stores.



Zion Christian

Early Learning Center

A Handbook for Parents

3300 Canfield Rd.

Youngstown, OH 44511

330-792-4066 Fax 330-792-8012

school@zionohio.org

www.zcslearningcenter.com

Administrator-Geniene Hankey

(Revised 09/02/2020)

Dear Parent/Guardian,

Welcome to Zion Christian Early Learning Center. We strive to always provide the very best care for your children while they are away from home. This is done in a safe, healthy enriched Christian environment.

The following forms must be on file before your child can enter the program:

1. Registration for admission
2. Parent roster permission
3. Parent Handbook receipt form
4. Child health record-complete with immunizations
5. Emergency transportation authorization
6. Child's medical form-signed by doctor
7. Child and Adult Care Food Program Enrollment Form
8. Family Information For Step Up To Quality Programs (SUTQ)
9. Child & Adult Care Food Program Income Eligibility Application For Free & Reduced Price Meals

Submit only if applicable to your child:

- Written plan for care of a child with special needs.

Thank you for choosing Zion Christian Early Learning Center for your child's care.

Zion Lutheran Church Staff and Management

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Zion Christian Early Learning Center

Zion Lutheran Church
3300 Canfield Road
Youngstown, OH 44511
330-792-4066

The State Department of Human Services licenses Zion Christian Early Learning Center. The license is posted on the parent information board. Copies of the school's licensing information and fire inspection form are available by request. A toll-free license inspection number is also available upon request to any person who suspects a violation of the law by the school.

Goals & Philosophies

Zion Christian Early Learning Center is designed to give each child the best possible care available outside of the home. We do this by providing a Christian setting that encourages the social, emotional, physical, and intellectual growth of each child. Early childhood should be a time of warmth, security, exploration, and discovery. Our program strives to nurture and encourage these qualities in our students.

The goals are accomplished through the children's experience of a warm and accepting atmosphere of Christian Fellowship, where they are not pressured to succeed. They will enjoy a world scaled to and planned for them. It is our hope that the children's school experiences will enrich their home life.

The school is sponsored by Zion Lutheran Church and is operated by a Board of Directors, consisting of the pastor and seven members of the congregation who are appointed by the Congregational Council. The Administrator and teachers report to the Board.

Daily Program

The daily program at Zion Christian Early Learning Center shall include Early Childhood Education that aids children in their growth by using developmentally appropriate activities through planned lessons prepared by each classroom lead teacher. The morning program will consist of a more structured preschool-based program, while the afternoon shall consist of nap/rest time, play and additional educational activities.

Creative Curriculum

Creative Curriculum is the curriculum we are using in our school. Creative Curriculum is a research based curriculum. Lesson plans are developed by the interest and needs of the children individually.

Ages & Stages

We are currently using the Ages & Stages Screening & Monitoring Program. Because your child's first 5 years of life are so important, we want to help you provide the best start for your child. As a part of this service, we provide the Ages & Stages Questionnaires, Third Edition (ASQ-3), to help you keep track of your child's development. A questionnaire will be provided annually. You will be asked to answer questions about your child's communication, gross motor, fine motor, problem solving, and personal-social skills. If you are unable to fill out the questionnaire your child's teacher will fill out the questionnaire. Questionnaires should be returned 30 days from enrollment.

If the questionnaire shows that your child is developing without concerns, we will provide some activities designed for use with the ASQ-3 to encourage your child's development and will provide the next questionnaire at the appropriate time.

If the questionnaire shows some possible concerns, we will contact you within 90 days about getting a more involved assessment for your child. Information will only be shared with other agencies with your consent.

Assessments

We are currently using Teaching Strategies Gold Assessments for formal observations of the children. Assessments are done four times a year for Infants, Toddlers, and Preschoolers. Teachers use the outcomes of these assessments to help develop lesson plans. Outcomes of these assessments will be discussed at Parent/Teacher Conferences which are held in April and November.

Ohio Department of Job and Family Services

Zion Christian Early Learning Center is a licensed provider for the Ohio Department of Job and Family Services (ODJFS). Any complaints or suspected violation of the licensing laws may be reported to the ODJFS at 1-866-886-3537.

We are contracted with Mahoning County Department of Job & Family Services to provide childcare services to eligible Mahoning County residents. Written authorization from the Mahoning County DJFS must be on file in the office **before** services are rendered. Co-pays are due on the first day of each week prior to services. Co-pays which are not paid by the first of each week will be considered delinquent and will be reported to the Mahoning County ODJFS. These accounts are subject to termination of services.

Clients are given 10 absent days per every 6 months. If a child is absent more than 10 days in a 6 month period absence days will be charged at a pro-rated daily fee to your account. It is recommended to only schedule the days you need because you could possibly cause yourself to be billed for the absent day.

