



**NOTRE DAME
PRESCHOOL**

Enrollment Packet

Notre Dame Preschool/ PreK

1401 Gallia St

Portsmouth, OH

45662

740-353-2354 EXT 25100

www.notredameschools.com

The schools of the Diocese of Columbus recruit and admit students of any race, color, ethnic origin to all its rights, privileges, programs, and activities. In addition, the schools will not discriminate on the basis of race, color, or ethnic origin in the administration of the education programs and athletics/ extra curricular activities. Furthermore, the schools are not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.



**NOTRE DAME
PRESCHOOL**

The Notre Dame Schools Preschool Registration Form

Diocese of Columbus Office of Catholic Schools

**Please fill out 1 form per child attending to The Notre Dame Schools*

DATE _____

LAST NAME FIRST NAME MIDDLE NAME DATE OF BIRTH

HOME ADDRESS CITY STATE ZIP

BIRTHPLACE CITY/STATE LAST 4 OF SSN (CIRCLE ONE) MALE FEMALE
(CIRCLE ONE) CATHOLIC NON-CATHOLIC

RACE (OPTIONAL)

WHITE, NON HISPANIC BLACK, NON HISPANIC HISPANIC AMERICAN INDIAN/ALASKAN MULTI-RACIAL

NAME & ADDRESS OF LAST PRESCHOOL/CHILDCARE ATTENDED _____

Name	Address	Phone/Cell Phone
Mother/ Guardian		
Employer		
Father/ Guardian		
Employer		

PARENT/GUARDIAN HOME STATUS: MARRIED SINGLE SEPARATED DIVORCED

STUDENT LIVES WITH: BOTH PARENTS MOTHER FATHER OTHER _____

NUMBER OF CHILDREN IN FAMILY: OLDER BOYS ____ OLDER GIRLS ____ YOUNGER BOYS ____ YOUNGER GIRLS ____

SACRAMENT OF BAPTISM:

DATE	CHURCH	CITY	STATE

WERE YOU REFERRED BY A NOTRE DAME FAMILY? Y/N IF SO, PLEASE LIST THE NAME BELOW:



**NOTRE DAME
PRESCHOOL**

The Notre Dame Schools Preschool Days Attending Form

Diocese of Columbus Office of Catholic Schools

**Please fill out 1 form per child attending to The Notre Dame Schools*

Name of Child	Date of Birth
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Name	Address	Phone/Cell Phone	Email
Mother (Guardian)			
Father (Guardian)			

Attendance Preference (Please check one)

Three Day Option

Five Day Option

<input type="checkbox"/>	HALF DAY T/W/TH 8:00-11:00	<input type="checkbox"/>	HALF DAY M-F 8:00-11:00
<input type="checkbox"/>	FULL DAY T/W/TH 8:00- 2:00	<input type="checkbox"/>	FULL DAY M-F 8:00-2:00



The Notre Dame Schools Preschool Emergency Authorization Form

**NOTRE DAME
PRESCHOOL**

Diocese of Columbus Office of Catholic Schools

**Please fill out 1 form per child attending to The Notre Dame Schools*

Name of Child	Date of Birth
---------------	---------------

Name	Address	Phone/Cell Phone
Mother/ Guardian		
Employer		
Father/ Guardian		
Employer		

If parent/guardian cannot be reached in the event of an emergency, the following may be contacted:

Name	Address	Phone/Cell Phone	Relation to Child

Please choose one of the following options for emergency care:

_____ | **GIVE** Notre Dame Preschool permission to transport my child to:

_____ Hospital/clinic

_____ Dentist/clinic

_____ | **DO NOT** give my permission for Notre Dame Preschool to transport my child for emergency medical or dental care. In the event of an illness or injury, which requires emergency medical or dental treatment, I wish the following action be taken:

_____ Parent/Guardian Signature

_____ Date



**NOTRE DAME
PRESCHOOL**

The Notre Dame Schools Preschool Pick Up Authorization Form

Diocese of Columbus Office of Catholic Schools

**Please fill out 1 form per child attending to The Notre Dame Schools*

Child's Name _____

The following adults are authorized to pick up the above names child from school:

Name	Relationship to child	Phone Number
Parent/guardian		
Parent/guardian		

The following adults are NOT authorized to pick up the above names child from school:

Name	Relationship to child	Phone Number

The adults named above are authorized to pick up my child in the event I am unable to do so. I will inform them to bring a driver's license to show preschool staff upon pick up. I understand that my child will NOT be released to anyone not on the authorized list. I understand it is my responsibility to inform the school by written note or phone call, when there is an unforeseen event that would require an unlisted individual to transport my child from school. I will make every effort to keep this list updated.

