

PRESCHOOL STUDENTS MUST BE 4
ON OR BEFORE AUGUST 1ST
UNLESS THEY ARE CURRENTLY ON AN IEP

ALL PAPERWORK BELOW MUST BE TURNED IN
BEFORE APPLICATION WILL BE CONSIDERED

1. BIRTH CERTIFICATE
2. SOCIAL SECURITY CARD
3. SHOT RECORDS
4. CUSTODY PAPERS
5. 2021 INCOME TAXES
6. PROOF OF RESIDENCE

OHIO SCHOOL LAW

In order to facilitate the enforcement of the Missing Child Law, the Law requires each entering student to provide, a certified copy of any child custody order or decree, which has been issued with respect to the student. The custodial parent of such student must also provide the school with certified copies of any later court order, which modify the original custody order or decree.

COSHOCTON CITY SCHOOLS REGISTRATION FORM

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education. It is in no way an effort to trespass upon the personal affairs of parents. Your cooperation in completing this form is appreciated.

PLEASE PRINT – PARENT/GUARDIAN SHOULD COMPLETE ALL INFORMATION.

1. STUDENT DATA

Grade student will be entering _____

Has student ever attended Coshocton City Schools?

Yes _____ No _____ If YES: School _____

Grade(s) Enrolled _____

Student Name (LEGAL NAME AS IT APPEARS ON BIRTH CERTIFICATE):

First Middle Last Last Name Suffix (Jr., III, etc) _____

Gender (circle one)

F or M

Social Security # _____

County of Residence (circle one):

Home Phone: Area Code _____ Unlisted? Yes _____ No _____

Coshocton

Street Address _____

Knox Holmes

P.O. Box # _____ City _____ Zip _____

Licking Muskingum

STUDENT'S BIRTH DATA

Date of Birth: Month _____ Day _____ Year _____ Mother's Maiden Name _____

Birth City _____ State _____ If child was born outside U.S., list country _____

Citizenship of student: _____ USA Other _____ Native Language spoken in home: _____ English Other _____
(specify country) (specify language)

If child was born outside the U.S., how many years has he/she been attending a U.S. school? _____

2. RACIAL / ETHNIC DATA

PLEASE ANSWER BOTH A AND B

A. Is the student Hispanic/Latino?

(Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

____ Yes _____ No (go to part B)

B. Is the student: (check all that apply)

____ American Indian or Alaska Native (Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.)

____ Asian (Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

____ Black or African American (Persons having origins in any of the black racial groups in Africa.)

____ Native Hawaiian or Pacific Islander (Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

____ White (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

(If left blank, ethnicity will be determined by observer identification)

Coshocton City Schools is mandated by the United States Department of Education, under the No Child Left Behind Act, to collect and report this information for all students who enroll in the school district.

3. PREVIOUS SCHOOL INFORMATION

◆ Does your child have an IEP or 504 plan or has he/she received special education services in the past?

Yes _____ No _____
(If yes, provide a current copy of IEP and ETR.)

◆ Is student under expulsion from previous school?

Yes _____ No _____

◆ School where child was most recently enrolled:

District _____

School _____

School Address _____

Phone # _____

Fax # _____

PLEASE COMPLETE REVERSE SIDE

PLEASE COMPLETE REVERSE SIDE

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PLEASE PRINT – PARENT/GUARDIAN SHOULD COMPLETE ALL INFORMATION

Student Name _____ Grade _____

4. FAMILY & CUSTODIAL DATA

♦ **Status of Biological Parents:** _____ Parents Married _____ Parents never Married _____ Parents Separated _____ Parents Divorced
_____ Father Deceased _____ Mother Deceased

♦ **Who has legal custody of this student?** _____
If a divorce or guardianship situation exists, we must have a certified full copy of the order of decree. This is per State of Ohio Law (ORC 3313.672) and the Missing Children's Act.