A Point of Service device is located outside the Administrator's office for swiping children in and out daily. All clients must punch in and out daily. All clock in/out must be done by week's end to be able to attend the following week.

Infant Rooms

The infant room schedule listed is to be used strictly as a guideline. We firmly believe in following the children's individual schedules as much as possible. Diaper changes and nap schedules are followed on an individual basis. However, diaper changes are done every 2 hours unless infant requires it sooner.

Diapers provided by ZCELC will billed at the rate of \$0.40 per diaper.

- 6:00 a.m. Drop-off, sign-in, information sheets filled out
- 6:30 -8:00 a.m. Individual activities, exploration of materials, playtime*
- 8:00 -9:30 a.m. Breakfast provided by parent
- 9:30 -11:15 a.m. Small group time, exploration of materials, playtime*
- 11:15 -11:45 a.m. Lunch
- 11:45 - 2:30 p.m. Individual activities, exploration of materials, playtime*
- 2:30 - 3:00 p.m. Snack
- 3:00 - 6:00 p.m. Individual activities, exploration of materials, playtime*

*Playtime includes: soft toys, sensory experiences, gross/fine motor, books, simple games, songs, buggy rides, and outdoor play (weather permitting) Occasionally there will be water play days. Check for teacher notes for these days.

Toddler Rooms

Diaper changes are on an individual, as needed basis-approximately every two hours.

Diapers provided by ZCELC will bill at the rate of \$0.40 per diaper.

- 6:00 -8:30 a.m. Arrival, quiet play, stories, breakfast (served until 8:30 a.m./provided from home)
- 8:30 -9:00 a.m. Developmentally appropriate morning circle time
- 9:00 -9:15 a.m. Chapel
- 9:15 -9:30 a.m. Snack
- 9:30 -10:00 a.m. Gross motor play and/or outside play-weather permitting
- 10:00 -11:15 a.m. Small Group time: art, music, games, library, language arts, science, math, social studies, and cooking
- 11:15 -11:30 a.m. Quiet play
- 11:30 -12:00 p.m. Lunch (lunch will not be provided after this time) 12:00 - 2:30 p.m. Nap
- 2:30- 3:00 p.m. Wake up-bathroom time
- 3:00 - 3:15 p.m. Snack
- 3:15 - 3:30 p.m. Afternoon activity
- 3:30 p.m. Supervised Free Play, including some of the activities listed above.

Preschool Rooms

- 6:00 -9:00 a.m. Arrival, quiet play, breakfast (served until 8:30/provided from home)
- 9:00 -9:15 a.m. Chapel
- 9:15 -9:30 a.m. Snack
- 9:30 -12:00 p.m. Preschool: circle time, science, math, language arts, social studies, art, cooking, special programs and gross motor
- 12:00-12:30 p.m. Lunch (Lunch will not be provided after this time)
- 12:30-2:30 p.m. Nap-bathroom time
- 2:45-3:00 p.m. Snack-clean up
- 3:15-3:30 p.m. Afternoon activity
- 3:30- 6:00 p.m. Supervised free play, gross motor and centers

Financial Policy

Tuition price sheet is given upon enrollment. Registration is for a twelve-month period. Tuition is to be paid before the week of service when submitting schedules. Schedules are due Wednesdays by 6:00 p.m. Attendance will not be permitted if the account is not current. Please make checks payable to Zion Christian Early Learning Center. Please mark the date of the week you are paying for in the memo area. Payments can also be made on line for your convenience.

1. A non-refundable registration fee (as listed on the insert included with this handbook) will be charged each year at the time of registration. Registration is valid for 12 months.
2. Days missed during the week cannot be made up at a later time. If you need to schedule an extra day, you **MUST** speak with the Administrator to see if there is an opening. Any additional days will be billed at the daily rate.
3. Parents are responsible for payment of full tuition for any week for which their child is enrolled, whether the child attends or not. Please remember that school tuition is based on enrollment rather than attendance. Tuition may be paid in convenient monthly payments if paid in advance. There is a 2 half day minimum schedule required to keep enrollment in the center. As long as there are 2 billable days in the week you are required to schedule to keep your placement even when there is a holiday in the week.
There will be NO deduction in rates for absences.
4. Parents must notify the school before the first of the month if their child is withdrawing in order to avoid weekly payment.
5. Upon written verification, tuition may be pro-rated for time absent because of hospitalization and recuperation. This does not count for doctor visits.
6. One week of family vacation time is allotted per year, based on amount of days in school per week. Please let the Administrator know any plans as soon as possible. The vacation time must be used in one week time and not broken up.
7. If a child is permanently withdrawn from the program after tuition has been remitted the tuition is forfeited.
8. All "non-sufficient funds" checks are charged \$25.00.
9. Tuition must be paid when schedule is submitted to keep accounts current. No exceptions.
10. ZCELC is open Monday through Friday from 6:00 a.m. to 6:00 p.m. A late pick-up fee of \$10.00, per each additional 15 minutes, will be charged for any child picked up **AFTER** 6:00 p.m. Three late departures are grounds for dismissal.

