

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

Child's Name		Date form completed/updated		First Day at Center	
Date of Birth	Home Address			City	
State	Zip Code	Home Telephone Number			
Parent/Guardian Name			Relationship to child		
Home Address					
City		State		Zip	
Home Telephone Number			Cell Phone		
Work/School			Work/School Telephone Number		
Address				City	
Pager and directions for use					
Where can you be reached while your child is in this program?					
Parent/Guardian Name			Relationship to child		
Home Address					
City		State		Zip	
Home Telephone Number			Cell Phone		
Work/School			Work/School Telephone Number		
Address				City	
Pager and directions for use					
Where can you be reached while your child is in this program?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of <u>at least one person</u> who you want to be contacted in the event of an emergency or illness if the parent/ guardian cannot be reached . Persons listed should be able to assist in locating the parent/ guardian and at least one person listed must be local and able to take responsibility for the child in cases where the parent/ guardian can not be located.					
Name		Name			
City	State	City	State		
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child		
Other numbers where emergency contact can be reached (optional)			Other numbers where emergency contact can be reached (optional)		
Name of Physician or Clinic/Hospital			Name of Dentist (Recommended for children over 18 months of age.)		
Street Address			Street Address		
City	State	Telephone Number	City	State	Telephone Number

Note: This is a prescribed form provided by JFS which must be used by centers and type A homes to meet the requirements of Rules 5101:2-12-37 and 5101:2-13-37. This form must be completed and on file at the center or type A home on or before the child's first day of attendance.

Child's Name		Form Last Updated		
1. Give <i>Permission</i> to Transport		OR Do not sign both	2. Do Not Give <i>Permission</i> to Transport	
I give (Center/Type A Home name) _____ permission to have my child (name) _____ transported to (Hospital/Clinic) _____ for emergency medical care or to (Dentist) _____ for emergency dental care, or to the nearest available source of assistance.			I do not give (Center/Type A Home name) _____ my permission to have my child _____ transported for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish for the following action to be taken _____	
Parent's Signature	Date		Parent's Signature	Date
Allergies (food, medication or environmental) and precautions, reactions and treatment				Check here if not applicable <input type="checkbox"/>
Medications, food supplements, modified diet currently being administered				<input type="checkbox"/>
Chronic Physical Problems				<input type="checkbox"/>
History of Hospitalization				<input type="checkbox"/>
History of diseases the child has had				<input type="checkbox"/>
Any additional health or enrollment information you feel we should know about your child				<input type="checkbox"/>

Immunizations (enter month, day, and year) (Not required for children enrolled in school)					
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
The immunizations above are recommended immunizations. Please consult your child's physician for more information.					

Parent Roster

I agree to have my name and telephone number included on the center or Type A Home's parent roster which will be made available upon request to any parent whose child is enrolled in the center or Type A Home.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Signature (If different information than parent listed above.)	Date

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