♦ **Student lives with:** _____ Mother & Father _____ Mother only _____ Mother & Stepfather _____ Father only _____ Father & Stepmother
_____ Foster Parent _____ Host parent _____ Court appointed Guardians/Grandparents _____ Other

INFORMATION for Mother /Guardian/ Foster Parent (circle one)

Name _____
First M.I. Last

Home address _____
Street Address City State Zip

Home Phone: _____ Cell Phone _____

Employer _____ Work phone _____

Email address: _____

INFORMATION for Father /Guardian/ Foster Parent(circle one)

Name _____
First M.I. Last

Home address _____
Street Address City State Zip

Home Phone: _____ Cell Phone _____

Employer _____ Work phone _____

Email address: _____

INFORMATION for Step-Mother /Step-Father (circle one)

Name _____
First M.I. Last

Home address _____
Street Address City State Zip

Home Phone: _____ Cell Phone _____

BROTHERS AND SISTERS

Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OFFICE STAFF

HAVE YOU COLLECTED?

Legal Birth Certificate	Y	N
Proof of Residency	Y	N
Immunization Record	Y	N
Social Security Card	Y	N
Legal Custody Documents	Y	N
Court/Foster Placement Form	Y	N
Copy of IEP, if applicable	Y	N

5. PARENT / GUARDIAN SIGNATURE

I, the undersigned, state that I am the parent or legal guardian of the above named student and that the registration information provided is true and correct.

Signature of _____
Parent/Legal Guardian: **X** _____ Date: **X** _____

Full name of child (please print) _____

15-16 Grade Level: _____ School Building: _____

1. PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. What language did your child speak when he/she first learned to talk? _____
2. What language does your child use most frequently at home? _____
3. What language do you use most frequently to your child? _____
4. What language do the adults at home most often speak? _____
5. How long has your child attended school in the United States? _____

2. Please check the housing arrangement below which best describes your student's primary night-time residence: (Check only one).

My student...

_____ lives with parent(s)/legal guardian in a residence owned or rented

_____ attends Coshocton under Open Enrollment, or is a foreign exchange student.

_____ stays in a shelter, church or emergency housing.

_____ lives with parent(s) /legal guardian in a residence owned or rented by relatives/friends due to economic hardship or other similar situation (i.e. family is living with grandparents or friend)

_____ stays in a car, a park, or at a campground.

_____ stays in a hotel/motel.

_____ stays in a bus/train station, an abandoned building, or a place not designed for or ordinarily used as regular sleeping accommodations

_____ please print address

Parent/Guardian Signature _____

Date _____

COSHOCTON CITY SCHOOLS

1207 Cambridge Road
COSHOCTON , OHIO 43812
District IRN #043828
Phone 740-622-1901 Fax 740-623-5805

Please release records for the student below:

Name of Student

School Previously Attended

Social Security Number

Date of Birth

Send records to:

Coshocton City Schools
Attn: Amy Shutt
1207 Cambridge Road
Coshocton, Ohio 43812

amy.shutt@coshoctoncityschools.com

- Birth Certificate
- SSID # (State Student ID#)
- Social Security Card
- Custody Papers (if applicable)
- Immunization/Health Screening Records
- Attendance Records
- Transcript/Academic grades
- Grades to date of withdrawal
- Other _____

- Gifted/Tag Program Information
- K-3 Literacy information
- Standardized Test Scores (Achievement, competency, OGT)
- IEP/ETR/504 RTI
- **Please Note:** If you do not release special education records from your office please forward a copy of this request to the appropriate office.

The Family Educational Rights and Privacy Act states that an educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the students seeks or intends to enroll.