LATE PICK-UP RATE FEES:

6:01 p.m. to 6:15 p.m. is an additional charge of \$10.00

6:16 p.m. to 6:30 p.m. is an additional charge of \$20.00

6:31 p.m. to 6:45 p.m. is an additional charge of \$30.00 ETC..

11. Additional fees for field trips will be billed with parent's permission and must be given directly to the Administrator.
12. The school's tax identification number shall be given upon request.

Enrollment

Our admission policy will be that the Administrator will tour each child and his/her parents before admission. Parents will be supplied with written information regarding the program and activities of the center. Enrollment is open to all children 6 weeks to 12 years of age. The school accepts any child regardless of race, religion, or national origin.

Disenrollment

When disenrolling a week's notice is required to leave the center. It is at the center's discretion to disenroll a child at any time.

Hours

Zion Christian Early Learning Center is open Monday through Friday from 6:00 a.m. to 6:00 p.m.

Security

ZCELC is a secure access control building. You must use a fob to enter or be buzzed in to enter. Families will receive 1 to 2 fobs upon enrollment. You must sign a form upon receiving your fob with your designated fob number. Additional fobs are \$6.00 each. If your fob becomes lost or stolen please report it to the office staff immediately so that we may disable the fob. Please do not allow other people to come in behind you if you do not know them.

Security cameras are located in all classrooms, hallways, preschool playground, outside door areas, and parking lot. These cameras record up to 3 days time. Permission must be granted by all involved parties before footage is shown to parents.

Zion Christian Early Learning Center Staff

ZCELC offers quality childcare with teacher/child ratios below the state requirements. The state requirements are as follows:

- 1/5 for children 6 weeks to 18 months old
- 1/7 for children 18 months to 3 years old 1/12 for children 3 years old
- 1/14 for children 4 and 5 years old
- 1/18 for school age children

Because we desire to provide a higher level of quality care, we will strive to maintain lower teacher/child ratios in all areas. If two or more age groups are combined, the child/staff ratio shall be maintained for the youngest child in the group. This includes children visiting/transitioning from another group.

School Necessities

Children should be dressed in appropriate play clothing so that they can participate in active play and messy craft projects. Think of your child's comfort and provide simple clothing that is free of complicated fastenings. Appropriate undergarments must be worn as well for sanitary reasons. This will help them to be self-sufficient. Slippery-soled shoes are dangerous on our linoleum. Flip flops are not acceptable: Please keep this in mind when dressing your child.

- PLEASE MARK EVERY PIECE OF OUTDOOR APPAREL WITH YOUR CHILD'S FULL NAME.
(This includes mittens and boots!)
Accidents do happen, so we ask that each child bring in an extra set of season appropriate clothes. Please include socks and underwear.
- PLEASE MARK EACH ITEM OF CLOTHING WITH YOUR CHILD'S FULL NAME.
Your child will need a TRAVEL SIZE pillow, SMALL blanket (no larger than the cot) and plastic bag for their cot at naptime. Naptime items should be taken home weekly on the last day your child attends each week for laundering. If your child is sick, we recommend that your child's naptime belongings be laundered more frequently to help prevent the spread of illness.
- PLEASE LABEL ALL OF THESE ITEMS WITH YOUR CHILD'S FULL NAME.
Except for a soft toy that may be needed for nap and/or teacher scheduled show-n-tell days, we ask that all toys be left at home. We cannot be responsible for items brought to school. Any toy which could be violent or encourage violence is prohibited. Movies are to only be used with teacher incorporated lesson plan.

Health Referral Process

When parents return the Child Medical Statement the Administrator will review the recommended assessments and screenings. For any fields not marked parents will be given information on where they can obtain those screenings.

The Mahoning County Health Department is our contact for vision, hearing, lead, and BMI. Small Smiles will be used for dental. Every year the Small Smiles does a school presentation. Referrals will be made to the Well Child Site, Oak Hill Renaissance Place at 330-743-3333 or to the Ohio Department of Health @ 1-800-282-0546.

Field Trips

ZCELC only takes walking fieldtrips. Field trips are an important part of our program. Some field trips are scheduled individually by each teacher and all other field trips are for 2 1/2yrs-12 yrs. Field trips will be announced in the monthly newsletter, parent information board, or posted by the classroom teacher.

All field trips require a signed permission slip from parents. These will be placed in cubbies in enough advance notice for the particular field trip. Alternate care will not be available for children who cannot attend. If you arrive late you may not meet the class at the location of the field trip. Field trips must be paid for with cash. Receipts will be given upon request Field trips are non-refundable.

