

ST. MARY SCHOOL

Enter to Learn. Leave to Serve

Dear Parents:

St. Mary Preschool is happy that you are considering being a part of our preschool community as we celebrate 23 years in the fall of 2020. Mrs. Haynes is our coordinator, and she does a marvelous job of answering questions about our preschool.

Children entering the program must be *three by September 30th* for the three/four-year old program, and children entering the program must be *four by September 30th* for the four/five-year old program.

This is an opportunity for your child to develop and discover the joys of intellectual, physical, emotional, social, and spiritual growth in the context of a God-centered environment. The preschool uses the facility in the lower level of the north building of St. Mary School. Children will enter from the First Street entrance.

- Sessions will be held Monday, Wednesday, and Friday mornings from 8:30AM-11:00AM and afternoons from 12:15PM-2:45PM for 4/5-year-olds. There is a Full Day option on Mondays, Wednesdays, and Fridays for the 4/5-year-olds from 8:30AM-2:45PM.
- Sessions will be held Tuesday and Thursday mornings room 8:30AM-11:00AM for 3/4-year-olds.
- Extended care will be available on the days your child attends preschool. Early drop off will begin at 7:30AM, and there will be a \$2 per half-hour charge for this service.

The completed registration form plus the \$30.00 non-refundable registration fee will hold your place in the program; there are a limited number of spaces. A birth certificate must accompany the registration form. Children that are moving from the three-year old class to the four-year old class will need to fill out the same information from the prior year.

If you have any questions, please do not hesitate to call Mrs. Haynes or Mrs. Fischer at 330-832-9355.

Sincerely,
Mrs. Fischer

Please detach and return bottom portion with registration

REGISTRATION FEE: \$30.00 Non-refundable to be submitted with registration form.

Payable to: St. Mary Preschool

TUITION AND CORRESPONDING SCHEDULE: Please check A, B, C, or D

- | | | | |
|----|--------------------------|---|-------------------------------------|
| A. | _____ 3/4-Year-Old Class | Tuesdays and Thursdays | \$1080 per year (\$108 x 10 months) |
| B. | _____ 4/5-Year-Old Class | AM Mondays, Wednesdays, and Fridays | \$1350 per year (\$135 x 10 months) |
| C. | _____ 4/5-Year-Old Class | PM Mondays, Wednesdays, and Fridays | \$1350 per year (\$135 x 10 months) |
| D. | _____ 4/5-Year-Old Class | ALL day Mondays, Wednesdays, and Fridays | \$2520 per year (\$252 x 10 months) |

_____ I AM INTERESTED IN THE EXTENDED CARE OPTION

Name of Child: _____



Preschool Enrollment Form

Revised 7/11/2016 This form meets Ohio Administrative Code.

Section I - Student & Family Information

Child's Name, Date of Birth, Family/Guardian Name, Home Address, City, State, Zip, Employer Name, Employer Street Address, Email address, Cell Phone, Home Phone, Work Phone, Call Order

Alternate Family Information:

Family/Guardian Name, Family Street Address, City, State, Zip, Employer Name, Employer Street Address, Cell Phone, Home Phone, Work Phone, Call Order

Section II - Authorization for Emergencies

List 2 Emergency Contacts for use ONLY if the parents cannot be contacted:

Name, Street Address, City, State, Zip (two columns)

Please select 1, 2 or 3 to set call order of phone number used to reach emergency contact:

Home, Cell, Work, Call Order (two columns)

List Medical Contacts, In Case Of Emergency:

Physician, Street Address, City, State, Zip, Phone, Dentist, Street Address, City, State, Zip, Phone

Section III - Child's Health Information

Child's Chronic Medical/Health Needs

Empty box for child's chronic medical/health needs

Child's History of Hospitalization:

[Empty box for Child's History of Hospitalization]

Child's Disease History:

[Empty box for Child's Disease History]

Child's Allergies/Treatment:

[Empty box for Child's Allergies/Treatment]

Child's Dietary Needs/Restrictions:

[Empty box for Child's Dietary Needs/Restrictions]

NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE

Child's Medication/s:

[Empty box for Child's Medication/s]

Section IV - Transportation/Activity Authorization

Complete To Allow Child To Leave Program For Specific Activities With Specific People

Destination/Activity _____	Departure Time _____	Authorization Time Period: _____
Authorized Person _____	Return Time _____	
Destination/Activity _____	Departure Time _____	Authorization Time Period: _____
Authorized Person _____	Return Time _____	
Destination/Activity _____	Departure Time _____	Authorization Time Period: _____
Authorized Person _____	Return Time _____	

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

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.

