REGISTRATION FORM

Forest Park Christian Early Learning Center
5600 Karl Rd., Columbus, Ohio 43229
www.ForestParkChristian.com email: info@forestparkcs.org
Phone 614-888-5282

Please use one form per child
School Year _____ Start Date _____

Child's First Name _____ Last Name _____ Preferred Name_____

Birth Date_____ Gender _____

Home Address _____ City _____ Zip_____

Contact Person:
Please circle one
Parent /Guardian First Name_____ Last Name_____

Address, *if different from child*_____ City_____Zip_____

Email _____ Phone _____

Does your family attend church? If so, where?_____

Previous preschool experience? Y N Name of preschool _____ When? _____

How did you hear about our Center? Drive by/signs___ Website/Online ___ Facebook Ad ____

Winnie ____ Care.com ____ Referred by Family/Friend_____ Other____

County Reimbursement Childcare Particpants (Title XX) :
Are you currently enrolled in County Reimbursement Childcare in another program? Y ___ N___
Are you a New County Childcare Reimbursement applicant? Y ___ N ___

County Reimbursement Childcare new applicants and those changing centers MUST be approved by the County and REGISTRATION FEE PAID before starting our program.

My child is registering for:

TODDLER CLASS *(18 Month-3 yrs)* ____ ***PRESCHOOL CLASS*** *(3 years old)* ____ ***PRE-K Class*** ____
Children enrolled in the Preschool /Pre-K Program (3 and older) MUST be toilet-trained.

Full Time (5 days) ___ Part Time ___ (must be 3 days per wk) *If part time, please circle days attending: M T W T F*

SCHOOL AGE PROGRAM (K-5th Grade) Before & After Care with Transportation To & From Listed Schools

Both Before AND After School ___ Before School Only ___ After School Only___

School Closures / Holidays Only ___

SCHOOL ATTENDING: Please check one: Alpine __ Avalon__ Forest Park __ Oakland Park __

Parkmoor __ Spanish Immersion __ Horizon Primary__ *St. Josephina* __

(After School & School Closures Only)

++Your space will be secured when we receive your completed enrollment form and any fees required to start listed on our Tuition Sheet are paid (*Discounts for multi-child*)++

Forest Park Christian Early Learning Center
Statement of Faith

The Forest Park Christian Early Learning Center will share religious and other cultural values with children through stories, songs, simple prayers, and principles of sharing. The atmosphere will be distinctly Christian, where the Bible is taught, but will remain non-denominational.

We believe:

- There is one **God** existing co-equally in three persons: Father, Son and Holy Spirit. God is eternal; He is the Creator and Ruler of all that exists.

- **Jesus Christ** is the Son of God. He was born of the Virgin Mary and is true God and true man. The Lord Jesus died for our sins and sacrificed Himself on our behalf so that all who believe in Him are justified by His shed blood. Jesus Christ rose from the dead to demonstrate His power over sin and death. He ascended into Heaven where He is seated at the right hand of the Father as our High Priest and Advocate. The Lord Jesus Christ will return to reign as King of kings and Lord of lords.

- The **Holy Spirit** convicts men of sin and their need for Jesus as Saviour. The Holy Spirit lives in every Christian from the moment of salvation. He guides and empowers believers and gives every believer one or more spiritual gifts.

- The **Bible**—Old and New Testament—is the inspired Word of God and it is the final authority from God. It was written by human authors who were supernaturally inspired by the Holy Spirit.

- **Man** was created in God's image—like Him in nature and character. Man sinned, thereby incurring the penalty of physical and spiritual death. Man's sinful nature separates him from God.

- **Salvation** is a free gift from God; man does not deserve it, neither can he earn it. All who receive the Lord Jesus Christ by faith are born again of the Holy Spirit and inherit eternal life from that very moment.

- The **Ten Commandments** are the guidelines set by God to live our lives by, along with the Great Commandment to love thy neighbor as thyself.

I have read the Statement of Faith for Forest Park Christian Early Learning Center and support the school's instruction of my child in accordance.

Parent/Guardian Signature _____

Ohio Department of Children and Youth

CHILD ENROLLMENT FORM FOR EARLY CARE AND EDUCATION PROGRAMS

Parents: Complete this form or an electronic version in its entirety prior to the child's first day of attendance, review annually, and update as needed. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.

