



NOTRE DAME
PRESCHOOL + PRE-K

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.



Dear Parents and Guardians:

Greetings from Notre Dame Preschool + PreK! Thank you for your interest in our program! I'd like to take this opportunity to introduce myself. This will be my 7th year serving as Notre Dame Preschool Director, and I have been working in the field of early childhood for the past 20 years. I have Master's degrees in Interdisciplinary Early Childhood Education and Library Media Science. I am passionate about all things early childhood and providing a nurturing faith based education for children.

Here at Notre Dame Preschool + PreK, we believe every child has the potential to learn and grow in a nurturing faith based environment. We recognize that play is the major vehicle for the development of the whole child in the areas of cognition, social emotional skills, physical development, social interactions, and spiritual growth. We strive to provide a safe and loving atmosphere where children can explore, discover, and create through hands on experiences.

Please take some time to thoroughly review our handbook (found online at www.notredameschools.com/preschool-prek) and fill out our enrollment packet. If you have any questions, please contact me at krutman@notredameschools.com or 740-353-2354 EXT 25100.

God Bless,

Kendra Rutman

Notre Dame Preschool Director

Enrollment Checklist

To be completed prior to admission:

- _____ Completed Preschool Application
- _____ \$30 Registration Fee  
- _____ Copy of Birth Certificate
- _____ Completed Child Medical Statement (by 1st day of school)
- _____ Shot Records (by 1st day of school)
- _____ Step up to Quality Family Information Form

To be completed only if applying for FCF Scholarship (income based):

- _____ Complete application on Ohio Benefits Self Service Portal (SSP) <https://ssp.benefits.ohio.gov/apsspssp/ssp.portal>
(please see ECE guidance document)

To be completed after admission:

- _____ Register for FACTS Management Tuition Payment System
- _____ DIAL-4 Developmental Screen (scheduled by staff)
- _____ DIAL-4 Parent Questionnaire
- _____ ASQ-SE-2 Form
- _____ ASQ3 Form
- _____ Handbook/Discipline Policy Signature

Dear potential Preschool + PreK family,

Thank you for your interest in our program! Please answer the following questions to help us get to know you better. Please note that submitting an application does not guarantee admittance to our program. We will be in contact after the enrollment period to schedule screening and to collect any missing paperwork. If you have any questions in the meantime, please feel free to reach out.

Please list two references for enrollment:

	NAME	NUMBER
1.	_____	_____
2.	_____	_____

Has your child attended a previous preschool or childcare setting? If so, please list name of program and length of enrollment.

Why did you choose Notre Dame Preschool + PreK?

Do you have any developmental concerns for your child and/or does your child's pediatrician or previous school have developmental concerns? If so, please explain:

Is your child currently receiving or has previously received intervention services? (developmental intervention, speech language therapy, occupational therapy, physical therapy, or social behavior therapies) If so, where are they receiving services?

Are you interested in a scholarship? Yes ___ No ___

If you marked yes, please complete the online application for Ohio Benefits. **Please note this is the ECE Scholarship for 3 and 4 year olds, NOT Ed Choice which only applies to elementary students K-12)**

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 _____	Cell Phone _____ Call Order _____
Family Street Address _____	Home Phone _____ Call Order _____
City _____ State _____ Zip _____	Work Phone _____ Call Order _____
Employer Name _____	
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:

[Empty box for Child's History of Hospitalization]

Child's Disease History:

[Empty box for Child's Disease History]

Child's Allergies/Treatment:

[Empty box for Child's Allergies/Treatment]

Child's Dietary Needs/Restrictions:

[Empty box for Child's Dietary Needs/Restrictions]

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

Child's Medication/s:

[Large empty box for 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 Cell Home Work

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.

Date

[Empty box for Date]

Signature of Authorized Family Member/Guardian

[Empty box for Signature of Authorized Family Member/Guardian]



The Notre Dame Schools Preschool Registration Form

NOTRE DAME
PRESCHOOL + PRE-K

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	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:



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 8:00-12:00	<input type="checkbox"/> HALF DAY M-F 8:00-12:00
<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 + PRE-K

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:

____ I **GIVE** Notre Dame Preschool permission to transport my child to:

_____ Hospital/clinic

_____ Dentist/clinic

____ I **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



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 NOI 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: _____

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



Department of Education

Office of Early Learning and School Readiness
Child Medical Statement

Revised 3/12/2018

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 _____ Blood Lead _____ Hemoglobin _____

Immunizations:	Exempt from Immunization:
Complete for Age <input type="radio"/> Yes <input type="radio"/> No	Religious Conviction <input type="radio"/> Yes <input type="radio"/> No
In Process <input type="radio"/> Yes <input type="radio"/> No	Health <input type="radio"/> Yes <input type="radio"/> No
	Other _____

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

[Empty box for 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.