Parent/Guardian Signature _____ Date: _____



**NOTRE DAME
PRESCHOOL**

Office of Early Learning and School Readiness
**Preschool
Enrollment Form**

Revised 11/30/18

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

Section I - Student & Family Information

Child's Name _____	Date of Birth _____
Family/Guardian Name _____	Please select 1, 2 or 3 to set call order of phone number used to reach you: _____
Home Address _____	Cell Phone _____ Call Order _____
City _____ State _____ Zip _____	Home Phone _____ Call Order _____
Employer Name _____	Work Phone _____ Call Order _____
Employer Street Address _____	City _____ State _____ Zip _____

Alternate Family Information:

Family/Guardian Name _____	Please select 1, 2 or 3 to set call order of phone number used to reach you: _____
Family Street Address _____	Cell Phone _____ Call Order _____
City _____ State _____ Zip _____	Home Phone _____ Call Order _____
Employer Name _____	Work Phone _____ Call Order _____
Employer Street Address _____	City _____ State _____ Zip _____

Section II - Authorization for Emergencies

List 2 Emergency Contacts for use ONLY if the parents cannot be contacted:

Name _____	Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Please select 1, 2 or 3 to set call order of phone number used to reach emergency contact:

Home _____	Call Order _____	Home _____	Call Order _____
Cell _____	Call Order _____	Cell _____	Call Order _____
Work _____	Call Order _____	Work _____	Call Order _____

List Medical Contacts, In Case Of Emergency:

Physician _____	Dentist _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____

Section III - Child's Health Information

Child's Chronic Medical/Health Needs

Please complete both pages of form

Child's History of Hospitalization:

Child's Disease History:

Child's Allergies/Treatment:

Child's Dietary Needs/Restrictions:

NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE

Child's Medication/s:

Section V - Registration Authorizations

I authorize the following to be listed on the parent roster:

My child's name Yes No

Family name Yes No

Phone numbers Yes No

Exempt from immunizations because of religious conviction: Yes No

Child immunization records attached: Yes No

Annual Class Roster: Each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program.

Cell Home Work

Date

Signature of Authorized Family Member/Guardian



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

Section I - Child Medical Information

Child's Name _____

Date of Birth _____ Height _____ Weight _____

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

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

Large empty box for writing limitations or health conditions.

Section II - Child Medical Statement Verification

Physician/Clinic/Hospital Name _____ Provider Address _____

Provider Phone Number _____ Provider City _____ Provider State _____ Provider Zip _____

Check box of examining medical professional:

- Physician
Physician Assistant
Advanced Practice Registered Nurse

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

Signature of Medical Professional _____ Date of Exam _____

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

Ohio Department of 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="radio"/> Yes or <input type="radio"/> 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?

By typing your name in the box below you are agreeing this will serve as your signature and have the same full force and effect.

Parent/Guardian's Signature

Date

Ohio Department of Job and Family Services
Ohio Department of Education

EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

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

- Complete the screening tool, JFS 01121.
 - Submit this form to **your provider**.
 - **Do not** submit the form to the Ohio Department of Education.
 - Your provider will let you know if you qualify.
-

How do I apply for Publicly Funded Child Care?

- Complete the screening tool, JFS 01121, and the JFS 01122 Publicly Funded Child Care Supplemental Application, answering as many questions as you can. **Be sure to sign both forms.**
 - Submit both the JFS 01121 and JFS 01122 to your local county agency.
 - Attach verifications to the JFS 01122 (see verification requirements below).
 - A verifications checklist will be mailed to you within 10 days of your application date if more information is needed to make a decision on your case.
 - **You will have 30 days** from the date the county receives your application to provide all needed information.
-

What verifications do I need for publicly funded child care?

- **Proof of income:** Verification of income includes but is not limited to paystubs, tax records, award letters, child support orders, etc.
 - **Proof of any child support paid.**
 - **Proof of citizenship or qualified alien status for children in need of care:** If the county agency verifies that you have already provided proof of citizenship to qualify for OWF, you will not have to provide it a second time.
 - **Proof of a qualifying activity for all caretakers in the household:** Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, employment verification, self-sufficiency contract, etc.
 - **Provide the name and address of an eligible child care provider chosen for each child in need of care. (See below for tips on choosing a provider).**
-

What is Step Up To Quality?

