

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

Child's Name ( <i>print or type</i> )	Date of Birth
<b>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):</b>	
<b>Section A- EXAMINATION</b>	
√ 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 ( <i>please list in space below</i> ):	
<i>Check below, if applicable:</i>	
<input type="checkbox"/> 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 _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Weight _____	Hearing _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
BMI _____	Dental _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	Lead _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Hemoglobin _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other: _____
<b>Signature of Examining Health Care Practitioner</b>	<b>Date of Examination</b>
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.**

<b>IMMUNIZATION (Complete ONLY ONE SECTION below)</b>	
<b>Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:</b> Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.	
<b>Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:</b>	Initials of Examining Health Care Practitioner
<input type="checkbox"/> The above named child has been immunized against the diseases listed above.	
<i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i>	Date
<b>Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):</b>	Signature of Parent
<input type="checkbox"/> 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):	
	Date

Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain.

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

Parent/Guardian's Signature

Date

Please check all of the words that best describe your child's personality and behavior

- active  adventurous  affectionate  anxious  bossy  bright  busy  calm  cautious  cheerful  
 content  creative  curious  easily-angered  emotional  energetic  excitable  friendly  gives-in-easily  
 happy  hesitant  insecure  jealous  likes structure/routines  loud  loving  mellow  outgoing  
 prefers adult attention  quiet  sensitive  serious  shares-well  social  spontaneous  stubborn  tentative  
 other:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

My child sits in a  high chair,  booster,  child size chair or  adult size chair. (Check the one that applies.)

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

What time(s), and for how long, does your child usually nap?

Ohio Department of Job and Family Services  
**FAMILY INFORMATION**  
**FOR STEP UP TO QUALITY PROGRAMS (SUTQ)**

Child's Name (Last)	(First)	Nickname (if any)
<p><i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i></p>		
Who is in the child's immediate family?		
Who lives at home with your child?		
What is the primary language spoken in your child's home?		
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?		
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details?		
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)		
Do you have any pets at home? If so, what are they and what are their names?		
Has your child had a previous care arrangement? <input type="checkbox"/> Yes or <input type="checkbox"/> No Additional Details? (Center based, in home, with family, with parents, etc.)		
My child drinks <input type="checkbox"/> milk, <input type="checkbox"/> formula, <input type="checkbox"/> juice or <input type="checkbox"/> water. (Check all that apply) How much and how often?		
Does your child have any favorite foods?		
Does your child dislike any foods?		
Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)		

# Transportation Authorization

Family Name	Center Name	Center Director Name	Date
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Star Box Learning Center transports children that meet the following requirements to and from school and on field trips when appropriate:

- School age children who are at least 5 years of age.

Children who are under 5 years of age and NOT attending an off-site Kindergarten program will not be transported in Star Box Learning Center vehicles. Furthermore, our policy requires that any transported child, regardless of age, who weighs less than 40 pounds, will be transported in a Star Box Learning Center car seat that meets applicable Federal Motor Vehicle Safety Standards.

- My child weighs less than 40 pounds.
- My child weighs between 40 and 60 pounds.
- My child weighs 60 pounds or more.

Child's Name	Parent or legal guardian's signature
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**Star Box Learning Center**  
**2625 Bethel Road**  
**Columbus Ohio 43220**  
**614-451-6058**

**School Age Parent of:** \_\_\_\_\_

\_\_\_\_ No, my child will not attend Star Box after school.

\_\_\_\_ Yes, my child will attend Star Box this school year and will attend one of the following schools:

Gables Elementary \_\_\_\_\_

Winterset Elementary \_\_\_\_\_

Daniel Wright Elementary \_\_\_\_\_

Riverside Elementary \_\_\_\_\_

Thomas Elementary \_\_\_\_\_

**Kindergarten:**

My child will be in the \_\_\_ AM, \_\_\_ PM Kindergarten class.

**OR**

\_\_\_\_ Yes, my child will attend Star Box, **but will not be in school this year.**

**ROUTINE TRANSPORTATION AGREEMENT:**

I, \_\_\_\_\_ (PARENT) hereby give permission for my child, \_\_\_\_\_ to ride in the vehicle provided by Star Box. My child will be transported from Star Box to \_\_\_\_\_ (SCHOOL NAME) or will take child to designated bus stop. My child will be picked up at \_\_\_\_\_ (SCHOOL NAME) or designated bus stop and transported back to Star Box.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Star Box Learning Center

Parent Statement:

I have received, read and understood the information contained in the following:

- Parent Handbook
- Enrollment Package

I agree to the terms and conditions. I am also aware of my financial responsibility and agree to the conditions and fees under my account.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date