



FULL TIME CHILD CARE APPLICATION

A non-refundable \$50 registration fee must accompany this form.

CHILD'S NAME _____

BIRTHDATE/DUE DATE _____ AGE _____ MALE _____ FEMALE _____

PARENT 1 NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ OTHER _____

EMAIL ADDRESS _____

EMPLOYER _____ OCCUPATION _____

PARENT 2 NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ OTHER _____

EMAIL ADDRESS _____

EMPLOYER _____ OCCUPATION _____

DESIRED DATE OF ENTRY _____

PRIORITY STATUS (check any that apply)

- _____ NBCC Staff
- _____ NBCC Sibling
- _____ NBCC Part Time Program
- _____ NBCC Alumni Family
- _____ NBUMC Church Member

Parent's Signature _____

Date _____

North Broadway Children's Center is a non-profit program that enrolls all children regardless of race, faith, creed, disability, or national origin. NBCC is a Title XX and Champion of Children Fund provider.

FOR OFFICE USE ONLY

Date application received _____

Date of Entry _____

Received by _____

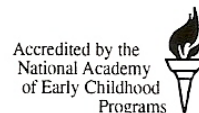
Group _____

Registration fee _____

I/C _____



48 E. N. Broadway · Columbus, OH 43214
 P (614) 262-6222 · f (614) 268-2115
 www.northbroadwaycc.org



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

Child's Name (<i>print or type</i>)	Date of Birth
<input type="checkbox"/> This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care.	
Signature of Examining Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Date of Examination
Name of Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Telephone Number
Street Address	
City, State and Zip Code	

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS

Diseases for Immunization	PHYSICIAN /PHYSICIAN'S ASSISTANT/ADVANCED PRACTICE NURSE/CERTIFIED NURSE PRACTITIONER COMPLETES <i>check all that apply for each disease</i>		
	Immunized	In Process of Immunization	Medically Contraindicated/ Not Age Appropriate
Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haemophilus influenzae type b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza <input type="checkbox"/> Seasonal Vaccine Not Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Initial beside the disease(s) being declined above and sign below.

Signature of Parent	Date of Signature
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Recommended Assessments/Screenings			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
Measurements:		Notes:	
Height			
Weight			
BMI			



AUTHORIZED PICK UP LIST

Child's Name _____

Classroom _____

The following people are authorized to pick up the above named child (please include yourself and the other parent, if applicable).

Name

Relationship to child

Parent's Signature _____

Print Name _____

Date _____

North Broadway Children's Center requires the following information in situations in which parents are divorced, separated, or otherwise living apart:

Is there joint custody of the child? Yes _____ No _____

If there is no joint custody, what is the name of the custodial adult?

_____ Relationship to child _____

Arrangements for a non-custodial parent to pick up the child are:

Mother's Signature _____

Date _____

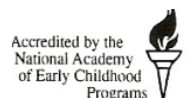
Father's Signature _____

Date _____

This form must be completed in order to enroll or maintain enrollment of your child at NBCC. If the form is not completed, NBCC reserves the right to require additional documentation regarding the non-custodial parent's right (if any) to pick up the child from NBCC.



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Family and Child Profile

Child's Full Name _____

Child likes to be called _____ Birthdate _____

Your Family's Profile

1. With whom does your child live?

	<u>Name</u>	<u>Age</u>	<u>Relation to child</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____

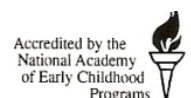
2. Please list other adults or children who may be special to your child, special names your child may have for them and their relationship.

3. Parents are: Married Unmarried Separated
 Divorced Remarried Deceased
 Domestic Partners

4. If your child resides in more than one house, please describe the arrangement schedule.

5. Is your child adopted? Yes No If yes, at what age? _____ Is your child aware? _____

(Please continue on next page)



6. Is English your child's first language? _____ Yes _____ No
7. Please list other languages spoken by your child. _____
8. NBCC wishes to be sensitive to family traditions, please share with us your family's:
- a. Cultural background- _____

 - b. Special family traditions- _____

 - c. Favorite family activities- _____

 - d. Holidays your family celebrates- _____

9. Why did you choose to enroll your child in NBCC? _____

Your Child's Profile

1. How would you best describe your child's personality? _____

2. What are your child's special interests and favorite activities? _____

3. How do you feel your child responds/will respond to a childcare setting? _____

4. How does your child interact with other children? _____

5. How does your child show feelings? _____

6. What makes your child upset or angry? _____

7. How do you comfort your child when he/she is upset or angry? _____

8. How do you discipline your child? _____

9. Is your child potty trained? _____ Yes _____ No
10. If not, has the potty been introduced? _____ Yes _____ No
11. Does your child have special toileting words or need assistance with toileting? _____

12. What are your child's eating habits or specific food preferences? _____

13. What are your child's sleeping habits? _____

14. Please describe any experiences that have been traumatic or influential for your child. _____

15. Please share anything else you would like us to know about your child. _____

Your Goals for Your Child

1. What goals do you have for your child in this group experience? _____

2. What goals do you have for your child in the following areas of development?

a. Physical- _____

b. Language- _____

c. Cognitive- _____

d. Social/Emotional- _____

3. Other goals- _____

Thank you for your information and for helping us learn more about your child and family.