Cell Home Work eMail

We have received and read a copy of the St. Mary Preschool Family Handbook. We accept responsibility for acceptance and adherence to the policies, guidelines, rules, and fee payment plan of our school.

Date

[Date box]

Signature of Authorized Family Member/Guardian

[Signature box]

PERMISSIONS FORM/ADDITIONAL INFORMATION

Student Name: _____

Student Religion: _____ Parish: _____

Handbook Agreement

We, members of the _____ family, have received and read a copy of the St. Mary Preschool Handbook. We accept responsibility for acceptance and adherence to the policies, guidelines, rules, and fee payment plan of our school.

Media Release

I (circle one) DO DO NOT give my permission to have my child appear in any media coverage approved by the school. Examples include but are not limited to brochures, posters, newspapers.

School Website Permission

I (circle one) DO DO NOT give my permission to have my child appear in any pictures placed on social media or the school website. I understand that names are never listed.

Parent/Teacher Communication through Email

Although email is a valuable communication tool, it is important to remember that it is not always a completely secure and confidential method of communication. We would like to make email available as another way for parents to communicate with their child's teacher when appropriate. We are, however, concerned about maintaining privacy laws, especially as they relate to student records. We will not send any student record information via email. If your email changes, you are required to fill out and sign an updated form before we send information to the new address.

I (circle one) DO DO NOT give permission for general information regarding my child to be sent via email.

Email Address: _____

Print Name(s): _____

Signature(s): _____ Date: _____



EMERGENCY MEDICAL FORM TRANSPORTATION ADDENDUM

Child's Name: _____ Homeroom: _____

Please check the normal way your child will be transported to and from school.

_____ Bus District _____ Bus # AM _____ Bus # PM _____

_____ Car Rider AM _____ PM _____

Daily changes from the normal dismissal plans need to be communicated in writing to the teacher on the morning of the change. If your schedule changes weekly, please send in a weekly schedule to your child's teacher at the beginning of the week.

The following persons have the authority to pick up my child from school in the case of an early dismissal, an evacuation, or other emergency. The school assumes that parents will communicate with the people listed on the forms about their wishes. Fill in as many spaces as you deem fit. Having this information in advance will facilitate the smooth handling of any mass unscheduled pick-up from school.

In the event of an emergency, and if I cannot pick up my child, he/she may leave school with the following people. Be sure to include the name of an older sibling if applicable. Information should be completed for EACH person a parent wishes to authorize. The authorized person will be asked to sign out your child and show drivers' license if not recognized by the office staff.

1. Name of adult authorized to pick up my child: _____.

Phone Number of authorized adult: _____

2. Name of adult authorized to pick up my child _____.

Phone Number of authorized adult: _____

3. Name of adult authorized to pick up my child: _____.

Phone Number of authorized adult: _____

4. Name of adult authorized to pick up my child: _____.

Phone Number of authorized adult: _____

HEALTHCHEK AND PREGNANCY RELATED SERVICES INFORMATION SHEET

HEALTHCHEK- CHECK IT OUT!