Step Up To Quality helps families identify child care programs that go beyond the minimum standards of licensing. Star rated programs demonstrate higher levels of quality in a variety of ways. For more information, visit the ODJFS child care website at <http://jfs.ohio.gov/cdc/index.stm> and click on "Step Up To Quality."

How do I choose a Provider?

ECE: If you would like to view a map of early childhood education providers, visit <http://education.ohio.gov/Topics/Early-Learning/Early-Childhood-Education-Grant>.

Publicly Funded Child Care: Parents may select any program approved to offer publicly funded child care. These programs include centers, family child care homes and in-home aides located throughout the state of Ohio.

- If you would like assistance with selecting a publicly funded child care provider, you may contact your local Child Care Resource and Referral Agency. Visit <http://jfs.ohio.gov/cdc/families.stm> for contact information.
 - You may use the ODJFS Child Care Directory to look for programs that fit your child care needs at <http://childcaresearch.ohio.gov/>. The directory allows you to search by location, type of program, services offered and days and hours of operation. Information is provided about each program including Step Up To Quality rating, any additional accreditation or affiliation, licensing inspections and substantiated complaints.
-

Continued on next page

When will my eligibility begin?	ECE: You will be notified by your provider when you may begin care.
How do I get help with completing this application?	<p>Publicly Funded Child Care: Your eligibility for the publicly funded child care program is determined within 30 days from the date the signed application is received by the county. If this application is approved and you are eligible for child care benefits, the county agency may authorize payment for child care from the date the county received this application.</p> <p>ECE: If you need assistance with this application, ask your provider.</p> <p>Publicly Funded Child Care: If English is not your primary language, the county agency will provide someone who can help you understand the questions on this application. If you have a disability, are hearing impaired or visually impaired, the county agency will help you complete this application.</p>
What if my child has a disability or I suspect my child may be developmentally delayed?	<ul style="list-style-type: none"> • To learn more about Medicaid health screenings and early intervention services for your child, please visit the Ohio Department of Job and Family Services child care website at http://jfs.ohio.gov/CDC/childcare.stm and click on "Families." • Publicly Funded Child Care: Your child care provider may qualify for additional assistance if they must make special adaptations for your child. Your provider may contact your county agency for more information.
How do I make a complaint about a provider?	<p>ECE (ODE): If the program is licensed by ODE, call 614-466-0224.</p> <p>Publicly Funded Child Care (ODJFS): If the program is licensed by ODJFS, call 1-877-302-2347, option 4</p>

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

Tell us about you (the applicant)			
First Name	MI	Last Name	
Address			Today's Date
City	State	County	Zip Code
Phone Number ()	Additional Phone Number ()	E-mail Address	

Tell us about the people in your home							
Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

Tell us about your needs for your child(ren)

Tell us about your needs for your child(ren)			
Child 1	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			
Child 2	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			
Child 3	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			

Tell us about your finances

Will you or the people in your home receive income this month? Yes No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received	Work or School Schedule (please list times)
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

Do you or anyone in your household pay Child or Spousal Support? Yes No

How Much?

Signature of Applicant

Date

By typing your name in the box above you are agreeing this will serve as your signature and have the same full force and effect.

Office of Early Learning and School Readiness

United States Department of Health and Human Services 2020 FEDERAL POVERTY GUIDELINES

Size of Family Unit	100% Poverty Level	125% Poverty Level	150% Poverty Level	175% Poverty Level	185% Poverty Level	200% Poverty Level
1	\$12,760	\$15,950	\$19,140	\$22,330	\$23,606	\$25,520
2	\$17,240	\$21,550	\$25,860	\$30,170	\$31,894	\$34,480
3	\$21,720	\$27,150	\$32,580	\$38,010	\$40,182	\$43,440
4	\$26,200	\$32,750	\$39,300	\$45,850	\$48,470	\$52,400
5	\$30,680	\$38,350	\$46,020	\$53,690	\$56,758	\$61,360
6	\$35,160	\$43,950	\$52,740	\$61,530	\$65,046	\$70,320
7	\$39,640	\$49,550	\$59,460	\$69,370	\$73,334	\$79,280
8	\$44,120	\$55,150	\$66,180	\$77,210	\$81,622	\$88,240
Family units with more than 8 members	Add \$4,480 for each additional	Add \$5,600 for each additional	Add \$6,720 for each additional	Add \$7,840 for each additional	Add \$8,288 for each additional	Add \$8,960 for each additional

200% of Federal Poverty Level Income Chart

Household Size	Annual Income
1	(income less than) \$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

For each additional family member, add \$8,960 at the 200% level.

Note: Programs must use the current year's poverty guidelines for any student enrolled on or after February 1.