Child's Name	Date of Birth	First Day at Program
Address		
City	State	Zip Code

Parent #1 Name	Parent #1 Phone Number		
Parent #1 Address ☐Same as Child's	City	State	Zip Code
Parent #1 Email Address (if applicable)	Parent #1 Cell Phone (if applicable)		
Parent #1 Work/School Name (if applicable)	Parent #1 Work/School Phone Number (if applicable)		

Check here if Not Applicable ☐	Parent #2 Name	Parent #2 Phone Number		
Parent #2 Address ☐Same as Child's		City	State	Zip Code
Parent #2 Email Address (if applicable)		Parent #2 Cell Phone (if applicable)		
Parent #2 Work/School Name (if applicable)		Parent #2 Work/School Phone Number (if applicable)		

Primary Emergency Contact #1 Name (cannot be parent/guardian)	Check here if Not Applicable ☐	Optional Emergency Contact #2 Name (cannot be parent/guardian)
Primary Emergency Contact #1 Phone Number		Optional Emergency Contact #2 Phone Number
Primary Emergency Contact #1 Other number or email address for emergency contact *(if applicable)*		Optional Emergency Contact #2 Other number or email address for emergency contact *(if applicable)*
My child may be released to this emergency contact ☐ Yes ☐ No		Optional My child may be released to this emergency contact ☐ Yes ☐ No

Does your child have a chronic health condition or diagnosis that requires the program to: observe or monitor symptoms, administer medication, serve medical foods, perform medical procedures, avoid specific foods/environmental conditions/activities, or allow a school age child to carry and administer their own medication?

☐ Yes (complete or provide a Health Care Plan, documentation from a licensed physician, or an electronic equivalent)
☐ No

Child's Name	Date of Birth

Information on my child's development: (personal, behavior, patterns, habits, and individual needs, etc.)

☐ N/A

The following accommodation(s) may be helpful to most effectively meet my child's needs while at the program:

☐ N/A

My child will receive specialized/individual services at the program:

☐ Yes
☐ No

Name of service provider(s) and frequency

☐ N/A

Emergency Transportation Authorization

☐ **The program 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.

☐ **The program 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:

SIGNATURE

This form should be reviewed 12 months from the date the parent acknowledges accuracy and receipt of policies and procedures.

Parent Acknowledgement of Accuracy and Receipt of Policies and Procedures

By signing this form, I attest that the information is accurate and that I have reviewed and received a copy of the program's policies and procedures (parent handbook).

Parent Signature	Date

Program Acknowledgement of Completion

By signing this form, I attest that I have reviewed for completeness and that this form has been signed by the parent/guardian. This form is to be completed prior to the child receiving care.

Program Administrator/Designee Signature			Date
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

AUTHORIZED PICK UP LIST

Child's Name_____ **Birthdate** _____

Child's Name_____ **Birthdate** _____

Child's Name_____ **Birthdate** _____

Child's Name_____ **Birthdate** _____

I understand that my child can only be released to the emergency contacts listed on the enrollment forms and *to the persons listed below and they must be at least 18 years of age.* I will inform FPCELC each time a special pick-up is necessary. I also realize that they will be required to provide proper identification each time that they arrive at the center. I understand if an individual is not listed on this form, a telephone call WILL NOT be sufficient to release the child to that individual. **Please note that children must be picked up by 6:00 pm. You MUST call if an emergency has caused you to be past 6:00 pm. **

_____ _____

Parent Signature Date

Name:
Phone::
Relationship:

Name:
Phone::
Relationship:

Name:
Phone::
Relationship:

Name:
Phone::
Relationship:

Name:
Phone::
Relationship:

Forest Park Christian Early Learning Center
School Age Transportation Permission

Student's Name	School Attending

The child/children named above have my permission to be transported to and picked up from the above named school in a FPCELC bus by authorized FPCELC staff and transported back to Forest Park Christian Early Learning Center. I understand that the route to/from my child's school may not be a direct route as it may include stops at other schools.

I have read, understand, and discussed with my child:

(1) My child will travel in a school bus driven by an adult and my child is to wear their safety belt during travel.

(2) My child is expected to listen to supervising staff/driver, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip.

(3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and,

(4) My child is to remain in their seat and not be disruptive to the driver of the vehicle.

Initial Each Statement

_____ As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge Forest Park Christian Early Learning Center and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation.

