

# **ST. MARY SCHOOL**

## **PRESCHOOL DAYCARE**

515 Beall Avenue

Wooster, OH 44691

330-262-2752

330-262-0967 FAX

[www.stmarywooster.org](http://www.stmarywooster.org)

[stmarypreschool@stmwooster.net](mailto:stmarypreschool@stmwooster.net)

Thank you for your interest in the early childhood education program here at St. Mary School.

We are excited to have you and your child in our program!

Attached you should find:

Preschool Registration Packet

Preschool Handbooks for the all day Academic Daycare and/or the 2 ½ Hour Preschool Only options

The only form you will need to send in as soon as you are certain is the SAVE MY SPOT form with fee, the remaining papers are due at Orientation (TBA) prior to school opening in August.

Once your REGISTRATION is received you will be asked to join Class Dojo via text over the summer.

Class Dojo is an app that we use to communicate with our school families and it will be used to let you know when the first day of school and orientation will be.

Please do not hesitate to contact us if you have any questions,

Michelle Hostetler  
Director  
St. Mary School  
Preschool \* Daycare

# Save my Spot

## ST. MARY SCHOOL

Early Childhood - Preschool Daycare

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Wooster, OH 44691  
330-262-2752  
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[www.stmarywooster.org](http://www.stmarywooster.org)

[stmarydaycarepreschool@gmail.com](mailto:stmarydaycarepreschool@gmail.com)

Thank you for your interest in the Early Childhood program at St. Mary School. A brief description of our program follows to familiarize you with our services. Your child must be 3 and potty trained to attend our program.

Our Early Childhood program is designed to offer the proper discipline and curriculum to prepare your child for school and to assist you as a parent in raising a positive and resilient child. Our curriculum is based on The Creative Curriculum System® for Preschool and includes; Spanish, Language and Literacy, Math, Science, Social Studies, Social and Emotional Development, Physical Well-being and Motor Development with gym class twice a week, development of attention, engagement and persistence.

### CHOOSE FROM ONE OF THE FOLLOWING TWO OPTIONS:

OPTION 1) (Please note: we are evaluating the need to be open later - please indicate if you need 5:15 or 5:30)

\_\_\_\_\_ St. Mary Preschool with extended care - This program is open from 7:00 am to 5:00 pm each weekday during the school year. You may choose from a half day (8:30am -1:30pm) or full day (when pick up is after 1:30) and between 2-5 days per week to fit your schedule

\_\_\_\_\_ Full Days - list approximate drop off and pick up time \_\_\_\_\_  
\_\_\_\_\_ Half Days - 8:30 - 1:30

Circle Days of the week needed:    M        T        W        TH        F

### OPTION 2)

\_\_\_\_\_ St. Mary 2 ½ hour Preschool 8:30am - 12 noon            M        T        W        TH        F

\_\_\_\_\_ St. Mary 2 ½ hour Preschool 12:30pm - 3 pm            M        T        W        TH        F

Parent/Guardian(s)

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ DOB \_\_\_\_\_

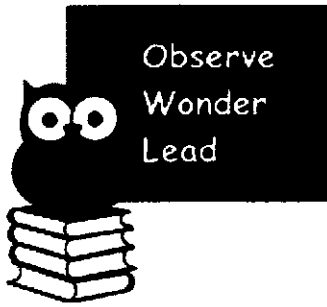
Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Drop off or mail this Registration Form with \$35.00 fee to: St. Mary, ATTN: Preschool, 515 Beall Avenue, Wooster OH 44691.

How did you hear about our program? \_\_\_\_\_



Dear Parent/Guardian:

We are excited that our early childhood program has decided to participate in the Whole Child Matters Collaborative. As part of this opportunity, classrooms will be implementing the Devereux Early Childhood Assessment (DECA) for the preschoolers and infant/toddlers classrooms. The DECA Preschool and Infant/Toddler Program promotes resilience" the ability to bounce back from difficulty" in children ages 3 months to 5 years. Through the program, teachers and families learn specific ways to support young children's social and emotional development.

Teachers will use the DECA Preschool and Infant/Toddler Program to help children be more successful in daycare and preschool. In addition, teachers will share information about activities that you can do at home to foster resilience in your child.

Teachers will complete an assessment of all children in the classroom. This assessment will help us learn about the way each child gets along with others, shares how they feel, explores, and learns. We will use this information to better plan for all children in the program, building on individual children's strengths.

If you have any questions regarding this opportunity, or if you would like your child to be exempt from the DECA Preschool and Infant/Toddler Program process, please feel free to contact **Annette Fisher** at **(330)204-3687** with **Catholic Charities**. **Annette** will provide support and training to our staff in the areas of social/emotional development and behavior management. She is also a great resource for parents with any questions or concerns regarding a child's social/emotional development or behavioral concerns.

I \_\_\_\_\_ (parent/guardian) grant permission for the DECA-P2 assessment to be completed on my child \_\_\_\_\_ (name) while he/she is in the care of St Mary Preschool and Day Care (center name).