Did you know Ohio's Medicaid program includes **Healthchek** services for children up to 21 years of age? (These services are also called EPSDT sometimes.) **Healthchek** services help children stay healthy and reduce the chances of sickness by treating health problems early. All **Healthchek** services are free. You can get help and information by contacting your county Healthchek Coordinator, or your managed care plan, and by going to: <http://medicaid.ohio.gov/FOROHIOANS/Programs/Healthchek.aspx>

Screening Services

Doctors want children to have well-child check-ups (exams or screenings) while they are growing up so that health problems can be found early. Check-ups covered by **Healthchek** include:

- ❖ Dental exams
- ❖ Immunizations, if needed
- ❖ Vision exams
- ❖ Developmental screenings
- ❖ Mental health screenings
- ❖ Nutrition screenings
- ❖ Hearing exams
- ❖ Physical exams

Mothers should have prenatal exams and children should have exams at: birth, 3 to 5 days of age, and at 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months of age. After that, children should have at least one exam per year. All children should have tests for lead poisoning.

Treatment Services

If the doctor finds a problem during a check-up, the doctor may provide the treatment, or may refer you to another doctor. **Healthchek** covers treatment services. Some services may need prior approval. If your child is not in a managed care plan and needs prior approval for a service, your doctor will need to request it from Ohio Medicaid. If your child is in a managed care plan, your doctor will request prior approval from the plan. If you disagree with the decision made by Ohio Medicaid or your child's managed care plan, you can ask for a hearing. Check with your Healthchek Coordinator for more information.

Support Services

The names, addresses and phone numbers of Healthchek Coordinators for all counties can be found at <http://medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/countycoordinators.pdf> or by calling your County Department of Job and Family Services. If you need to find a doctor, dentist or other health care provider, your county Healthchek Coordinator can give you a list. Your Healthchek Coordinator can also help you make doctor's appointments and help you get transportation to the doctor. If your child is in a managed care plan, the plan can also help make doctor's appointments and may provide transportation to the doctor. The plan can also give you a list of doctors in their plan. You can go to the plan's website for more information.

You can ask your Healthchek Coordinator to make referrals for you to Head Start, the Women, Infants, and Children (WIC) program, Help Me Grow, and the Bureau for Children with Medical Handicaps. Your Healthchek Coordinator can give you names of other agencies that can help you get clothing, housing, food, and other services. You may also submit questions using an online form found at <https://www.odjfs.state.oh.us/healthchek/index.asp>.

HEALTHCHEK AND PREGNANCY RELATED SERVICES INFORMATION SHEET

Please fill out the following information in order to help us provide **Healthchek** services to you and/or your child. If you do not understand some or all of this form, please contact your county Healthchek Coordinator. **Please return this Information Sheet** to the Healthchek Coordinator at your County Department of Job and Family Services, or **mail it back in the envelope included with this packet. Please keep the cover letter for your records so you can refer to it again.**

Your Information

First Name:		Last Name:	
Case Number:		Date of Birth:	
Street Address, Apt. No.:			
City:	State:	Zip Code:	County:
Email:		Telephone:	

Your Child's Information

Child's Name:	SSN or Medicaid Billing No.:
Child's Name:	SSN or Medicaid Billing No.:
Child's Name:	SSN or Medicaid Billing No.:
Child's Name:	SSN or Medicaid Billing No.:

Is your child enrolled in a Medicaid managed care plan?

Yes, Plan Name: _____

No. Before enrolling in a plan, make sure your (or your child's) doctors or clinics are on the plan's list of providers.

Healthchek Screening Services

Healthchek covers medical exams, immunizations (shots), health education, and laboratory tests for everyone on Medicaid and under 21 years of age. It also covers complete medical, vision, dental, hearing, nutritional, psychological, and mental health exams. These exams are important to make sure that your child is healthy and is developing physically and mentally. Mothers should have prenatal exams and children should have exams at birth, 3 to 5 days of age and at 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months of age. After that, children should have at least one **Healthchek** exam per year until 21 years of age. **Please check all services you or your child would like to receive.**

- | | |
|---|---|
| <input type="checkbox"/> A comprehensive medical exam | <input type="checkbox"/> A hearing exam |
| <input type="checkbox"/> A vision (eye) exam | <input type="checkbox"/> A mental health exam |
| <input type="checkbox"/> A dental (tooth) exam | <input type="checkbox"/> A specialist exam: _____ |

Healthchek Treatment Services and Transportation to Health Care Appointments

Healthchek covers tests and treatment services to treat problems or conditions found by an exam. Some tests and treatment services require prior approval. If you need prior approval, your provider must ask your managed care plan.

