

HEBREW ACADEMY EARLY CHILDHOOD DIVISION

Mrs. Rivky Wolf
Administrator

Mrs. Rochel Garfinkel
Assistant Administrator

Dear Parents,

With much excitement and anticipation, the Hebrew Academy of Cleveland's Early Childhood Division is now accepting applications for the coming school year, 2020-2021.

Our Preschool provides each child with a developmentally appropriate program in a warm Torah environment, with many exciting and active learning opportunities. Our goal is to form a partnership with you, to help your child grow and develop to his/her maximum potential.

Our school day begins at 9:00 a.m. Limited slots are available for an early drop-off option at 8:20 a.m., for an additional fee.

Our two and three-year-old classes have three dismissal choices: 12:20 p.m., 1:45 p.m. and 3:15 p.m. Our four-year-old classes have two choices for dismissal: 1:45 p.m. and 3:15 p.m.

All children entering our three-year-old program must be toilet trained in order to attend school.

To secure a slot for your child you must complete the following:

- Complete the application on the online portal.
- Print and fill out the preschool forms **very clearly**. These forms are available on the online application and on our website (www.hac1.org) for download. All forms must be completely filled out and **hand -signed**. (illegible forms will not be accepted).
- Please upload the completed forms back onto the online application to be checked for completion and acceptance or mail the completed forms to the preschool office.
- Children who are new to our program will need to come in for a short interview before being accepted. Please call to schedule an appointment.

A badge of acceptance with an admission card will be mailed to you in August. If you have not received your child's badge by August 18th, please call our office.

A child without a badge will not be allowed in a class until the proper paper work is complete.

Please come visit us to see all the enthusiasm, caring and creativity that our Preschool offers, and feel free to call us with any questions or concerns which you may have.

Looking forward to welcoming your child soon.

Sincerely,

Mrs. Rivky Wolf
Administrator

Mrs. Rochel Garfinkel
Assistant Administrator

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APPLICATION FOR REGISTRATION

1860 South Taylor Road, Cleveland Heights, Ohio 44118 (216)321-5838 extension 132 wolfr@hac1.org

APPLICATION INFORMATION

➔ Child's legal name (last and first) _____
 First name that you want your child to be called in school _____
 Spelling in Hebrew _____
 Male _____ Female _____ Date of birth _____ Does your child have an IEP? _____

ARRIVAL AND DISMISSAL TIMES

➔ Arrival:
 9:00
 8:20-Early Drop Off. Additional \$415 made out to the Hebrew Academy must accompany this form in order to reserve a slot. Please note that slots are filled on a first come, first serve basis and there are very limited slots available.

➔ Dismissal:
 12:20 (2 and 3 year olds only)
 1:45
 3:15

FRIEND REQUEST

One or two friends that you would like your child to be with. We will try our best to accommodate.

PHOTO RELEASE

➔ I allow my child's photographs to be published.
 I don't allow my child's photographs to be published.

ANY ADDITIONAL INFORMATION FOR US TO BE AWARE OF

I have completed the online registration at www.hac1.org. Please note that the online registration must be completed before submission of this packet.

➔ Parent's Signature _____

Administrator's notes _____

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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				Relationship to Child	
Home Address				Home Telephone Number	
City				State	
				Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) 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				Relationship to Child	
Home Address				Home Telephone Number	
City				State	
				Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) 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?					
Emergency Contacts: Parents <u>cannot be listed</u> 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 if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, 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 Food Supplements

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 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care 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, take action if a reaction occurs, or give emergency medication to your child? *(check one)*

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a 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 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? *(check one)*

- No
 Yes - please explain

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

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
 N/A - program does not administer any medications.

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 the JFS 01217 "Request for Administration of Medication."
 N/A - child does not attend a full time program.

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.

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

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 _____ 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	OR Do not sign both	Do Not Give <u>Permission</u> to Transport
Program or Home Name HAC		Program or Home Name
has permission 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 not have permission 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 8/24/20		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 8/24/20
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 and 5101:2-13-15. 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.

FAMILY INFORMATION QUESTIONNAIRE

By providing the following information you will be assisting our staff in creating the best care plan for your child

➔	<p>Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Additional details?</p>		
➔	<p>Please circle <u>ALL</u> the words that best describe your child's personality and behavior:</p> <p>Active, adventurous, anxious, bright, calm, cautious, cheerful, content, creative, easily-angered, friendly, energetic, gives-in-easily, happy, hesitant, likes structure/routines, loving, mellow, outgoing, quiet, sensitive, serious, social, other:</p>		
➔	<p>Does your child need assistance when using the toilet?</p>		
➔	<p>What might you and/or your child be anxious/excited about our program?</p>		
➔	<p>What other "family information" would be helpful for our staff to know?</p>		
➔	<table border="1"><tr><td data-bbox="126 1253 862 1337">Parent/Guardian Signature</td><td data-bbox="862 1253 1567 1337">Date 8/24/20</td></tr></table>	Parent/Guardian Signature	Date 8/24/20
Parent/Guardian Signature	Date 8/24/20		

Ohio Department of Job and Family Services
ROUTINE TRIP PERMISSION FOR CHILD CARE

Routine Trip Information	
Routine Trip Destination(s)	
Date of Permission <i>(valid for one year)</i> Walks around the neighborhood	
Mode of Transportation <i>(walking, school bus, public transportation, parent vehicles, provider vehicle and driver)</i>	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? <i>(if yes, a swimming permission slip is required)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Child's Information	
Child's Name	
My child is <input type="checkbox"/> not over 4 years and/or 40 lbs <input type="checkbox"/> over 4 years and 40 lbs <input type="checkbox"/> 8 years and/or over 4' 9"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date 8/24/20

Ohio Department of Job and Family Services
DEVELOPMENTAL AND EDUCATIONAL GOALS
FOR STEP UP TO QUALITY (SUTQ)

Name of Child		Date of Birth		
<i>For Three to Five-Star Rated programs, the program must work with families to develop goals for children. These goals must be updated at least annually.</i>				
Developmental/Educational Goal				
Action Steps	Person(s) Responsible	Resources Needed	Timeline	Comments on Progress
Developmental/Educational Goal				
Action Steps	Person(s) Responsible	Resources Needed	Timeline	Comments on Progress
Lead Teacher's Name		Signature		Date
Parent/Guardian's Signature				Date 8/24/20

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 checked="" 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. <input checked="" type="checkbox"/> This above named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code (please note any exceptions below).		
Signature of Examining Physician/Physician's Assistant/Advanced Practice Registered 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

Exceptions to immunization requirements pursuant to 5104.014 ORC (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).

I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.

Signature of Parent		Date of Signature	
Optional 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			