Office use only:

Start date at Coshocton City Schools _____

District Signature

Reason for enrollment:

Resident

Open Enrollment

Foster/Court Placed

Other

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 Y or N	Spoken Language	Date of Birth	Gender M or F	U.S. Citizen Y or N
	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)

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
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Office of Early Learning and School Readiness

United States Department of Health and Human Services 2021 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	\$12,880	\$16,100	\$19,320	\$22,540	\$23,828	\$25,760
2	\$17,420	\$21,775	\$26,130	\$30,485	\$32,227	\$34,840
3	\$21,960	\$27,450	\$32,940	\$38,430	\$40,626	\$43,920
4	\$26,500	\$33,125	\$39,750	\$46,375	\$49,025	\$53,000
5	\$31,040	\$38,800	\$46,560	\$54,320	\$57,424	\$62,080
6	\$35,580	\$44,475	\$53,370	\$62,265	\$65,823	\$71,160
7	\$40,120	\$50,150	\$60,180	\$70,210	\$74,222	\$80,240
8	\$44,600	\$55,750	\$66,900	\$78,050	\$82,510	\$89,200
Family units with more than 8 members	Add \$4,540 for each additional	Add \$5,675 for each additional	Add \$6,810 for each additional	Add \$7,945 for each additional	Add \$8,399 for each additional	Add \$9,080 for each additional

200% of Federal Poverty Level Income Chart

Early Childhood Education funds are required to be used to provide preschool services to economically disadvantaged children whose family income falls at or below 200 percent of the federal poverty level.

Household Size	Annual Income
1	(income less than) \$25,760
2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,200

For each additional family member, add \$9,080 at the 200% level.

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

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 <input type="checkbox"/>
City _____ State _____ Zip _____	Home Phone _____ Call Order <input type="checkbox"/>
Employer Name _____	Work Phone _____ Call Order <input type="checkbox"/>
Employer Street Address _____	City _____ State _____ Zip _____

Alternate Family Information:

Family/Guardian Name _____	Cell Phone _____ Call Order <input type="checkbox"/>
Family Street Address _____	Home Phone _____ Call Order <input type="checkbox"/>
City _____ State _____ Zip _____	Work Phone _____ Call Order <input type="checkbox"/>
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 <input type="checkbox"/>	Home _____ Call Order <input type="checkbox"/>
Cell _____ Call Order <input type="checkbox"/>	Cell _____ Call Order <input type="checkbox"/>
Work _____ Call Order <input type="checkbox"/>	Work _____ Call Order <input type="checkbox"/>

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

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

Signature of Authorized
Family Member/Guardian

Coshocton Elementary 2022-23

Preschool Supplies Needed:

1 box of plastic 5 ounce cups

3-pack of bleach wipes

1 box of tissues

1 roll of paper towels

1 container of playdough

Backpack big enough to fit a folder

Change of clothes in a plastic bag for summer and winter clothes with child's name on it to keep at school





Please mark all that apply...

_____ I give permission for my child's picture to be taken.

_____ I give permission for my child's class picture to be put in the yearbook.

_____ I give permission for my child's artwork to be posted in the hall and at the fairgrounds.

_____ I give permission for my child's picture to be put in the newspaper.

_____ I give permission for my child's picture to be posted on social media forums.

Child's name

Parent signature

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



Coshocton City Schools

Home of the Redskins

PERMISSION TO RELEASE INFORMATION, COLLABORATE, AND OBSERVE

We give permission to the Coshocton City Schools to review any pertinent information provided by us on behalf of our child, _____.

We give our permission to the following persons to communicate, collaborate, and observe with one another on behalf of our child.

Please initial on the line provided below.

<u>Todd Johnson</u>	Early Childhood Coordinator, Coshocton City Schools	_____
<u>Beth Loomis</u>	Early Childhood Specialist, Coshocton City Schools	_____
<u>Kaeli Pletcher</u>	Speech and Language Pathologist	_____
<u>Angie Copenhaver</u>	Occupational Therapist	_____
<u>Kyle Paladino</u>	Physical Therapist	_____
<u>Angela Pachana</u>	School Psychologist	_____
_____	Day Care Personnel	_____
_____	Other	_____
_____	Other	_____

_____	Date _____
_____	Date _____
<i>Parent Signature</i>	



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 <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.

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.