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

\_\_\_\_\_  
Date

**OWL: Observe, Wonder, Lead**  
Early Childhood Mental Health Consultation  
Larissa Haring 330-491-3272 ext 5601  
Early Childhood Resource Center  
1718 Cleveland Ave NW, Canton, OH 44703

**Center Parent Information**

The center is licensed to operate legally by the Ohio Department of Job and Family Services. This license is posted in a noticeable place for review.

A toll-free telephone number is listed on the center's license and may be used to report a suspected violation of the licensing law or administrative rules. The licensing rules governing child care are available for review at the center.

The administrator and each employee of the center is required, under Section 2151.421 of the Ohio Revised Code, to report their suspicions of child abuse or child neglect to the local public children's services agency.

Any parent of a child enrolled in the center shall be permitted unlimited access to the center during all hours of operation for the purpose of contacting their children, evaluating the care provided by the center or evaluating the premises. Upon entering the premises, the parent, or guardian shall notify the Administrator of his/her presence.

The administrator's hours of availability and child/staff ratios are posted in a noticeable place in the center for review.

The licensing record, including licensing inspection reports, complaint investigation reports, and evaluation forms from the building and fire departments, is available for review upon written request from the Ohio Department of Job and Family Services.

It is unlawful for the center to discriminate in the enrollment of children upon the basis of race, color, religion, sex or national origin or disability in violation of the Americans with Disabilities Act of 1990, 104 Stat. 32, 42 U.S.C. 12101 et seq.

For more information about child care licensing requirements as well as how to apply for child care assistance, Medicaid health screenings and early intervention services for your child, please visit <http://jfs.ohio.gov/cdc/families.stm>.

St. Mary Catholic School  
515 Beall Avenue  
Wooster, OH 44691

**MEDIA RELEASE AND CONSENT FORM**

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We recognize the value of audio-visual and digital technologies in providing our child with an effective education and hereby grant permission for our child and/or his/her schoolwork projects to be photographed or recorded as part of an educational program produced by the school or a coalition of schools.

We grant permission for the photographs or recorded work to be used in media presentations that are made available to other educational institutions or through a cable television station or network. We further grant permission for photographs to be used in print media or on the school website and school social media. We understand that our child's image, work product, school and grade may be revealed in the presentation(s), but that no other information about our child or his/her schoolwork will be revealed without prior consent.

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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone(home): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Family Internet Address: \_\_\_\_\_

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

\_\_\_\_\_ No, I do not wish to have my child's photo used in any public forum.

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Early Childhood - Preschool Daycare

[www.stmarywooster.org](http://www.stmarywooster.org)

[stmarydaycarepreschool@gmail.com](mailto:stmarydaycarepreschool@gmail.com)

**Child Name**

**Parent Name**

**Date**

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**Please list out two educational goals for us to work on for your child. An example of an Educational Goal: Fine Motor Coordination: Tool and Object Manipulation - Provide multiple fine motor opportunities ie... play doh, legos, chopsticks for snack and art; painting, markers, crayons, pencils.**

1) \_\_\_\_\_

2) \_\_\_\_\_

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

**These goals will be discussed during parent meetings.**

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<b>St. Mary Daycare and Preschool</b>
515 Beall Avenue
Wooster, OH 44691
330-262-2752
stmarydaycarepreschool@gmail.com
<b>Child's name as you would like us to teach them to write it:</b>
<b>Who is in the child's immediate family?(Include siblings' ages if applicable)</b>
<b>Who lives at home with your child?</b>
<b>What is the primary language spoken in your child's home? How many languages are spoken?</b>
<b>Are there any special family arrangements, such as shared parenting, living in two homes, etc?</b>
<b>Are there any changes or transitions that your child has experienced recently?</b>
<b>Are there any cultural or religious practices we should be aware of? (Dietary restrictions, etc)?</b>
<b>Please list person(s) to pick up your child other than parent or guardian: (they must have picture ID)</b>
<b>Please list email address(es) to be used for school communications:</b>
<b>How did you hear about our program?</b>
<b>Do you give permission for your child to use alcohol based wipes (like Purell) to clean dry erase boards?</b>
<b>Parent/Guardian Signature and DATE</b>

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			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name			
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) 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			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name			
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) 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?					
<b>Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. List the name of <u>at least one person</u> 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 within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.</b>					
Name		Name			
City		State	City		State
Telephone Number		Relationship to Child	Telephone Number		Relationship to Child
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		



Child's Name

**Allergies, Special Health or Medical Conditions, and 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 perform child specific care, such as: 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 family child care home.

Does your child have any food, medication or environmental allergies? (check all that apply)

- No  
 Yes - check all that apply     Food     Medication     Environmental    Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms, 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, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (check one)

- No  
 Yes - a JFS 01236 "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.

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.