Children will wear identification bearing the school's name and phone number. The first aid kit will be brought on all trips, as well as a person trained in first aid/communicable disease and CPR. Children's emergency transportation forms and health records of children with special needs must also be taken. A staff member will take the class bag containing each child's 'Child Enrollment and Health Information, Child's Medical Statement, and Child's Medical/Physical Care Plan on all field trips.

Before departing the center, a count will be taken of all the children. Upon arrival at the destination, another count will be taken to assure that all of the children have safely arrived. The process will be repeated upon leaving the destination and returning to the center.

Child's Weekly Schedule

Children are scheduled each week according to the days/times that the parent has indicated on the classroom schedule. Parents with a varied schedule must fill in their schedules no later than Wednesday by 6:00 p.m. @ the office. Times children are attending and parent initial should be put on the weekly schedules. Failure to fill in your child's schedule will not secure them a spot for that week. If a spot becomes available you will be required to pack your child a lunch for those day/days. Parents may also call the center office to give their schedule. You may leave your child's schedule on the available answering service if no one is available to take your call. A minimum of 2 days scheduled is required for the week.

Reporting Off/Dropping Off

Children who will not be attending must be reported to the office one hour prior to their absence. Parents may leave a message on our answering machine if office personnel are not available.

Each student is assigned a cubby in the hallway outside or inside their classroom. The child's name will be

placed above the hook for easy identification. Preschool children are encouraged to hang up their own belongings in their cubbies. Extra clothes may be kept in cubbies for spills or "accidents". No open food is to be stored in cubbies unless there is a lunch box and ice pack. (Label ALL ITEMS sent to school with child's name.)

Please use the parking spaces provided and be respectful of the designated handicapped parking spaces. Please, no PARALLEL PARKING along the sidewalk. Do not leave car running or children unattended in a car. This is against the law and will be reported. Please do not allow other parents/people "piggyback"/enter into the building with you if you do not know them. We realize this can happen. If you are unsure of someone please just report them to the office/staff.

Siblings under the age of 16 are not permitted to bring children into the building OR to sign in or pick up.

When dropping off or picking up your child please remain off cell phones to have communication between you and your child's teacher. Parents should come into the classroom and have direct eye contact with staff. All parents and children will have temperatures taken and answer a series of health questions daily.

Signing In/Out

Each student will be assigned to a specific classroom where the class sign in/out book is located. STATE LAW Requires ALL students to be signed in upon arrival AND sign out upon dismissal by an AUTHORIZED ADULT. It is our policy that the pick-up person use their full, legible signature and write the time when signing children in and out. If someone other than a parent is picking up your child please notify teacher/administrator at drop off or call school office.

Please instruct anyone picking up your child to bring his/her photo identification. Any person who is not familiar to the staff and is not the usual pick up person will be required to show a photo ID.

- * Anyone NOT listed on the authorized pick up list from the child's file WILL NOT be permitted to leave with the child UNLESS the school has been informed:
- * in person by the parent OR
- * by a hand-written, signed and dated note OR
- * by a phone call from the parent
- * Parents will be called to obtain verbal authorization for release of the child in any questionable circumstance.

If there are concerns regarding the dismissal of a child due to custody and/or legal arrangements, we must have a copy of legal papers showing custody and/or restrictions as to who may or may not pick up the child.

Once the parent or authorized pick up person arrives at the center, and children are signed out, the parent/pick up person is then responsible for their child(ren). PLEASE KEEP CHILDREN WITH YOU.

Meals and Snacks

Your child may eat breakfast at school. This meal must be provided from home and will be served until 8:30 a.m. We encourage healthy breakfasts to be brought to school. A hot lunch in accordance to the Child & Adult Food Program will be served each day. A lunch menu will be sent home monthly. All meals will include a minimum of one food from the meat, bread and milk group and two from the fruit and vegetable group. There is no extra charge for your child to have a hot lunch. Although we encourage you to take advantage of our hot lunch program, if your child does not like what we are serving, you may pack them a nutritious lunch. Lunches are not served after 12:15. Income eligibility forms are required to be filled out for CACFP.

Snacks are provided twice daily. The morning snack will be provided by parents according to a snack schedule sent home monthly. The afternoon snack will be provided by the school and will include food from at least two food groups. This snack menu will be posted in the kitchen on the Parent Board.

If your child requires a food supplement or a modified diet, you must secure written information from your physician regarding this. Please speak to the Administrator to make special arrangements. Birthdays are celebrated during snack time. Please check the snack schedule on your child's calendar to see what day has been set aside to celebrate their special occasion. Small cupcakes or muffins are more appropriate than full sized cakes or cupcakes.

Morning snacks that are provided by parents must be in pre-packaged containers with the nutrition facts labeled. This is necessary due to children with food allergies, diabetes and children with modified diets. Please be sure not to send in home-made snack items. Check to see if there is an approved snack lists available in your child's class. Please peel, hull, shell, slice foods that would be considered a choking hazard. Ex. cut grapes in half.

