

# Greater Expectations Learning Center Family Policies and Procedures Registration

Registration is a quick method of "holding a spot" for your child for desired programs. To register your child, parents will need to complete this registration form in full and pay the fees that pertain to what you are registering your child.

Desired Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child Information				Family Information	
Name				Main Contact	
Street Address				Phone (Cell)	
City/State/Zip				Phone (Work or Home)	
Permission for GELC to transport to and from school	Parent Signature for Bus Transport Permission (SA ONLY):			Street Address	
Which School do they attend:	School:	DOB		City/State/Zip	
Gender	Male Female	Age		Email	

### Fees

**School Year Registration Fee:** \$25 per family (Private Pay ONLY)  
**Transportation Fee (SA only)** \$25 (see attached for add. Children)

**Field Trip Fee:** \$100 (SA ONLY, SUMMER ONLY, 1 TIME ONLY)

**Fees Are...**

**Non-refundable, Non-transferrable, Due at Registration**

### Payment Information:

\_\_\_\_\_ I receive Hamilton County Subsidy  
 Case # \_\_\_\_\_ or

SS# \_\_\_\_\_

\_\_\_\_\_ Full Pay

### Office Use ONLY

Received By: \_\_\_\_\_  
 Date: \_\_\_\_\_

\_\_\_ Packet  
 \_\_\_ Shot Record/Medical  
 \_\_\_ Reg. Fee  
 \_\_\_ Trans. Fee



## SUMMER CAMP ONLY:

Please check the Camps you would like to register your child for:

Pre Camp (7a-9a)	Summer Camp (9a-4p)	Post Camp (4p-5:30p)	BOTH Pre and Post

### School Age Children/School Year Care

Please put an X for the care you need:

\_\_\_\_\_ Before School Care 7am-transportation leaves  
 \_\_\_\_\_ After School Care: After school -5:30 pm  
 \_\_\_\_\_ School Days Out ONLY

**Family Acknowledgements (Initial):**

- \_\_\_\_\_ I understand that program fees are due prior to services rendered.
- \_\_\_\_\_ I understand that if I withdraw my child from the program I must notify the Administration of GELC.
- \_\_\_\_\_ I understand that I need to complete the Registration Packet, pay the Fees appropriate to the enrollment of my child (Registration, Transportation, Field Trip, etc.), supply shot records/Medical statement, and read the Parent Handbook before my child will be officially enrolled in the program.

**Payment Policy, please initial:**

- \_\_\_\_\_ Payment is due prior to services rendered. If payment is not received by the Friday before the next week, your child cannot return to the program until the fee is paid.
- \_\_\_\_\_ If using Hamilton County subsidy, children must be swiped in and out every day. No exceptions.
- \_\_\_\_\_ Co-Payments must be made for Hamilton County subsidy or you will lose your eligibility.
- \_\_\_\_\_ Your subsidy must be valid and authorized every day for the appropriate hours. Your child receives ten absences for a six-month period. If you exceed your ten absences within the six-month period or a day was not properly authorized, then you are responsible to pay the daily rate.
- \_\_\_\_\_ All payments must be made by credit card, through Procure or on-line.
- \_\_\_\_\_ I have read and understand the Family Handbook.
- \_\_\_\_\_ Overdue fees are subject to a \$10.00 late fee.
- \_\_\_\_\_ Balances, including late fees, must be paid in full prior to services continuing. If you owe a balance of any kind your child's enrollment will be put on hold until the balance is paid. If the balance is left hanging and there is a waiting list for the classroom, you are in jeopardy of losing your spot.
- \_\_\_\_\_ We close at 5:30pm, after a 5 minute grace period (5:35pm) you will be charged \$1.00 per minute per child you are late. The late fee is due prior to your child(ren) attending the next day.
- \_\_\_\_\_ There is a \$25.00 Transportation Fee that is due at the time of registration and prior to the transportation of your child to and from school. The fee is for the entire school year. A scale for multiple children is available.
- \_\_\_\_\_ For Summer Camp there is a one-time fee of \$50 for all field trips that are offered during the summer. This fee is per child and is due prior to the child starting camp.

**I have read and fully understand the above payment policies and agree to adhere to them. I understand that if I do not adhere to these policies my child will not be able to attend until I am in compliance.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL CONTACTS**

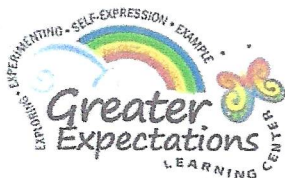
I would like to give permission for the following people to be able to pick up my child:

Name	Relationship to Child	Main Phone Number	Additional Number

Please remember that when these individuals come to pick up your child we will ask for their ID to make sure it matches the information you have provided. If they do not have their ID, we will not allow them to take your child with them. Please understand this is for the safety of your children.

Updated: July 2015, July 2016, April 2017, March 2019





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[www.gelc1150.com](http://www.gelc1150.com)  
Like Us On Facebook!

