

Alternate Pick-Up Authorization

I _____ (Parent/Guardian), am allowing my child/children, _____ (Child's Name) to be released from Trinity Hill Family Services by the following persons:

Name	Relationship	Phone #

Proper identification must be provided before picking up child/children.

Your child may not be released to anyone other than the parent/guardian unless they are listed on the Pick-Up Authorization Form and will not be released to anyone under the age of 16 years. Any person that is given permission to pick your child up from the Center will have to be on their paperwork and show picture identification until all staff members are familiar with that individual.

Trinity Hill Family Services is required by The State of Ohio Daycare Licensing Laws to release a child and all information regarding that child/children to each parent unless otherwise directed by a legal court document. Restrictions written in the appropriate documentation will be followed by the Center.

Please make sure the Pick-Up Authorization form is kept current. Only you can add/remove from the form in person.



Main Office: 222 East Central Parkway • Cincinnati, Ohio 45202-1225
 General Information: (513) 946-1000
 General Information TDD: (513) 946-1295
 www.hcjfs.org

Child Care Co-Payment Agreement Form

Ohio Administrative Code 5101:2-16-39 (H) requires Child Care providers to establish a written agreement for payment of the co-payment and fees, signed by the provider and caretaker. Providers must retain the original form in their records and submit a copy to HCJFS only when advising HCJFS of the consumer's non-payment of fees.

Caretaker:	Provider: <i>Trinity Hill Family Services</i>
Address:	Address: <i>4490 Glenhaven Road</i>
Telephone:	Telephone: <i>(513) 251-3005</i>

I, _____, agree to pay the assigned weekly co-payment (fee determined by HCJFS) to the provider. The due date for payment is:
Every Friday

Failure to pay the co-payment by the agreed upon date, will result in notifying the HCJFS of the delinquent co-payment and possible termination of services.

The signatures below signify agreement with the statements above.

Signature of Caretaker:	Date:
Signature of Provider:	Date:

 If the consumer's co-payment fee is delinquent more than ten calendar days from the due date established in this written co-payment agreement, submit a copy of this document and the HCJFS 4671 – Delinquent Fee Form by fax or mail to:

Hamilton County Job & Family Services
 Child Care Department
 222 E. Central Parkway
 Cincinnati OH 45202
 Fax: 513-946-1830

For verification of authorization:

Case # _____

If no case #

Social Security # of cardholder _____

VERIFICATION OF PARENT/GUARDIAN REVIEW AND RECEIPT
OF CENTER POLICIES AND PROCEDURES
(5101:2-12-30, OAC)

- Licensing Information
- Center Program Information
- Guidance and Management Policy
- Supervision of Children Information
- Food Information
- Procedures for Emergencies and Accidents
- Management of Illness
- Transportation of Children
- Swimming Policy (if applicable)
- Outdoor Play Policy
- Parent Participation Policy
- Evening/Overnight Care Information (if applicable)
- Fees, Overtime Charges
- Registration, Permanent Disenrollment Information
- Enrollment and Health Information which is required for admission
- Additional Center Policies (if applicable)

I have received and reviewed all of the above information.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____

Parental/Guardian Consent Form

We are sending home this parental consent form to request permission for your child's photo/image to be posted on Trinity Hill Family Service's Website, Facebook page, as well as in their classroom or throughout the building. Our website is currently under construction and the Facebook page will hopefully be up and running by the end of next month!

I am sure you are aware of the potential risks of posting photos, and we cannot control who accesses our website or Facebook page, or be held liable, due to both sites being available to the public. Trinity Hill Family Services **WILL NOT** post any of our family's personal information such as, residential addresses, e-mail addresses or phone numbers. We will have someone closely monitoring comments as well as posts.

If you as the parent or guardian change your mind about this agreement, you may do so in writing by giving a letter to administration.

Check one of the following choices:

_____ I/ We grant permission for our child/children's photo/image to be posted on Trinity Hill Family Services website, Facebook page, as well as in the classroom or around the Building.

_____ I/ We grant permission for our child/children's photo/image to only be posted around the Classroom or around the building.

_____ I/ We do not grant permission for our child/children's photo/image to be posted on Trinity Hill Family Services website, Facebook page, classroom or around the building.

Child's Name: (please print) _____ Child's class room _____

Parent/Guardian's name: (please print) _____

Signature of Parent/Guardian: (sign) _____

Relation to Child: _____

Date: _____

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

Routine Trip Information	
Routine Trip Destination(s) Neighborhood walks	
Date of Permission (valid for one year)	
Mode of Transportation (walking, school bus, public transportation, parent vehicles, provider vehicle and driver) walking or buggy	
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? (If yes, a swimming permission slip is required) <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

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. <input 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 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
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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	

Ohio Department of Job and Family Services
BASIC INFANT INFORMATION FOR CHILD CARE

This information should be completed by the parents prior to the child's first day. This information should be updated periodically as the infant's needs change.

Child's Name	Nickname
Child's Date of Birth	Siblings
What are you feeding your infant? <i>(Check all that apply)</i> <input type="checkbox"/> Formula (include brand) <input type="checkbox"/> Breast milk	
Formula preparation <i>(if center/provider is to prepare.)</i>	
Amount for each feeding	Frequency of feedings
My infant likes a bottle warmed: <i>(Check one)</i> <input type="checkbox"/> Room temp <input type="checkbox"/> Warm <input type="checkbox"/> Very warm/NOT HOT	
Juice <i>(type, amount, when?)</i>	
Does child use a cup yet? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Solid foods <i>(baby food, brand, types, amounts, frequency)</i> <i>*you must have written permission from your child's physician if your child is under 4 months and given solid foods.</i>	
Are foods served room temperature or warmed?	
Table food <i>(types, amounts, frequency, special instructions)</i>	
Security items <i>(pacifier, blankies, etc.)</i>	
Nap schedule	
Hints for getting baby to sleep	
Sleeping Position <input type="checkbox"/> Back <input type="checkbox"/> Side* <input type="checkbox"/> Tummy* <i>*You must secure a sleep position waiver from your child's physician if your baby is to sleep on their tummy or side. Please contact the center/provider for a JFS 01235.</i>	
Special Precautions	
Any additional information about your child that would be helpful or you would like staff to know.	
Parent Signature	Date
Primary Caregiver Signature	Date
Date form last updated	