_____ I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

Parent/Guardian Name:

_____

(Please print)

_____

Parent/Guardian Signature ***Date***

CHILDCARE ACTIVITES & PHOTO PERMISSION FORM

Child's Name_____
(Please Print)

Activities Permission

There are times when FPCELC will have activities on our property for the children which may include sports, outdoor play, water play, and playground activities. There are also walking field trips to the library next door, Oakleaf Village on Karl Rd (2 blocks away) and nature walks on the FPCELC. You will be notified in writing for permission for all field trips that require transportation. By giving permission, you release, discharge and indemnify Forest Park Christian Early Learning Center from all claims on behalf of yourself or child participating. If your child is not participating when a certain activity is planned they will not be able to attend that day as there are no staff available to watch a child that doesn't participate.

☐ Yes, my child may participate in FPCELC activities listed above

☐ No, my child may NOT participate in FPCELC activities listed above

Photo/Video Release

Child's name will NEVER be used with a photo outside of our facility, this includes our Center's website, our Center's facebook page, and any marketing materials.

Types of Use:	(Please check one) Permission Granted	Permission NOT Granted
Photos used in our FPCELC facility such as Bulletin Boards, Classrooms, Program Events, Group Class Photos, Videos Shown at Spring & Christmas Programs	☐	☐
Photos & Video Clips on FPCELC Facebook Page showing Field Trips, Center Activities	☐	☐
Photos for Marketing-Promotional Brochures, Bench Signs	☐	☐

Parent (Guardian) Signature_____ Date _____

Ohio Department of Children and Youth

FAMILY NEEDS SURVEY FOR STEP UP TO QUALITY (SUTQ)

We want to support any needs you or your family may have. THE INFORMATION YOU PROVIDE ON THIS FORM IS CONFIDENTIAL
Please circle Y (YES) or N (NO) to best describe your current situation for each topic. If you circle Y for an item, please briefly list the CONCERN if this is an area of need for your child or family. Our goal is to provide resources to support you and your family, based on your answers.

Child's/Children's Name(s):	Caretaker's Name: (Parent Name)	Date Completed:

	TOPICS	Briefly List CONCERN
Child Development and Education- Does anyone in your family have any need for resources or support in the areas listed below?		
Y N	Information on child growth and development.	
Y N	Guiding and supporting a child's behavior.	
Y N	Medical or disabilities or possible conditions for any child or adult in the family.	
Y N	Obtaining toys or activities to use to help any child in your home.	
Y N	Preparing your child for kindergarten.	
Child and Family Health- Does anyone in your family have any need for resources or support in the areas listed below?		
Y N	Health insurance and/or access to regular medical care, dental care, or medications.	
Y N	Medical or health supplies or supports that anyone in your family needs.	
Y N	Accessing immunizations.	
Y N	Finding a pediatrician, general practitioner, dentist, therapist, psychologist, optometrist, or other specialty practitioner.	
Y N	Concerns with depression, anger, anxiety, or mental health needs.	
Y N	Concerns with alcohol, drug, or addiction problems.	
Financial and Household Supports- Does anyone in your family have any need for resources or support in the areas listed below?		
Y N	Help paying for child care.	
Y N	Help finding housing or safe housing.	
Y N	Help paying your mortgage or rent.	
Y N	Help with food expenses.	
Y N	Finding household items such as furniture, clothing, or school supplies.	
Y N	Access to transportation or transportation expenses.	
Y N	Attending school (such as a GED, Certifications, or college degrees)	
Y N	Help finding work or job training	

Are there other needs you or your family have that are not listed above:	
Parent Signature	Date:
Administrator or Designee Signature:	Date:

For Staff Use:

Bronze Rating Level	Silver Rating Level	Gold Rating Level
Resources provided to the family:	Resources provided to the family:	Resources provided to the family:
Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:
	Referrals provided to the family:	Referrals provided to the family:
	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:
		Follow-up provided to the family:
		Administrator or Designee Signature & Date:

Ohio Department of Education and Workforce - Office of Nutrition

CHILD AND ADULT CARE FOOD PROGRAM

ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside School Hours, Youth Development & After School at Risk

Instructions to Complete

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

CENTER NAME Forest Park Christian Early Learning Center		
CHILD'S NAME (please print)	AGE	BIRTHDATE month / day / year

CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE AND THE MEALS RECEIVED WHILE IN CARE

Check (✓) Days Child Normally in Care		List hours child normally in care				Check (✓) meals child normally receives while in care					
		Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											

☐ **Yes, the schedule listed above may frequently vary due to changes in parents/guardians schedule.**

SIGNATURE OF PARENT/GUARDIAN	DATE	DAY PHONE NUMBER
MAILING ADDRESS STREET /APT.	CITY	ZIP CODE
PARENT BIRTHDATE month / day / year	PARENT EMAIL	

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender

Revised 8/2025

CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2026-2027

INSTRUCTIONS: To apply for free and reduced-price meals, read the household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving food assistance (SNAP) or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4, an* adult household member must sign and date form; the last 4 digits of social security number must be listed if Part 3 is completed. *Part 5* is optional. * Asterisks indicate info that must be completed. The form must be completed annually and valid for only 12 months.