Parent Authorizations

Child's Name _____ Date _____

Routine Walk

Routine walks are an important part of the children's involvement in the community and offer an interesting addition to the curriculum. Routine walks are defined as walks that occur north, south or east of the center in a three block radius that does not include using the High St. sidewalk or crossing High St. Routine walks do not include entering any businesses, buildings, or parks. Appropriate teacher/child ratios are maintained and a first aid backpack and cell phone are carried by a teacher on all walks. All trips not defined by this form will require a parent's signature on a separate form.

_____ I give permission for my child to accompany teachers of North Broadway Children's Center on routine walks.

_____ I **do not** give permission for my child to accompany teachers of NBCC on routine walks. I will make special arrangements with the teachers and center director for my child's care during routine walks.

Permission to photograph

Children are often photographed by teachers for curriculum documentation purposes. Occasionally, classes may be videotaped by staff to record special events, developmental patterns, individual play examples for parents or teacher/child/parent interactions to be used for training and supervision of staff.

Rarely, local news organizations or a business with connections to a parent may photograph or videotape for purposes of advertising, public relations and family enrichment. At such times, parents are informed and the guest is accompanied by the Director.

_____ I give permission for my child to be photographed and/or videotaped by North Broadway Children's Center and/or a guest approved by the Director.

_____ I **do not** give permission for my child to be photographed and/or videotaped by North Broadway Children's Center and /or a guest approved by the Director.

Parent Roster

I give permission for my family's information (including parent's names, children's names, address and phone numbers) to be added to the parent roster.

_____ Yes _____ No

Medical Information

_____ I give NBCC permission to receive my child's medical information as listed on the Child Medical Statement, and if necessary, on the Child Health Care Plan form.

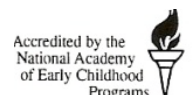
Parent signature confirms that the parent understands and agrees with the above information.

Parent's Signature _____

Turn over for more authorizations



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Shutterfly Share Site

Each classroom in NBCC has created and will maintain a Shutterfly share-site as a way to share information with families about things that are happening in their classrooms. The teachers will post classroom information, as well as photos and videos of the children on the Shutterfly site. Parents in each classroom will be invited to join the Shutterfly site for their child's classroom. If you wish to join their Shutterfly site, you will receive weekly email updates for the share-site. The share-site is password protected, and only those persons who have been invited and choose to join will be able to see the share-site. The Shutterfly share-site is a free service and you will receive advertisements from Shutterfly.

Please sign below to give us permission to post photos and videos of your child on the Shutterfly share-site.

If you choose to join the classroom's Shutterfly site, your email will be able to be seen by the other families who have also joined the site.

Please acknowledge below that you are aware that your email address will be available to other members of your child's classroom share-site. If you do not want your email address to be available, you may choose not to join the share-site. (Or you may want to create an email address just for the share-site.)

My child's name and classroom _____

_____ I give permission for photos of my child to appear on the Shutterfly share-site for the _____ room.

_____ I *do not* give permission for photos of my child to appear on the classroom Shutterfly share-site.

_____ I understand that my email address will be available to the other persons who have joined the Shutterfly share-site.

_____ I do not wish to join the classroom's Shutterfly share-site.

Columbus Kids: Ready, Set, Learn

NBCC has a community partnership with Columbus Kids: Ready, Set, Learn. Columbus Kids: Ready, Set, Learn is a United Way of Central Ohio initiative that is designed to help children enter into kindergarten ready to learn. They work with children between the ages of 2 1/2 - 4 years and 3 months. In order for us to work with them they need a list of children between these ages and their birth dates. Before we pass on that information we'd like to obtain your consent, so if your child is younger than 4 years 3 months, please indicate below if you are willing for us to share your child's name and birthdate with Columbus Kids.

With this program parents will be asked to complete a learning checkup twice a year on your child and this will let you know how your child is doing in the areas of speech and language, fine and gross motor skills, problem solving, and personal-social development. If the learning checkup shows that your child may need additional help in any of the areas, a Columbus Kids' Wellness Coordinator will contact you and provide you with resources. There are also incentives through the program for families who participate. We are very excited to work together in this community partnership! Please let us know if you have any questions.

_____ Yes, I give NBCC permission to send Columbus Kids my child's name and birthdate.

_____ No, I do not give NBCC permission to send Columbus Kids my child's name and birthdate.

Parent's Signature _____ Date _____



NORTH BROADWAY CHILDREN'S CENTER

ACH Authorization Form

If you would like to authorize NBCC to deduct your monthly tuition payment from your checking account please complete the information below and **attach a voided check** to the form.

=====

I authorize North Broadway Children's Center and the bank named below to initiate automatic transfers from my checking account to cover the cost of my tuition.

Date transfers are to begin _____

Please transfer \$ _____ on the 5th of the month (full tuition)

or \$ _____ ½ the tuition on the 5th and the 20th of each month.

Your name _____ Child's name _____

Bank _____

Routing # _____ Checking # _____

This authorization will remain in effect until cancelled, suspended or revised by the undersigned.

Signature _____

Date _____



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