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:

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

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:

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 ☐ Cell ☐ Home ☐ Work

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.

Exempt from immunizations because of religious conviction: ☐ Yes ☐ No

Child immunization records attached: ☐ Yes ☐ No

Date

Signature of Authorized Family Member/Guardian

Ohio | 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 _____

Immunizations:		**Exempt from Immunization:**	
Complete for Age	Yes No	Religious Conviction	Yes No
In Process	Yes No	Health	Yes No
		Other	

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

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.