
*Northside
Christian Academy
Preschool
2024-2025*



Registration Packet

NORTHSIDE CHRISTIAN PRESCHOOL

2024 - 2025 CALENDAR

<p>5-11 Look for a letter in the mail with important information about your Parent Orientation time and Open House time</p>	AUGUST 2024 <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>Th</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td></tr> <tr><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr> <tr><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </tbody> </table>	S	M	T	W	Th	F	S					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	JANUARY 2025 <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>Th</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> <tr><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr> <tr><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td></tr> </tbody> </table>	S	M	T	W	Th	F	S				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		<p>1-3 No School-Christmas Break</p> <p>6 School Resumes</p> <p>20 No School- MLK Jr. Day</p> <p>28 Early Registration</p>							
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<p>5 Parent Orientation*</p> <p>6 Open House* *times were sent in mailed letter</p> <p>9-13 First week of school* *Start date sent in mailed letter</p>	SEPTEMBER 2024 <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>Th</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	S	M	T	W	Th	F	S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						FEBRUARY 2025 <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>Th</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></tr> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr> <tr><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td></td></tr> </tbody> </table>	S	M	T	W	Th	F	S							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28		<p>4 Open Registration</p> <p>10-11 Parent Conferences</p> <p>17 No School- Presidents' Day</p>							
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More information and forms can be found at northsidechristian.academy
2024-2025 Registration Information

		All registration paperwork & payment must be turned in by a parent/guardian in person.
<ul style="list-style-type: none"> • Currently enrolled NCA and NCAP Preschool and Academy Students • Siblings of Currently enrolled NCA and NCAP families • Children from Staff Members 	<p>Parents will receive registration packets the week of January 15th.</p> <p>Parents may turn in registration on Tuesday, January 30, 2024, starting at 8:30 am.</p> <p><u>Do not turn in before Tuesday, January 30th</u></p>	<p>Completed registration & payment can be dropped off at the registration desk beginning at 8:30 am.</p> <p>\$75.00 <u>Non-Refundable Registration</u> \$50.00 Materials Fee <u>Refundable before July 1st.</u></p> <p>September Tuition is also due at this time. <u>Refundable before July 1st.</u></p> <p>Checks made payable to: NCA</p>
<ul style="list-style-type: none"> • Children from Members of NCC 	<p>Sunday, February 4th, 2024</p>	<p>Registration & payment must be completed and brought to the Church after any of the two morning services.</p> <p>\$75.00 <u>Non-Refundable Registration</u> \$50.00 Materials Fee <u>Refundable before July 1st.</u></p> <p>September Tuition is also due at this time. <u>Refundable before July 1st.</u></p> <p>Checks made payable to: NCA</p>
<ul style="list-style-type: none"> • Open Registration • Enrollment will continue until all classes are full 	<p>Tuesday, February 6th, 2024</p>	<p>Registration & payment must be completed and brought to the school from 6:00-7:00 pm.</p> <p>\$75.00 <u>Non-Refundable Registration</u> \$50.00 Materials Fee <u>Refundable before July 1st.</u></p> <p>September Tuition is also due at this time. <u>Refundable before July 1st.</u></p> <p>Checks made payable to: NCA</p>