Parental Participation

Every year, at the end of August, ZCELC holds an orientation to acquaint children and their families with our school and individual classroom policies.

Your child spends a great amount of time with the caregivers and teachers at this school. We encourage your cooperation, participation and assistance in our program's activities.

We encourage parents to volunteer for party days and field trip days by signing up on the party/field trip helper list. We can only facilitate a couple of helpers per class, so please take turns with other parents who may wish to attend.

Teachers feel that contact with parents is important for children's growth and happiness. Therefore, parent/teacher conferences are held each November and April. Teachers are available to discuss a child's progress or needs at any time. However, due to staff responsibilities and schedules, parents are asked to make appointments with staff when it is necessary to engage them in any lengthy conversations. Teachers want to be able to focus on you and your child only at these times.

If parents have any concerns, it is recommended that the following chain of command be used until a solution is found:

1. Child's teacher
2. Administrator
3. Senior Pastor

Safety/Supervision Policy for Children

The teacher and/or assistant in charge of a group of children shall be responsible for their safety.

1. No child or group of children shall ever be left alone or unsupervised.
2. School age children will always be within sight or sound of a staff member.
3. The teacher and/or assistant are always present to welcome your child when they arrive.
4. A telephone is located in/by the Administrator's office for immediate use by the school.
5. Parents are required to sign their child in/out on the sheet located in children's classroom.

6. Parents are required to bring their child into the classroom and make eye contact with a staff member and sign child in/out.
7. No child will be released to any person not written on the child's pick up list. All persons must be at least 16 years of age.
8. Photo ID will be required of anyone that the staff does not recognize.
9. School age children arriving by bus shall be met at the door by a staff member. If the situation arises where they do not arrive upon scheduled times, the Administrator shall begin a tracking process with the home school.
10. A monthly fire drill will be enacted at varying times each month. A schedule is posted in the Administrator's office.
11. A plan is posted in each room explaining how to evacuate the daycare area in case of fire, weather alerts and natural disasters.
12. In the case of an emergency, such as an accident or illness, parents will be contacted first. If parents cannot be reached, the emergency contacts will be called, followed immediately by the school doctor. If needed, 911 will be called.
13. No aerosol spray is used when children are in attendance (including sunscreen).
14. Teachers and staff members shall immediately notify the local public children's service agency if a child is suspected of neglect and/or abuse.
15. A written incident report will be given to the parent and one will be kept on file at the school when a child is injured.

Transition Information

When a child is transitioning into our program families go through an orientation process. Parents meet with Administrator to review and go over Parent Handbook and all forms. The family takes a tour with the child and the child visits their classroom and any rooms they might use.

When your child is developmentally ready to move up to the next classroom an Individualized Transition Plan will be created. Teachers will be sure to introduce some transition activities to the children as they prepare for the next classroom. As part of the procedure, the lead teacher of the room the child is transitioning to will develop a transition plan. This plan will include the beginning and ending date of the transitioning period and include transition schedule. Parents will assist teachers in creating the plan. The plan should consist of ideas that will help make the transition as easy as possible for the child/parent. Parents may also request to have their child transitioned. These requests will be accommodated if it is in the best interest of the child and space is available in the next room. The plan will then be signed off by the lead teacher, parent, and Administrator. When transitioning to Kindergarten, a graduation is held for families & parents are invited to a Kindergarten Readiness Program.

When a family informs the center they are leaving ZCELC we will gather all the children's belongings and say good bye. Records will be transferred upon request and are transferred after a request form is completed.

Naptime

There is a designated naptime for all classrooms with exception of the infant room where children nap on their own schedules. Infants will be placed to sleep on their backs unless the parent provides written authorization on the JFS 01235 "Sleep Position Waiver Statement for Child Care" signed by the physician & nothing will be placed in the crib with them. Children 12 months & older will be assigned a cot specifically for them to nap/rest on. A fitted sheet, sheet or blanket, pillow, and small soft item may be used. All children are required to remain on their cots for the duration of their classroom naptime.

Records Transfer Policy

Records transfer from room to room as the child transitions throughout the center. When the child leaves the center parents can request that their child's records be transferred to a new site. Parents need to fill out the records transfer form by contacting the Administrator. Administrator will complete the transfer within 3 days from receiving the signed release form.

Outdoor Play Policy

Research has shown that children stay healthier when they have daily outdoor play. Based on this information and state requirements, outdoor play will be included in our program on a daily basis. The following weather conditions shall prohibit children from walks and the use of outside playground facilities:

1. Low Temperatures (including wind chill) fall below freezing (25 degrees F).
2. Temperatures (including heat index) above 100 degrees F. When temperatures are above 70 degrees drinking water shall be made available to the children.
3. Heavy rain, lightning and thunder.
4. Severe weather conditions as determined by the National Weather Service.
5. National RED ALERT implemented or other unforeseen safety issues.
6. Inside large muscle area shall be used on days where outdoor play is eliminated for these reasons.

