

**CYPRESS CHRISTIAN DAYCARE**  
377 ALTON DARBY CREEK ROAD  
GALLOWAY, OHIO 43119  
(614) 878-8498

**CHILD'S NAME** \_\_\_\_\_  
**AGE** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**DAYCARE** \_\_\_\_\_ **M T W Th F (circle days)**

**Hours of Operation: Monday – Friday**  
**6:30 am – 6:00 pm**

**OFFICE USE ONLY:**

**Date registered** \_\_\_\_\_

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**Dear Parent,**

We are pleased that you are interested in Cypress Christian Daycare. We are committed to providing your family the best possible care during the most formative years of your child's life. The following is some basic information to help you understand the type of environment your child would find should you decide to enroll him or her in our program.

Our Daycare is a Christian organization sponsored by Cypress Wesleyan Church. Overall daily administration and operation is provided by the Daycare Program Director.

This center is a privately owned and operated non-profit daycare. The center is licensed by the Ohio Department of Job and Family Services and approved to operate as a Daycare. We care for children age six weeks through 5 years but not yet in kindergarten in the daycare. A preschool curriculum is part of the daycare schedule.

**GENERAL INFORMATION**

**PHILOSOPHY/GOALS** – Our educational philosophy is based on the belief that early Christian education provides an essential part of the development and growth of an individual. Therefore, it is our desire to guide and nurture each child by providing learning experiences in the areas of spiritual, social, emotional, physical, cognitive, and language development. It is our goal that as an atmosphere of Christian love surrounds the children, they will develop attitudes that will enable them to reach their full God-given potential in each area of development.

**ADMISSION POLICY** – Children will be accepted on a first come first serve basis and upon completion of the entire application packet and payment of a \$50.00 enrollment fee. When enrollment is full, a waiting list will be established. These persons will be contacted should an opening arise. All areas of the application forms must be filled in completely, leaving no empty spaces. A CURRENT PHYSICIAN'S STATEMENT (included in your packet) **MUST BE TURNED IN BEFORE THE CHILD CAN BE IN ATTENDANCE.**

**PARENT PARTICIPATION** – Parents are welcome to observe or volunteer in the classroom. Parent-Teacher conferences will be offered upon request of either parent or teacher. Parent Newsletters will be sent home periodically, to keep you informed of special events within our center as well as church wide.

**TUITION** – Our center exists as a non-profit organization with tuition and fees established to cover the basic cost of operation. Tuition costs remain the same regardless of daily absence, holiday, staff development, or snow days. If your child is out sick from daycare for an entire week (Monday - Friday), please notify the office. With a doctor's excuse, tuition will be reduced to half for that week.

**CURRICULUM** – Our first and foremost goal here at Cypress Christian Daycare is to provide a caring and nurturing environment that is sensitive to the needs of your child. Our curriculum is aimed to provide developmentally appropriate learning experiences that build progressively as the children continually discover and acquire new concepts and skills in the areas of cognitive, physical, spiritual and social development. We have designed a program across a broad range of themes to include content that is meaningful, relevant, interesting and enjoyable for young children. Our teachers will be working very hard to provide a variety of activities, materials and learning experiences that introduce, reinforce and extend desired skills and concepts at all levels. The curriculum is divided into seven major areas of focus; social and spiritual development, gross motor, fine motor, reading, math, and basic readiness skills. Following is a list of basic concepts that your child will be working toward in each of these areas.

**Social Development**

Manners  
 Sharing  
 Turn taking  
 Cooperative play  
 Following directions  
 Carrying on a conversation  
 Organizational skills  
 Basic hygiene skills  
 Attention span  
 Self pride and confidence

**Gross Motor**

Walking  
 Running  
 Jumping  
 Skipping  
 Climbing  
 Balancing  
 Coordination  
 Using a ball

**Fine Motor**

Manipulate writing, drawing,  
 and coloring tools  
 Scissor skills  
 Gluing  
 Block play  
 Puzzles  
 Using manipulatives  
 Dressing skills  
 Writing and drawing skills

**Reading**

Book knowledge  
 Print knowledge  
 Letters  
 Characters  
 Recalling details  
 Sequencing  
 Retelling  
 Predicting  
 Basic comprehension  
 Finger plays, songs and rhymes

**Math**

Colors  
 Shapes  
 Numerals  
 Counting  
 Positions  
 Ordering  
 Comparing  
 Classifying  
 Patterning  
 Opposites  
 Problem solving

**Basic Readiness**

Name  
 Birthday  
 Phone number  
 Address  
 Colors  
 Shapes  
 Alphabet skills  
 Numerals  
 Counting  
 Using art materials

**Spiritual**

Gain knowledge of God through His Word  
 Experience God's goodness through the world around us  
 Discover God's purpose for our lives

## CYPRESS CHRISTIAN DAYCARE ENROLLMENT CHECK LIST SHEET

Thank you for your interest in Cypress Christian Daycare. We are pleased to be able to minister to your family in this way. Enclosed you will find all the information needed to apply. Please find the following list of items that need to be filled out **completely**, signed and returned at the time of application.