2024-2025 Class Times and Tuition Information

<p style="text-align: center;">Tiny Two's This class meets once a week. It is a Parent and Me Class. <i>(siblings are not permitted to attend)</i></p>	<p style="text-align: center;">Tuesday, Wednesday, or Thursday 9:30-11:00 a.m.</p>	<p style="text-align: center;">\$540.00 Per Year \$60.00 Per Month</p>
<p style="text-align: center;">Three-Year-Old Classes This class meets twice a week. Students must turn 3 by September 1st and be fully potty trained.</p>	<p style="text-align: center;">Monday/Wednesday, or Tuesday/Thursday 9:00-11:30 a.m. or 12:30-3:00 p.m. (T/Th only)</p>	<p style="text-align: center;">\$1,035.00 Per Year \$115.00 Per Month</p>
<p style="text-align: center;">Four-Year-Old Classes This class meets four times a week. Students must turn 4 by September 30th and be fully potty trained.</p>	<p style="text-align: center;">Monday-Thursday 9:00-11:30 a.m. or 12:30-3:00 p.m.</p>	<p style="text-align: center;">\$1,305.00 Per Year \$145.00 Per Month</p>
<p style="text-align: center;">Pre-K4 This class meets five times a week. Students must turn 4 by September 30th. be fully potty trained, and be attending kindergarten in 2025</p>	<p style="text-align: center;">Monday-Friday 9:00-11:30 a.m. or 12:30-3:00 p.m.</p>	<p style="text-align: center;">\$1,575.00 Per Year \$175.00 Per Month</p>
<p style="text-align: center;">Pre-K5 This class is for the young five-year-old who needs one more year of preschool before entering kindergarten. They must turn 5 by September 30th and be fully potty trained.</p>	<p style="text-align: center;">Monday-Friday 8:45-11:45 a.m. or 12:30-3:00 p.m.</p>	<p style="text-align: center;">AM Class Only \$1,800.00 Per Year \$200.00 Per Month (3 hour class) PM Class Only \$1,575.00 Per Year \$175.00 Per Month (2.5 hour class)</p>

*There is a pay in full discount of 5% if paid in full by July 1st

Northside Christian Academy Preschool Application



2 Year Olds

Adult Participation Class

- T a.m.
- W a.m.
- TH a.m.

3 Year Olds

Need to be 3 by September 1st

- T/TH a.m.
- T/TH p.m.
- M/W a.m.

4 Year Olds

Need to be 4 by September 30th or completed three's at NCAP

Can enter kindergarten/Pre-K5 next fall **Four days a week** 2^{1/2} hour class

- M-TH a.m.
- M-TH p.m.

 Afternoon Enrichment (all day option M/W only)

Pre-K 4

Need to be 4 by September 30th with no exceptions

Will enter kindergarten next fall **Five days a week** 2^{1/2} hour class

- M-F a.m.
- M-F p.m.

 Afternoon Enrichment (all day option M-Th)

Pre-K 5

Need to be 5 by September 30th with no exceptions

Could have entered Kindergarten **Five days a week** 3 hour class

- M-F a.m.
- M-F p.m.

 Afternoon Enrichment (all day option M-Th)

***By checking the box for Afternoon Enrichment, you are not registered until you complete the Enrichment Registration form. We will accept these on a first come, first serve basis. We will start a waitlist when Enrichment Classes are full.**

First Name: _____

Last Name: _____

Middle Name: _____

Birth Date: _____

Siblings enrolled at NCA: _____

Main Parent Contact: _____

Parent Contact Phone Number: _____

Parent Contact Email Address: _____

Special Requests (includes teachers, peers your child would like to be with, or ratio preference 1:10 or 2:20)

For office use only:

Registration Fees Paid: \$125.00 Check # _____ Date of Registration: _____

1st Tuition Installment: \$ _____ Check # _____ ***Non-refundable after July 1st***



Student Information

2024-2025

Student Last Name _____ Middle Name _____

Student First Name _____ Age _____ Class Entering _____

Birthdate: ____/____/____
MM DD YYYY

Gender: Male Female

Address _____

City/State/Zip _____

Phone _____

Parents' Marital Status: Married Separated Divorced Single

Student Lives with: Mother Father Both Guardian _____

Ethnicity: Caucasian African American Hispanic Other _____

School District Student Resides _____

Parent Information

Mother's Last Name _____ Mother's First Name _____

E-mail Address _____ Cell Phone _____

Work Phone _____ Occupation/Employer _____

Address
(Only if different from the student's)

City/State/Zip _____

Please check box if this name can be on the class roster

Father's Last Name _____ Fathers First Name _____

E-mail Address _____ Cell Phone _____

Work Phone _____ Occupation/Employer _____

Address
(Only if different from the student's)