Policy on Managing Communicable Disease

A teacher trained in Red Cross Communicable Disease is always present when children arrive to recognize the signs of a communicable disease. A Communicable Disease chart is located in the Administrator's office. A daily inspection is given upon each child's arrival at school. The person bringing the child must wait until the inspection is over before leaving the premises.

Your child may not attend if:

1. He/she has vomited and/or had diarrhea in the past 12-15 hours.
2. He/she has a fever or has had one during the past 24-hour period.
3. He/she has a constant cough, whooping sound or difficult rapid breathing.
4. He/she has symptoms of a possible communicable disease. (Sniffles, reddened eyes, sore throat, rash, headache or fever)
5. Signs of conjunctivitis-red eyes, discharge from eyes, itchy eyes. When diagnosed, a child must be treated with medication for 24-hours before returning to the center.
6. Diagnosed strep throat, Scarlet Fever or Scarlatina. Child must be treated with medication for 24-hours before returning to the center
7. He/she has a heavy nasal discharge.

Your child will be isolated and sent home if he/she should show any of the following signs or symptoms:

1. Severe coughing (causing the child to become red in the face or to make a whooping sound)
2. Diarrhea (more than three times within a 24-hour period)
3. Difficult or rapid breathing
4. Conjunctivitis (Pink Eye)
5. Yellowish skin or eyes
6. Temperature of 100 degrees Fahrenheit taken by the axillary method when in combination with any other sign of illness (consideration to circumstances such as teething and inoculations will be given)

7. Untreated infected skin patches
8. Unusually dark urine and/or gray or white stool
9. Stiff neck with an elevated temperature
10. Evidence of untreated lice, scabies or other parasitic infestation
11. Vomiting more than once or when accompanied by any other sign of illness
12. Sore throat or difficulty swallowing
13. All children must be immunized & with current vaccines to be enrolled. No exceptions.

Parents will be contacted immediately to come and pick up their child and will be asked to keep the child at home until complete recovery. It is requested that the child be picked up one hour of when the phone call was made. Siblings may be asked to leave as well due to Covid-19.

If a child is sent home with a fever over 100 degrees, they cannot return to the center for 24 hours and must have had a normal temperature for 12 hours without medication. Children must be symptom free. Children, who are not well enough to resume all schedule activities, including outside playtime, *should be kept home.*

A mildly ill child, who is experiencing minor common cold symptoms and not feeling well enough to participate in activities, will be moved to an area not close to the other children and allowed to sit quietly and observe until time of departure.

If a child is sent home with a suspected case of head lice a note must be provided by a doctor stating that the child is clear of the communicable disease. A head check will be done by the administrator as well to ensure the child is nit free for as long as the administrator sees fit.

We will immediately report any pattern of illness that is unusual or beyond the expected number of cases to the local health department. The center will notify all parents or guardians, in writing, if their child has been exposed to a communicable disease.

The school's staff is trained in recommended hand washing procedures to manage communicable diseases among employees. All children **MUST** wash their hands when entering the center. Parents or responsible person dropping off child must take child to sink where they can wash their hands before entering the classroom.

Medication Policy

A licensed dentist is on call for Zion Christian Early Learning Center during all hours of operation.

ZCELC will administer medication to a child only under the following conditions:

1. Prescription drugs will be given if the parent submits a written request. The appropriate form is available from the Administrator and must be completely filled out, signed, and returned before any medication will be administered. Medication must be in its original container with its original label attached.
2. Non-prescription medications will not be given unless prescribed by a doctor. Appropriate health forms must be signed in order to do so.
3. All medications must be handed to the teacher daily.
4. Medications may *not* be stored in the child's cubby or book bag. (The only exceptions are school age children who require inhalers/insulin for medical conditions.)
5. No one shall be able to administer medicine on school property except for designated school employees. The staff will then keep track of the medication given by writing down when and how much was given, as advised by parent or physician.

With the number of children enrolled in our school, there is always the possibility that your child will be

exposed to a contagious illness such as pink eye, strep throat, chicken pox, etc. It is our policy to inform all parents when their child has been exposed to such an illness. Please let us know as soon as possible if you are aware that your child has a contagious illness so that we may alert other parents. It is also the policy of Zion Christian School not to admit a child back to school until they have been on an antibiotic for a minimum of 24 hours. For the safety and health of all children involved, please keep your child home until, according to doctor's instructions, they are no longer contagious. If your child is sent home they are unable to attend the following day. ZCELC wishes to service all the medical needs your child has; however, we do not have a school nurse on staff; therefore, we are unable to calculate or administer medications which result in our calculation. If your child has a special need, please help us to determine an action plan which will help us to care for your child in the best possible way we can. Sometimes a special care plan will be necessary and will need to be signed by the parent, physician and ZCELC staff.