- \_\_\_\_\_ Confidential Application for Admission
- \_\_\_\_\_ Permission Sheet/ Parent Handbook
- \_\_\_\_\_ Statement of Faith
- \_\_\_\_\_ Tuition and Fees
- \_\_\_\_\_ Child Enrollment and Health Information
- \_\_\_\_\_ Child Medical Statement (due by time of enrollment)

A completed application **must** be accompanied with the nonrefundable application fee of \$50.00, along with all forms above in order to process your child's enrollment.

Applications **will not** be processed until all information is submitted.

**CYPRESS CHRISTIAN DAYCARE  
PERMISSION SHEET/PARENT HANDBOOK**

Please list below, other than contacts listed on the transportation form, any other persons who are authorized to pick up your child from Cypress.

<u>Name</u>	<u>Address</u>	<u>Phone#</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

\*\*\*\*\*

At various times throughout the year our children will be taking short walks in close proximity to the preschool and daycare building. Please sign the form below and return it to Cypress Christian Daycare office. Written permission shall be considered valid for all routine trips until withdrawn in writing by the parent or guardian.

Child's Name \_\_\_\_\_

\_\_\_\_\_ Yes, my child may attend these walks.

\_\_\_\_\_ No, my child may not attend these walks.

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

Date \_\_\_\_\_

\*\*\*\*\*

At various times during the year, the children may be photographed or videotaped by the center. If you do not want your child to be photographed or videotaped, you need to let the office know.

**CYPRESS CHRISTIAN DAYCARE  
STATEMENT OF FAITH**

The congregation of Cypress Wesleyan Church is comprised of people from many church/religious backgrounds. We are confident in the Bible as our written source for spiritual truth. We believe that personal faith in Christ is our primary hope of final salvation. We look to Christ as our example for life. We need each other for effective spiritual growth and maturity in our Christian walk of life. Below is a basic creed.

We believe:

that the Bible is unparalleled in its divine inspiration and in its complete accuracy and authority as God's revealed source of faith and truth to us.

in one God, beside Whom there is no other and whose nature and activity is supremely revealed to us through His expression of Father, Son (Jesus Christ), and Holy Spirit.

that human nature involves the image of God, in part, but also displays the universal tendency toward the practice of sin, which is basically rebellion (active or passive ) against God.

that Man's ultimate and most urgent needs are an awareness of his condition before God and a new life with Him, through Christ.

that Jesus Christ is God's unique revelation of Himself to us in human form, and His chosen pathway for our salvation, by virtue of His birth, life, death, resurrection and present intercession for us.

that the way to salvation is through confession, forgiveness of sins, and personal acceptance by faith of Jesus Christ as personal Savior and Lord.

that our lives should seek to "...reach unity in the faith and in the knowledge of the Son of God and become mature, attaining to the whole measure of the fullness of Christ." (Ephesians 4:13, NIV).

We have read and understand the Statement of Faith:

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

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

In essentials – Unity, In non-essentials – Liberty, In all things – Love

**CYPRESS CHRISTIAN DAYCARE  
CONFIDENTIAL APPLICATION FOR ADMISSION**

*STUDENT INFORMATION*

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_ M/F \_\_\_\_\_  
Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

*FAMILY BACKGROUND INFORMATION*

Mother/Guardian's Name \_\_\_\_\_ Father/Guardian's Name \_\_\_\_\_  
Business Address \_\_\_\_\_ Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Child lives with:    both natural parents \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ foster \_\_\_\_\_  
                                 shared parenting \_\_\_\_\_ guardian \_\_\_\_\_ (relationship) \_\_\_\_\_

In case of separated or divorced parents, the preschool & daycare can assume responsibility to only one parent. Please state which parent \_\_\_\_\_

Number of older children in family \_\_\_\_\_ younger children \_\_\_\_\_

Any habits your child needs help in overcoming? \_\_\_\_\_

Church affiliation of parents \_\_\_\_\_

*GENERAL INFORMATION*

How did you hear about Cypress Christian Daycare?