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

**Permission to participate, please check Yes for Permission and No if you do NOT grant Permission:**

- Yes  No I give my permission for my child to participate in any routine trips or excursions away from the program site, this includes trips to and from school. I understand that transportation for these trips or excursions may be by the GELC bus, walking or a leased bus. Routine trips include but are not limited to the church parking lot, the parking lot next to Little Caesars on Daly Rd, and McEvoy Park on Daly Rd. on Galbraith Rd. During these trips the children will NOT have access to water that is two feet or more in depth.  
My School Age Child Attends this school: \_\_\_\_\_
- Yes  No I give my permission for my child to use all of the equipment and participate in all activities of the program, which may include but are not limited to, arts and crafts, nature, science, sports and games, etc.
- Yes  No I give permission for my child to be included in evaluations, pictures, newsletters, and marketing pieces associated with the program.
- Yes  No Information about my child and their progress in the program may be shared with public school professionals and other professionals working in the center. Information shared will always be in the best interest of my child, and written notification will be provided at each instance.
- Yes  No I give my permission for the program to provide routine healthcare, administer prescribed medications, and seek emergency medical treatment. I understand that expenses incurred in obtaining emergency medical treatment are my responsibility.
- Yes  No I have received, read, and understand the program Parent Handbook.

**I understand:**

- That GELC is not responsible for anything that may happen as a result of false information given by a parent or guardian.
- That GELC will not assume responsibility for any child who has not been signed in on arrival or signed out at departure for the day. This is done via the Procure system and a signature on the Sign In and Out forms located in each classroom.
- That the staff of GELC are mandated by state law to report any suspected cases of child abuse or neglect to appropriate authorities for investigation.
- That my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be either listed on the Emergency Contacts form, or by calling GELC with information of a change. Any person arriving to pick up my child may be asked to show a photo identification. All authorized individuals must be at least 18 years of age.
- That under no circumstances will my child bring their own toys, which include but are not limited to: personal electronic devices, card games, cell phones or other personal items. If my child does so, the staff will confiscate the item and return it to the parent at the end of the day.
- I understand that if my child will be absent, I need to call and report the absence prior to 9:00 AM. Likewise if they are school agers that do NOT need to be picked up from school please call prior to the end of the school day.
- I understand that GELC is not responsible for lost or stolen items. My child is responsible for their own belongings. Any items that remain unclaimed may be donated.

**I have read and fully understand the above policies and authorizations, and do hereby give such authorization as indicated.**

Family Signature \_\_\_\_\_ Date \_\_\_\_\_



# Family Intake Form

Child's Name (Last)	(First)	Nickname (If any)
Date of Birth	First Day of Attendance	
Attending School at: (School Age Students Only)		

By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in our care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff who care for your child.

Who is in the child's 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.?  Yes  No

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)?  Yes  No

Additional Details?

Are there any cultural or religious practices of your family of which we should be aware? (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?  Yes  No  
Additional Details? (center based, in home, with family, with parents, etc.) How long were they enrolled at the previous center?

How often does your child drink during the day (milk, juice, water, etc.)?

Does your child have any favorite foods?

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Does your child dislike any foods?

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Are there any foods your child should not be fed? (Child Care Licensing requires a form be completed for children with food allergies and/or dietary restrictions)

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Please circle 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?

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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 them go to sleep? If so, what?

---

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

---

Where does your child sit at the table? (high-chair, booster seat, etc.)

---

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used:

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Does your child need assistance when using the toilet? If so, how?

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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.)  Yes  No

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
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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?				
<b>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.</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	
<b>Allergies, Special Health or Medical Conditions, and Medical Foods</b>	
Fill in this section accurately and completely. Please note that if your child has a <b>current</b> 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.	
Does your child have any food, medication or environmental allergies? <i>(check all that apply)</i>	
<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:	
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>	
<input type="checkbox"/> No <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.	
Does your child have a developmental delay or special health or medical condition? <i>(check one)</i>	
<input type="checkbox"/> No <input type="checkbox"/> 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? <i>(check one)</i>	
<input type="checkbox"/> No <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.	
Is your child currently using any medication or medical food? <i>(check one)</i>	
<input type="checkbox"/> No <input type="checkbox"/> Yes - please explain	
If yes, does this medication or medical food need to be administered at the child care program/home?	
<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.	
Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? <i>(check one)</i>	
<input type="checkbox"/> No <input type="checkbox"/> Yes - please explain	
Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?	
<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.	



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
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**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**

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

**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.



## Parent/Guardian Media Recording Release for GELC Children

I, Parent/Legal Guardian of \_\_\_\_\_ (child's name) hereby grant permission to the Greater Expectation's Learning Center and its assigns and licensees to take photographs or videos of the above named minor child and to make recordings of the above named minor child. The use of the media would only be used in conjunction with GELC center purposes. It will not be shared in anyway with other organizations or entities.

(Please check one choice in the blank.)

\_\_\_\_\_ I **DENY** permission to GELC to use my child's image or voice recordings in any manner.

\_\_\_\_\_ I **GRANT** permission for GELC to use my child's image and voice recordings.

Name (print): \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Cell/other phone#: \_\_\_\_\_

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

.....

## Permission to Screen (Infant, Toddler, Preschool and PreK children ONLY)

I, Parent/Legal Guardian of \_\_\_\_\_ (child's name) understand that Greater Expectation's Learning Center uses the Ages and Stages 3 as their developmental screening tool. This is a tool that is typically completed by the parent and scored by trained staff. If I am unable to complete the tool within 45 days of my child's enrollment, I hereby grant permission for Greater Expectation's Learning Center to complete the screening. Once scored, the results of the screening will be shared with Parents or Legal Guardians.

Name (print): \_\_\_\_\_

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