We will no longer be administering over the counter medications (sun block and diaper creams are the exception). Prescription medications may still be administered with proper forms and scripts. You will need to check with the administrator to ensure that the forms are correctly completed. Epi pens and inhalers must have prescription label on box as well as medication itself.

Guide to Discipline

The center environment is designed to allow children freedom of exploration, independence and choice. The opportunity for interaction with people and inanimate objects helps children learn about themselves and the world. For this reason, learning to guide one's behavior in an adaptive way is important.

We do not see discipline as punishment, but rather a redirecting of inappropriate behavior. Behavior that is harmful is stopped *immediately* and the danger explained.

DISCIPLINE FOR INAPPROPRIATE OR DISRUPTIVE BEHAVIOR

1. Affirm the child's feelings: "You were so mad that Jimmy knocked down your building that you wanted to hurt him."
2. Set limits and offer an alternative: "You need to tell Jimmy with words, not actions, how you feel. Maybe he can help you re-build your building."
3. Thinking time: If behavior problems still exist, the child may be required to leave the activity for a time to think about his actions. This time is no longer than one minute per year of child's age. After this time, the teacher will confirm that the child understands why they were removed from the activity and help direct them back into play.
4. If further action is necessary, the next step will be to contact the child's parents to discuss how we can work together for the benefit of the child. Children who have difficulty with hurting others or teachers may be removed from the center until they are over this stage.
5. Children that are a continuous disruption to the classroom may be asked to leave the center at anytime.

Under no circumstances will there be chastisement, corporal punishment or ridicule of any child!

Policy on Biting

In a daycare setting a child that bites may be an issue to parents. Biting usually starts when a toddler reaches 14 months and may be a problem until the child reaches 5 years of age.

There are many reasons why a child may bite. For example, the child cannot verbally express himself herself, the child may be frustrated or the child may be seeking attention.

In most cases, toddlers and preschoolers, at some time, will go through a stage of biting. If the biting is consistent, and the Caregiver/Administrator feels there may be a problem, the following procedure is taken:

1. A letter will be sent home with the biter stating that he/she bit someone.
2. The caregiver will conduct several observations of what happens before the child bites.
3. A conference will be held with the Caregiver, Administrator and the parent/guardian to discuss alternatives to the situation.
4. If the biting is still occurring, the child will be removed from the center until he/she is over the biting stage. Once again, biting is an issue in a daycare setting and the Center will do everything in their power to help in this situation, but it takes cooperation from the family as well.

Daily Procedures

Children must be escorted into the building and into their classroom. Parents are not to leave until the child has been signed in and the parent has made the teacher aware of the child's presence. In the afternoon, the parent must tell the teacher he/she is there for the child and sign the child out. The sign-in sheet is located in your child's classroom. If your child is going to be absent or late, please notify the Center by 8:30 a.m. or 1 hour before scheduled start time. Only adults are permitted to sign a child in or out of the program. Minors, including older brothers and sisters under 16 years of age, may not sign a child in or out of the Center.

A need for adjustment is not unusual at this age. Our teachers are trained and prepared to handle this situation. We do not suggest that parents sneak out of the room. It is best to establish a routine such as kissing your child, saying good-bye and reassuring him/her that you will see them soon.

If your child is to be picked up by someone not already listed on your child's pick up list, please tell the teacher or staff member who it will be or send a written notice. Otherwise, the child will not be released from school. The person picking the child up must show proper identification before the child will be released.

Each family can choose a 4-digit code upon enrollment. This code will be used for safety issues in case you need to allow someone other than those persons listed on your emergency list; if you would have to inform us by telephone.

Days School Will Be Closed

New Year's Day
Good Friday
Memorial Day
The 4th of July
Labor Day
Thanksgiving Day
The Day after Thanksgiving
Christmas Eve Day through New Year's Eve Day

Weather Closing Policy

The policy of our center is to remain open. It is only in extreme circumstances that the center closes. If you have doubts, call the school or watch your local news stations. Credit is given for snow or emergency days that ZION CHRISTIAN EARLY LEARNING CENTER is closed. Television stations/radio stations will announce ZION CHRISTIAN EARLY LEARNING CENTER-CORNBURG.

Serious Illness or Injury

In the event of a serious illness or injury the staff will first contact 911 then the parents will be contacted. For a serious injury an incident report will be filled out. The parents will sign off and be given a copy of the report. The incident report will be sent to ODJFS after the administrator calls to report the incident and it is reported on OCLQS.

All parents are required to choose that they give permission to transport on page 3 of the Child Enrollment and Health Information for Child Care upon enrollment.

Disaster Plan

Monthly drills are practiced with the children including but not limited to tornado, fire, and lockdown drills. There are plans put into place by Zion in case of a serious emergency. All children's files will go with the parents so

***Fire Emergency**

- Ring fire alarm bell.
- Evacuate children out the nearest entrance as quickly and orderly as possible.
- Teacher should take a class when evacuating in order to account for children after evacuation.