CENTER NAME Forest Park Christian Early Learning Center

PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER

* NAME OF ENROLLED CHILD(REN)	AGE	BIRTH DATE	CHECK IF A FOSTER CHILD (The legal responsibility of a welfare agency or court. Attach documentation)
1.			☐
2.			☐
3.			☐
4.			☐

PART 2 – LIST EACH CHILD'S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.

Check type of benefit: ☐ FOOD ASSISTANCE (SNAP) or ☐ OHIO WORKS FIRST (OWF)

CASE NO.	_ _ _ _ _ _ _
CASE NO.	_ _ _ _ _ _ _
CASE NO.	_ _ _ _ _ _ _
CASE NO.	_ _ _ _ _ _ _

PART 3 – TOTAL HOUSEHOLD SIZE, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: List names of all household members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.

a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	b. CHECK IF NO/ZERO INCOME	c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, Monthly, Annually			
		1. Earnings from work before deductions	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
EXAMPLE: JANE SMITH	☐	$ amount / how often	$ amount / how often	$ amount / how often	$ amount / how often
1.	☐	$ /	$ /	$ /	$ /
2.	☐	$ /	$ /	$ /	$ /
3.	☐	$ /	$ /	$ /	$ /
4.	☐	$ /	$ /	$ /	$ /
5.	☐	$ /	$ /	$ /	$ /
6.	☐	$ /	$ /	$ /	$ /

PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the "I do not have a Social Security Number" box.

I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

* SIGNATURE OF ADULT HOUSEHOLD MEMBER	* DATE	* If Part 3 is completed, insert last 4 digits of Social Security Number ☐☐☐☐ (Check if applicable) ☐ I do not have a Social Security Number
Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).

☐ American Indian or Alaska Native	☐ Asian	☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander	☐ White	☐ Other

Please mark one ethnic identity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.

Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion:
Weekly x 52, Every 2 Weeks (biweekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12

Application Certified/Categorized as:

☐ **FREE**, based on ☐ Food Assistance/OWF Case No. ☐ Household size and income ☐ Foster Child

☐ **REDUCED-PRICE**, based on Household size and income

Total Household Size: _____

Total Household Income: $_____

Per: ☐ week ☐ every two weeks ☐ twice per month ☐ month ☐ year

☐ **PAID**, based on ☐ Income too high ☐ Incomplete ☐ Invalid case number or information

Signature of Sponsor / Center Representative	Date Sponsor Certified/Categorized Form	Effective Date (From the first of month of date signed)	Expiration Date (Valid until last day of month in which form was signed one year earlier)

Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application. If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.

HOUSEHOLD LETTER - Dear Parent or Guardian

Please help us comply with the requirements of the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) by completing the attached income eligibility application for free and reduced-price meals. All information will be treated with strict confidentiality. The CACFP provides reimbursement to the child care center for healthy meals and snacks served to children enrolled in child care. **The completion of the income eligibility application is optional.** Complete the application on the reverse side using the instructions below for your type of household. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center. Households with incomes less than or equal to the reduced-price values listed on the chart at the bottom of this page are eligible for free meal benefits. An application must contain complete information to be considered for free or reduced-price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for food assistance (SNAP) or Ohio Works First (OWF). Once approved for free or reduced- price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). If you have questions regarding the completion of this application, contact the child care center.

PART 1 – CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART (*denotes required info)

- Print the name of the child(ren) enrolled at the child care center. All children (including foster children) can be listed on the same application.
- List the enrolled child's age and birth date.
- Check box indicating if the child is a foster child. Foster children that are under the legal responsibility of the foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Attach documentation to show foster child status.

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE OR OHIO WORKS FIRST: COMPLETE THIS PART AND PART 4 – If a child is a member of a food assistance (SNAP) or OWF household, they are automatically eligible to receive free CACFP meal benefits.

Circle the type of benefit received: Food Assistance (SNAP) or Ohio Works First (OWF).