Your Healthchek Coordinator can help you make medical, dental and other appointments and provide free transportation to those appointments, if needed. If you or your child is enrolled in a managed care plan, the plan can also help with appointments and provide transportation. It can also give you a list of doctors in your plan. In order to make sure that you and your child get what you both need, **please check everything you or your child would like to receive.**

- | | |
|---|--|
| <input type="checkbox"/> A list of doctors | <input type="checkbox"/> A list of other healthcare professionals |
| <input type="checkbox"/> A list of dentists | <input type="checkbox"/> Transportation to medical and dental appointments |
| <input type="checkbox"/> Referrals to Help Me Grow | <input type="checkbox"/> Referrals to the Bureau for Children with Medical Handicaps |
| <input type="checkbox"/> Other help getting treatment | <input type="checkbox"/> Other information about where to get treatment |

Do you or your child have any problems that need attention or treatment (for example: a medical problem, a mental health problem, a child who is not developing normally, etc.)? Yes No

If **yes**, please tell us more about this.

Other information about your child’s history

- My child has been tested for lead poisoning Yes No Don’t know
- My child’s immunizations (shots) are up-to-date Yes No Don’t know
- My child has had developmental exams Yes No Don’t know

Support Services

Your Healthchek Coordinator can also give you information about available services like the Women, Infants, and Children (WIC) program and other support services offered through your local health department and other local agencies. Would you like more information about other support services? Please check all that apply.

- Women, Infants and Children (WIC) Food Assistance Heating Assistance
- Head Start Other: _____

Is anyone (including yourself) pregnant? Yes No

If **YES**, give the name(s) of the pregnant woman: _____

If known, give the date(s) the baby is due: Month _____ Year _____

Is the pregnant woman now going to a doctor or clinic for the pregnancy? Yes No

If **YES**, give the name of the doctor or clinic. _____

Do you need other social services? Yes No

If **YES**, what services: _____

Are you currently enrolled in a managed care plan? Yes No

If **YES**, specify name of plan: _____

Acknowledgement

I have been given information about Healthchek. I understand that I can ask for Healthchek services or assistance at any time. I understand that I will be asked to sign a separate release form if my medical information needs to be shared with others.

Signature		Date	
Caseworker Signature	Date:	Phone:	
Caseworker Email:			

Caseworker: Please forward this information to the appropriate Medicaid managed care plan.



Public District Bus Transportation Authorization for Preschool Students

School: _____

My child _____ has permission to

ride _____ Bus # _____.
(School District)

I have contacted the district bus garage for approval on _____.
(Date)

Other Notes/ Instructions: _____

Parent Signature: _____

Parent Name printed: _____

Date: _____

TUITION AGREEMENT

Our family understands that our relationship with St. Mary School and Preschool is contractual and contingent upon our cooperation with the philosophy, policies, and procedures of the school. I have received a copy of the Family/Parent Handbook that contains the school's policies, and adherence to them is condition for admission and continued enrollment by the student. I understand that this agreement is for the 2019-2020 school year, and continued attendance at St. Mary School and Preschool will be determined annually.

Signature of parent/guardian responsible for tuition and fees

Date

Signature of other parent or guardian (optional) and Date

PART 2

It is understood that a parent's obligation to pay the charges for tuition, student fee, and other school fees for the full academic year is unconditional and that no portion of such charges so paid or outstanding will be refunded or canceled notwithstanding the subsequent absence, withdrawal, or dismissal of the student from St. Mary School and Preschool. It is understood that enrollment may be canceled in writing, without penalty (except the registration fee) prior to August 1. If enrollment is canceled after August 1, parents or guardians financially responsible for the student are obligated to pay the full tuition, student fee, and any other fee incurred for services for the full academic year. In extreme circumstances, the school may, at its sole discretion, adjust the parent's or guardian's liability for tuition and fees for the full academic year.

Signature of parent/guardian responsible for tuition and fees

Date