

MILLCREEK CHILDREN'S CENTER

Child's Name _____ M _____ F _____
First Middle Last

Address _____ Home Phone _____
Street City Zip

Email Address _____ Cell Phone _____

Date of Birth _____ City of Birth _____

Child resides with _____
Name

Employer _____ Phone _____ Schedule _____
M T W TH F

Kind of Work you do there _____

Enrolled at _____ Phone _____ Schedule _____
M T W TH F

Father's Name _____ Address _____ Phone _____

Total Family Size _____ Ages of other children in household _____

Persons to call in an emergency / authorized to pick up my child:

Name	Address	Relationship	Phone
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Name	Address	Relationship	Phone
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Name	Address	Relationship	Phone
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Name	Address	Relationship	Phone
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Photo and Video Release : See Attached Publicity and Photo/Video Release Form Initial Here _____

OPTION _____

Signature of Parent/guardian _____ Date _____

Who referred you to our center? _____ First day at the center _____

Staff taking application _____

What daycare has your child attended? _____



Sister Jerome's Schools, Inc.
Millcreek Children's Center

Publicity and Photo/Video Release Form

Millcreek Children's Center promotes the positive activities, awards, and hard work of our staff and students throughout each school year, as well as summer school months. In order to successfully support MCC and its mission, our staff members take photographs and video footage of MCC students to be used for MCC's publications and for use inside the school. The Center also works with local newspapers, television stations, and other media outlets to raise awareness about MCC.

Please read the options below and check the option best for your MCC student: (use a separate form for each child)

*If this form is not returned to the Center, we will proceed as though your student is allowed to be photographed for use in MCC publications and outside publications including print, TV, and online media, that may identify your child by name and age. This form will remain on file as long as your child is a student at MCC.

☐ **Option 1:** I give permission for my child's photograph and video footage to be used for school publications (newsletters, Web site, mailers, bulletin boards...) and for the use of outside publications (print media, such as the *Vindicator* and local TV stations). I also give permission for MCC to identify my child's name and age. *(first name only)*

☐ **Option 2:** I DO NOT give permission for my child's photograph or video footage to be used for any purpose and request that staff members do not photograph or film my child when possible.

Student Name _____ Date of Birth _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____ rev. 1/2012

44 Essex Street • Youngstown, OH • 44502 • (330) 746-7111 phone • (330) 746-7144 fax

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



Millcreek Children's Center
Sister Jerome's Schools, Inc.

I, _____, the custodial parent of _____
Parent's name Child's name

hereby give permission to Millcreek Children's Center to share information related to the health, education or any other pertinent information concerning my child to the persons named below. I also release Millcreek Children's Center from any and all responsibilities related to this disclosure.

1. _____
2. _____
3. _____
4. _____

Signature

Date

Witness By _____
Executive Director

Date

44 Essex Street • Youngstown, Ohio (330) 746-7111 • (330) 746-7144

Email: mcc@millcreekchildrenscenter.org



United Way

www.millcreekchildrenscenter.org



Dear Parent,

Welcome to our screening and monitoring program. Because your child's first 5 years of life are so important, we want to help you provide the best start for your child. As part of this service, we provide the Ages & Stages Questionnaire to help you keep track of your child's development. You will be asked to answer questions about some things your child can and cannot do. The questionnaire includes questions about your child's communication, gross motor, fine motor, problem solving, and personal-social skills.

If the questionnaire shows that your child is developing without concerns, we will provide some activities designed to encourage your child's development, and we will review your child's progress with you.

If the questionnaire shows some possible concerns, we will contact you about getting further assessment for your child. Information will be kept confidential.

We look forward to working with you!

Sincerely,

Mary Jane Gingher
Executive Director

- ☐ I would like to complete the questionnaire regarding my child's development and will schedule a time to do so at the center. If a scheduled time cannot be arranged within 30 days then a MCC staff person will be able to complete the questionnaire.
- ☐ I would prefer not to complete the questionnaire and give my permission for MCC staff to complete the form.

Parent's signature _____ Date _____