- List a current food assistance or OWF case number for each child. This will be a 7-digit number. Do not list a swipe card number.

SKIP PART 3 – Do not list names of household members or income if you listed a valid Food Assistance (SNAP) or OWF case number for each child in Part 2.

PART 3 – TOTAL HOUSEHOLD SIZE, GROSS INCOME AND HOW OFTEN RECEIVED: ALL OTHER HOUSEHOLDS COMPLETE PARTS 3 & 4.

a) Write the names of all household members including yourself and the child(ren) that attends the child care center, noting any income received. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. This might include grandparents, other relatives, or friends who live with you. Attach another piece of paper if you need more space to list all household members.

b) Check the box for any person listed as a household member (including children) that has no income.

c) For each household member, list each type of income received during the last month and list how often the money was received.

1. Earnings from work before deductions: Write the amount of total gross income each household member received the last month, before taxes/deductions or anything else is taken out (not the take-home pay) and how often it was received (weekly, every two weeks, twice per month, monthly, annually). Income is any money received on a recurring basis, including gross earned income. Households are not required to include payments received for a foster child as income. If any amount during the previous month was more or less than usual, write that person's usual monthly income. If you normally get overtime, include it, but not if you only get it sometimes. If you are in the military and your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, regarding deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
2. List the amount each person got the last month from welfare, child support or alimony and list how often the money was received.
3. List the amount each person got the last month from pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits or disability benefits and list how often the money was received.
4. List all other income sources. Examples include: Worker's Compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities or any other income. Self-employed applicants should report income after expenses (net income) in column 1 under earnings from work. Business, farm or rental property report income should be entered in column 4. Do not include food assistance payments.

PART 4 – SIGNATURE AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART (* denotes required info)

a) * All applications must have the signature of an adult household member.

b) * The adult signing the application must also date the form.

c) * Only an application that lists income in Part 3 must have the last four digits of the social security number of the adult who signs. If the adult does not have a social security number, check the box marked, "I do not have a Social Security Number." If you listed food assistance or OWF number for each child or if you are applying for a foster child, the last four digits of the social security number are not required.

PART 5 – RACIAL/ETHNIC IDENTITY – OPTIONAL

You are not required to answer this part for the application to be considered complete. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

NON-DISCRIMINATION STATEMENT: In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20260-9410; **Fax**: (202) 690-7442; or **Email**: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

REDUCED-PRICE INCOME ELIGIBILITY GUIDELINES

Guidelines to be effective from July 1, 2026 through June 30, 2027.

Households with incomes less than or equal to the reduced-price values below are eligible for free or reduced-price mealbenefits.

Number of Members	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	$29,526	2,461	1,231	1,136	568
2	$40,034	3,337	1,669	1,540	770
3	$50,542	4,212	2,106	1,944	972
4	$61,050	5,088	2,544	2,349	1,175
5	$71,558	5,964	2,982	2,753	1,377
6	$82,066	6,839	3,420	3,157	1,579
7	$92,574	7,715	3,858	3,561	1,781
8	$103,082	8,591	4,296	3,965	1,983
Each Additional Member Add	$10,508	876	438	405	203

COUNTY REIMBURSED CHILD CARE

Forest Park Christian Early Learning Center accepts students who are approved for County Reimbursed Child Care (also known as "Public Funded Child Care"). We reserve the right to make changes to or eliminate this program if necessary, however all parents will receive a notice of any changes in our participation in the county reimbursed tuition program. Although it is the responsibility of the parent to track the expiration date of their authorization, we will make every effort to track this date also, and will place a notice in your mailbox, if we received a notification from Public Funded Child Care that your benefits are set to expire.

Forest Park Christian Early Learning Center retains the option of not providing care for families whose authorization has expired. Initial Public Funded Child Care applicants, and those wishing to change their center to FPCELC will not be given a start date, until the child(ren) appear on our Public Funded Child Care list of current Authorizations.

Parents and guardians (caretakers) that receive Public Funded Child Care benefits must adhere to all of the guidelines of the Ohio Electronic Child Care Program set forth by the Ohio Department of Job and Family Services.

Anyone dropping off or picking up a child must use the KinderSign system. Forest Park Christian Early Learning Center reserves the right to withdraw children from its program after three consecutive days of non-compliance with the KinderSign system. Any unpunched (and therefore, unpaid) time will be billed to the parent at the Public Funded Child Care reimbursement rate.

Transportation, field trip, and summer activity fees are not covered by county reimbursement, and, therefore, are the responsibility of the parents.