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

**Diapering Statement**

Is your child toilet trained?  Yes (If yes, skip to Emergency Transportation Authorization section)  No (If no, fill out the following)

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

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

**Emergency Transportation Authorization**

<b>Give <u>Permission</u> to Transport</b>		<b>OR</b> Do not sign both	<b>Do Not Give <u>Permission</u> to Transport</b>	
Program or Home Name			Program or 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		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

**Notes:** This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15 and 5101:2-13-15. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

Ohio Department of Job and Family Services  
**CHILD MEDICAL/PHYSICAL CARE PLAN FOR CHILD CARE**

A separate plan must be written for each condition that requires different actions to be taken and must be kept at the program for at least one year.

This form shall be completed when a child has a condition that requires one of the following:

- Monitoring the child for symptoms which require staff to take action
- Ongoing administration of medication or medical foods
- Procedures which require staff training
- Avoiding specific food(s), environmental conditions or activities
- School-age child to carry and administer their own emergency medication

If the medication or medical food is documented on this form, then a JFS 01217 is not required.

Child's Name

Special Health Condition

Does this health condition require medication or medical food?  Yes (If Yes, complete Part II)  No

A. What are the signs, symptoms, or situations which require staff to take action?

B. What are the activities, foods, environmental conditions, etc. to avoid?  Not applicable

C. What are the training instructions for the procedures staff have to follow? *(include all steps to care for the child/perform the medical procedure)*

**Part II: Conditions Requiring Medication or Medical Food**

**Completed by Licensed Physician, Licensed Dentist, Advanced Practice Registered Nurse, or Certified Physician's Assistant**

**(If no medications or medical foods are required for the condition, skip Part II).**

**If a non-prescription medication does not meet any of the items 1-5 below, the parent can complete Part II.**

**Part II must be completed by or separate instructions attached from a Licensed Physician, Licensed Dentist, Advanced Practice Registered Nurse, or Certified Physician's Assistant when any of the following apply:**

1. The (prescription or non-prescription) medication contains cocaine or aspirin
2. Instruction is needed for the (prescription or non-prescription) medication
3. The child does not meet the minimum age or weight requirements as listed on the label instructions on the (prescription or non-prescription) medication
4. The (prescription or non-prescription) medication is to be given longer than three consecutive days within a fourteen-day period
5. The intended use differs from the manufacturer's instructions or use

Child's Name	Date of Birth	Weight (if needed to determine dosage)
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Name of Medication/Medical Food	Name of Medication/Medical Food	Name of Medication/Medical Food
Dosage of Medication/Medical Food	Dosage of Medication/Medical Food	Dosage of Medication/Medical Food
Time of Medication/Medical Food Administration	Time of Medication/Medical Food Administration	Time of Medication/Medical Food Administration
Medication/Medical Food Expiration Date	Medication/Medical Food Expiration Date	Medication/Medical Food Expiration Date

Check here if questions A through C are included in a separate attachment that is signed/issued by Licensed Physician, Licensed Dentist, Advanced Practice Registered Nurse, or Certified Physician's Assistant

A. What are the symptoms which require staff to administer medication or medical food?

B. What are the specific instructions for administration of medication or medical food?

C. What are the actions to be taken if symptoms do not subside?

Physician's Signature	Date of Signature
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**Part III: Administration of Medication or Medical Food Training Authorization**  
**Completed by parent, trainer, administrator/provider, and/or trained child care staff members)**  
**Part III must be completed**

Child's Name

If the child care program must be evacuated, are there medications or supplies that must be taken with this child or does the child need additional assistance? (Check all that apply)

Medication                       Supplies                       Assistance                       N/A

**Parent Provided Training AND grants permission to perform the procedure**

*My signature indicates I have provided instructions for care and/or training for the medical procedure and I give my permission for the staff listed to perform the procedures in my child's medical/physical care plan.*

Parent Signature

Date of Signature

**Complete  
Only One  
Section**

**Certified Professional Training AND parent grants permission to perform the procedure**

*My signature indicates I have provided instructions for care and/or training for the medical procedure*

Certified Professional's Name (please print)

Certified Professional's Signature

Date of Signature

Phone Number

*My signature indicates I give my permission for the staff listed to perform the procedures in my child's medical/physical care plan.*

Parent Signature

Date of Signature

**Signatures of all child care staff members who have received instructions for care and/or have been trained in performing the procedure for this child. Additional printed names and signatures can be written on the back of this form or on an attached sheet.**

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
<i>My signature indicates that I have reviewed the instructions for care, the form for completion and ensured staff are informed and trained.</i>	Administrator/Provider Signature	Date of Signature

**This 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, a new form must be completed.**

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
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

### Part IV: Documentation of Administration of Medication or Medical Food

Completed by child care staff member, family child care provider, or in-home aide for the child listed on this form

All medication or medical food must be documented when administered. Document each medication or medical food on its own page. Incomplete information elevates the level of risk to children. If more than one medication or medical food is needed, make a copy of this page for each medication or medical food.

This medication or medical food is not to be administered until after the child has received the first dose or application at least once prior to the program administering a dose to avoid unexpected reactions. Emergency medications for the child are exempt from this requirement.

Child's Name	Name of medication/medical food
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Date	Time	Dosage	Signature of designated person administering medication