Newspaper \_\_\_\_\_ Phonebook \_\_\_\_\_ Church \_\_\_\_\_ Friend \_\_\_\_\_ Other (specify) \_\_\_\_\_

We (I) pledge cooperation with Cypress Christian Daycare in encouraging our child to follow its Christian teaching, in upholding the authority of the administration, faculty and staff in the matter of discipline, and in assuming the responsibility of paying our (my) financial obligations promptly. We (I) pledge to abide by and support, in spirit and practice, all policies and procedures that govern the Cypress Christian Daycare.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Applications are NOT complete without this form.\*\***

**Cypress Christian Daycare  
Tuition & Fees**

**Child's Name** \_\_\_\_\_

**DAYCARE:**

Our center exists as a non-profit organization, with tuition and fees established to help with the basic cost of operation. Tuition is as follows:

	<u>Weekly Rate</u>	<u>3 Days</u>	<u>2 Days</u>
<b>Infants</b> (6 weeks – 18 months)	<b>\$300.00</b>	<b>\$190.00</b>	<b>\$150.00</b>
<b>Toddlers</b> (18 months – 24 months)	<b>\$275.00</b>	<b>\$190.00</b>	<b>\$150.00</b>
<b>Toddlers</b> (24 months – 3 years)	<b>\$270.00</b>	<b>\$175.00</b>	<b>\$140.00</b>
<b>Preschoolers</b> (3 years – 5 years)	<b>\$245.00</b>	<b>\$175.00</b>	<b>\$140.00</b>

Discount for 2 siblings in Daycare—5% off total tuition

Discount for 3 or more siblings in Daycare—10% off total tuition

**Nonrefundable registration fee:** \$50.00 per child. The registration fee must be paid when turning in your enrollment paperwork.

**Payments:**

- ✧ **Payments are due on your child's first day of attendance each week.** You may submit your tuition payments on a weekly, biweekly or monthly. We also offer tuition payments by direct withdraw. Information regarding this program is available upon enrollment. If payment is not received by Thursday of each week, a late fee of \$10.00 will be assessed. If 2 weeks go by with no payment, your child will be withdrawn until payments and charges are current and a space is available.
- ✧ Service charge for each "insufficient funds" is \$25.00. The account must be brought up to date within two weeks of notification. If the center receives a second "insufficient funds", future tuition payments must be made by cash, cashier's check or money order.

**PREFERENCES**

Please list class/time preferences below. Spaces are assigned on a first come, first served basis.

\_\_\_\_\_ (Age group) \_\_\_\_\_ (Class days/Times)

I have read and understand the Tuition and Fees Schedule as to the time payments are due and the penalty for late payments and returned checks.

Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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:</b> Parents <b>cannot be listed</b> 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 <b>if you cannot be reached</b> . 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.					
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 Medical Foods**

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 "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? (*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 to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No  
 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? (*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 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

- No  
 Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

- No  
 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? (*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 file.  
 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.

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.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

Not applicable

Child's Name \_\_\_\_\_

**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 2 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 <u>Cypress Daycare</u>			Program or Home Name _____	
has <b>permission</b> 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 <b>not have permission</b> 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.

Ohio Department of Job and Family Services  
**CHILD MEDICAL STATEMENT FOR CHILD CARE**

Child's Name ( <i>print or type</i> )	Date of Birth
<b>Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):</b>	
<b>Section A- EXAMINATION</b>	
√ The above named child has been examined.	
√ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).	
√ The above named child does not have allergies OR is allergic to the following ( <i>please list in space below</i> ):	
<i>Check below, if applicable:</i>	
<input type="checkbox"/> Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.	
Optional: Measurements and Recommended Assessments/Screenings	
Height _____	Vision _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Weight _____	Hearing _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
BMI _____	Dental _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	Lead _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Hemoglobin _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other: _____
<b>Signature of Examining Health Care Practitioner</b>	Date of Examination
Name of Examining Health Care Practitioner	Telephone Number
Street Address	City, State and Zip Code

**ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.**

<b>IMMUNIZATION (Complete ONLY ONE SECTION below)</b>	
<b>Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:</b>	
Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.	
<b>Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:</b>	Initials of Examining Health Care Practitioner
<input type="checkbox"/> The above named child has been immunized against the diseases listed above.	
<i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i>	Date
<b>Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):</b>	Signature of Parent
<input type="checkbox"/> I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):	
	Date