_____ _____

Parent (Guardian) Signature Date

_____ _____

Please Print Name Date

LATE FEE POLICIES FOR TUITION PAYMENTS

Weekly tuition and Public Funded Child Care Co-Payments are due the Monday following the week of service.

1. If no payment by Friday = late fee will be applied
2. If no payment by next Friday = late fee will be applied
3. When 3 weeks of tuition is owed or $500, whichever occurs first, student(s) may not return until the outstanding balance is paid in full.
4. If you decide not to return to FPCELC, the full balance must be received within 21 calendar days of dismissal, or the outstanding balance will be turned over to a collection agency.
5. Public Funded Child Care will be notified of your failure to pay co-payments, after three weeks are missed. Your Public Funded Child Care may be placed on hold, until your entire outstanding balance is paid to FPCELC.

Excessive Late Payment Disclaimer:

If a parent's fees are delinquent more than three weeks Forest Park Christian Early Learning Center has the right to forward documents to O.D.J.F.S. which will terminate the parent's child care subsidy. If this occurs, parents will be ineligible for all child care assistance within the State of Ohio until the entire amount due is paid in full.

FPCELC will only release records to the parents or other entities when all applicable tuition and fees are paid.

LATE PICK-UP FEES

1. A late pick-up fee of $10.00 per family for each 15 minutes (or portion thereof) will be charged after 6:00pm.
2. One hour after closing, Franklin County Children's Services will be called to take custody of children not picked up.

Parent/Guardian Signature _____ Date _____

Please Print Name _____

Ohio Department of Job and Family Services

CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name *(print or type)*	Date of Birth

Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):

Section A- EXAMINATION

√ The above named child has been examined.

√ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).

√ The above named child does not have allergies OR is allergic to the following (*please list in space below)*:

Check below, if applicable:

☐ Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.

Optional: Measurements and Recommended Assessments/Screenings

Height _____ Vision _____ ☐ Yes ☐ No Lead _____ ☐ Yes ☐ No

Weight _____ Hearing _____ ☐ Yes ☐ No Hemoglobin _____ ☐ Yes ☐ No

BMI _____ Dental _____ ☐ Yes ☐ No Other: _____

Notes:

Signature of Examining Health Care Practitioner	Date of Examination
Name of Examining Health Care Practitioner	Telephone Number
Street Address	City, State and Zip Code

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

IMMUNIZATION (*Complete ONLY ONE SECTION below)*

Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:

Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.

Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:	**Initials of Examining Health Care Practitioner**
☐ The above named child has been immunized against the diseases listed above. *If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):*	Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): ☐ I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):	**Signature of Parent** Date

FEES AND TUITION (effective June 1, 2026)

Fees:

Summer Day Camp: $290 child/$430 family (BOTH Private Pay and County Reimbursed Child Care Families); Early Bird Special (paid annually between April 1-30): $210 child/$330 family

Annual Supply Fee: $40 per Toddler, Preschool, or Pre-K family (Private Pay Families ONLY)

Annual Transportation Fee: $55 per School Age family (BOTH Private Pay and County Reimbursed Child Care Families)

Daily Rate: $77 (Preschool, Pre-K, and Full Day School Age Care); $84 (Toddler)

Tuition:

Toddler, Preschool, and Pre-K Tuition		Weekly Rate
Full-Time Toddler (Turtles Class)	4 or 5 Days Per Week	$308
Part-Time Toddler (Turtles Class)	3 Days Per Week	$244
Full-Time Preschool & Pre-K	4 or 5 Days Per Week	$291
Part-Time Preschool & Pre-K	3 Days Per Week	$210

School Age Care Tuition		Weekly Rate
Before *OR* After School Care	6:30 am – 9:00 am OR 2:10 pm – 6:00 pm	$112
Before *AND* After School Care	6:30 am – 9:00 am AND 2:10 pm – 6:00 pm	$162
School Holidays/Closings	6:30 am –6:00 pm	$77 per day ($46 per day if before and/or after school has been paid for that day)
Christmas/New Year Break Spring Break Summer Day Camp	6:30 am – 6:00 pm	3 days - $209 4 days - $232 5 days - $249

Discounts:

Multi-child: 20% discount for the second child enrolled; 25% discount for each additional child

North Church members: 10% discount; 5% discount for regular North Church attendees. *Church discount is subject to a giving record check by the North Church treasurer.*

7% discount if the full year's tuition is paid by the first payment due date.