Severe Weather Emergency

- When weather warning sounds, children and teacher should go to the hallway in the middle of the building.
- Children and teachers should squat down in the designated classroom and cover their heads with their arm.
- Teacher should close doors to avoid flying glass.

Earthquake Emergency

- In case of earthquake, all children should get under a table or desk for protection from falling debris.

Intruder Emergency

- Take all children to the designated area away from all windows.
- Teacher should take a class list in order to account for all children once they have reached the designated area.

Infant Care Information

Our infant program is designed for children between the ages of six weeks to 18 months. The program stresses the importance of meeting the social and emotional needs of the infants, as well as the need for an enriched environment. Experiences are provided to enhance children's sensory, motor and language development. The program is highly individualized and activities are planned based on the developmental needs of the children in the center. The optimal group size is no more than 10 infants in a group with a minimum of 3 caregivers.

Goals for the Infant Program

- To gain control over body movements through exploration
- To increase awareness of the world through sensory experience
- To acquire skills for daily living-feeding, dressing, caring for the environment
- To develop social skills
- To increase language skills
- To increase communication through gesture, utterances and words

Nursing Mothers

Should you need to nurse your child there is a room available on the main floor of the center. The Curriculum Room is located by our toddler one room. Please just post the appropriate sign so that you may have privacy.

Drop-Off

It is imperative that the parent dropping off the infant spends a few minutes with the baby's caregiver to fill out the daily information sheet. You will be asked questions concerning the child's sleep, eating and elimination pattern at home. Likewise, the caregiver will record all pertinent information concerning the child's day at the center on this form.

Supplies

Parents are to provide the following items for the care of their infant/toddler:

1. Diapers, wipes, creams, etc.
2. These items do not have to be brought to the center daily. We will store a supply and let the parent know when replacements are needed.
3. A form must be filled out allowing us to apply any kind of medicated ointment.
4. Change of clothes (mark with child's name). Several changes of clothes will need to be kept at the Center when your child begins potty training.
5. Small pillow and receiving size blanket for naptime (mark with child's name).
6. When your infant gets to the age that they can eat table foods please provide a morning snack for the month.

*Simply Right Formula Complete Milk Based Infant Formula with Iron is the one iron fortified infant formula we will provide with the cost of tuition. All other brands/types should be provided by the parent.

Diapering Policy

Diaper care standards:

1. Diaper changing shall occur on the changing table in the infant room. There is a hand washing facility near the table.
2. Hands will be washed with soap and water after each diaper change.
3. A separation material will be placed between the child and the changing surface. It is replaced after each diaper change.
4. The changing table will be disinfected after each diaper change with a germicidal cleaner.
5. Soiled clothes shall be sent home in a sealed plastic bag.
6. Soiled disposable diapers shall be placed in a plastic lined container. The container will be emptied and disinfected daily.
7. The staff member will keep a written record of when ointments, creams, or lotions used on each child.

Toilet Training Policy

Toilet training is an important milestone in a young child's life and one of the focuses of our Toddler room. Please keep in mind that each child is unique and may start showing interest at different ages. Most children are ready to tackle the challenge of potty use somewhere between the ages of 18 and 36 months, with boys

generally at the later end of this range. Letting you know when their diapers are dirty is an early sign of readiness. When they start to let you know before they need to go, it is time to begin. It is the parent's responsibility to initiate training at home. ***Please inform your child's teacher before sending your child in training pants or pull-ups.*** At this time it will be necessary to send a supply of extra clothes. ***Please dress the child in easy to remove pants-avoid overalls, belts.***

The child should be able to do the following with little or no assistance before the use of training pants or pull-ups at school:

1. Recognize the need to use the bathroom
2. Be able to verbally let the teacher know they need to use the bathroom.
3. Require minimal assistance with clothing.

After toileting, teachers will assist children in wiping, flushing the toilet and washing their hands with soap and water.

Please remember that we will never force a child to sit on the potty.

Smoke-Free/Weapon Free Policy

The Zion Lutheran Church building is SMOKE FREE. Also, Ohio State Law prohibits smoking within *sight or smell* of children at the center or on field trips.

In addition, State law prohibits weapons of any type to be brought onto the church grounds or into the building. A sign is posted at the entrance for all to view.

Disaster Plan

Monthly drills are practiced with the children including but not limited to tornado, fire, and lockdown drills. There are plans put in place by Zion in case of a serious emergency. All children's files will go with the teachers so that parents can be notified as soon as possible as well as first aid kits, and emergency kits. All teachers will remain with the children until the last child is picked up.

Zion Christian Early Learning Center
is proud to be...

A 5 star
rated



Ohio's Tiered Quality Rating & Improvement System

program