Ohio Department of Children and Youth CHILD ENROLLMENT AND HEALTH INFORMATION FOR CHILD CARE

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date	e of Birth			First Day at F	rogram/F	IOME
er (17) de 14	Iome Address				City	City		
idille / tdd.coo	Tin Code	Hor	ne Telephor	ne Numbe	er			
State	Zip Code	1101	110 1010			o Child		
arent/Guardian Name #1				1		o Child	25.11.	
lome Address			Home Te	elephone	Numbe	er 🗌 Same as Cl	niidis	
Dity				State		Zip		
•			Cell Pho	ne (if app	licable,)		
mail Address (if applicable)			Darent's	Work/Sc	hool Te	elephone Number		
Parent's Work/School Name			Palettis	VVOIN O O				
Parent's Work/School Address					City			
Please indicate if this name should be	released if a p	arent/guardia	n, of a child	attending	the pr	rogram/home requ	ests cont	act information
or other parents/guardians.	es 🗌 No		the sector	oliet 🗀	\Mork :	# 🗌 Cell #	☐ Home	# 🔲 Email
fyou answered yes please indicate	which information	on above to ir	nciuae on the	a list L	VVOIN	оо		
Where can you be reached while you	r child is in this	program/hom	ne?					
Parent/Guardian Name #2				Rela	tionship	to Child		
			Home Tele	phone N	umber	☐ Same as Chil	d's	
Home Address Same as Child's			110				Zip)
City				,	State			
Email Address (if applicable)			Cell Phone)				
Parent's Work/School Name			Parent's W	ork/Schc	ol Tele	phone Number		
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Parent's Work/School Address								-tast informatio
Please indicate if this name should be for other parents/guardians.	which informat	tion above to i	include on th				Hom	e# Ema
Where can you be reached while you	ur child is in this	s program/hor	me?					
								2 8
Emergency Contacts: Parents car in the event of an emergency or illne one person listed must be able to tal 18 years of age.	not be listed ss if you cann ke responsibility	as emergency ot be reache y for the child	in case the	parent/gu	ame <u>of</u> should ardian	at least one perso be able to assist cannot be contac	in contact ted and s	ting you. At lea
Name			Nam	iic				State
City		State	City					
Telephone Number	Relationship	p to Child		ephone N				nship to Child
Other numbers where emergency c applicable)	ontact can be r	eached (if	Oth app	er numbe olicable)	ers whe	ere emergency cor	itact can	be reached (ii
Name of Physician or Clinic/Hospita	li .							
Street Address								
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City		State	1	1				

yes - a DCY 01236 "Child Medical/Physical Care Plan for Child Care" must be completed. Does your child have a developmental delay or special health or medical condition? (check one) No Yes - please explain oes the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to onitor your child for symptoms or administer medication during child care hours? (check one) No Yes - a DCY 01236 "Child Medical/Physical Care Plan for Child Care" must be completed. your child currently using any medication or medical food? (check one) Yes - a DCY 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a DCY ess your child have any dietary restrictions, including those for medical, religious or cultural reasons? (check one) No Yes - please explain		Allergies, Special Health	or Medical Candition	VV
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20.7.5	
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ist any additions	I mormation about your own
☐ Not applicabl	e al information about your child that would be useful for staff to know, such as special routines, or behavior needs.
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Page 3 of 4
DCY 01234 (Rev=8/2025)

	D	apering !	Statement	
Is your child toilet trained?	☐ Yes (If yes, skip to Emerge	ncy Trans	sportation Authorization section)	
	□ No (If no, fill out the following)	ia.)		
The program's policy is to oprogram's policy or another	check diapers every hour	s. Please	e indicate if you want your child's	diaper checked according to
☐ I agree with the program	m's schedule 🔲 I do not aç	gree, plea	se check my child's diaper every	hours.
Cive Beaut	Emergency 1	ransport	tation Authorization	
	sion to Transport		Do Not Give Perm	ission to Transport
Program or Home Name			Program or Home Name	
has permission to secure e	emergency transportation for	OR	door not have	
my child in the event of an il	lness or injury which requires	Jon	does not have permission to	secure emergency
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Parent's Signature	Date	į		
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This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

Reset Form