City/State/Zip _____

Please check box if this name can be on the class roster

Sibling Information

Name: _____ Grade/Age: _____

Name: _____ Grade/Age: _____

Name: _____

Grade/Age: _____

Name: _____

Grade/Age: _____

**Northside Christian Academy Preschool
Registration and Payment Schedule
Academic Year 2024-2025**

The admissions process is on a first come, first serve basis. **To register for a spot at NCAP, you must return the application packet, pay the registration fee, and pay for the first month's tuition.**

Required Fees:

Registration	\$125.00	(\$50.00 is refundable for materials if withdrawn before July 1st)
Tiny Two's	\$540.00	Yearly (\$60 monthly non-refundable)
Three's	\$1,035.00	Yearly (\$115 monthly non-refundable)
Four's	\$1,305.00	Yearly (\$145 monthly non-refundable)
Pre K4	\$1,575.00	Yearly (\$175 monthly non-refundable)
Pre K5	\$1,800.00	Yearly (\$200 monthly non-refundable)

*Parents are responsible for the full predetermined tuition. The yearly amount will be divided into nine monthly payments.

*Non-payment past 60 days will result in a student being withdrawn from our program. All families are responsible for meeting their tuition obligation to NCAP on a timely basis. If you cannot meet your tuition obligation, you must notify the BUSINESS MANAGER. Families who are not current on their tuition may not register for the following school year until tuition obligations have been met.

*A \$10.00 late fee will be charged to payments received after the 7th of each month.

*A 5% discount is offered if tuition is paid in full by July 1st, 2024.

Required Forms:

- Registration Form/Student's Contact Information
- Emergency Contact and Medical Information
- Child's Medical Statement (current within 12 months)
- Child Care Plan (if necessary)
- Allergies and Special Health form
- Handbook Acknowledgement Form

Refund Policy:

For students who withdraw from NCAP, tuition refunds will be issued only if the student is withdrawn before July 1st. Tuition is required for any month in which a student is in attendance regardless of the number of days. Students who are required to leave NCAP for disciplinary reasons will pay the remainder of their tuition.

Discounts:

Families that choose to pay in full by July 1st receive a 5% discount. Parents who serve as missionaries and have been approved by the School Board will receive a 10% discount on total tuition.

We have read and agree to comply with the tuition and fee policies stated above.

X _____ Date: ____/____/____

Parents/Guardians

X _____ Date: ____/____/____

NCAP Business Manager

NORTHSIDE CHRISTIAN ACADEMY/PRESCHOOL HANDBOOK ACKNOWLEDGEMENT

Please sign and return this acknowledgment to Northside Christian Academy. This form is required to be in your child's file.

This handbook describes important information about Northside Christian Academy Preschool's policies and regulations. Please review the handbook carefully and direct any questions to the appropriate staff personnel.

Policies in the handbook are in effect for all students and their families at all times. However, NCA reserves the right to make decisions regarding any information in the handbook based on individual circumstances.

We have read the NCA/P Handbook and understand its contents.
We agree to abide by the guidelines stated in this handbook throughout the 2024-2025 school year.

X _____
(Please Print) Family Name

X _____
Parent Signature

Email Address _____

The Electronic Handbook can be found at northsidechristian.academy
Click on the admissions tab, then the registration tab, and click on the preschool tab to view the handbook.

Student Emergency Contact and Medical Information

X _____
Child's Name

Parent's/Guardian's Name

Home Phone

Cell Phone

Address

City, ST ZIP Code

_____ Male Female
Date of Birth

Parent's/Guardian's Name

Home Phone

Cell Phone

Address

City, ST ZIP Code

Alternative Emergency Contacts

X _____
Emergency Contact #1 (When Parent Cannot be Located)

Relationship to Student

Home Phone

Cell Phone

Address

City, ST ZIP Code

X _____
Emergency Contact #2 (When Parent Cannot be Located)

Relationship to Student

Home Phone

Cell Phone

Address

City, ST ZIP Code

Medical Information

Allergies/Special Health Considerations

Hospital/Clinic Preference

Physician's Name and Address Phone Number

Primary Dentist Phone Number

Other Specialist

Insurance Company Policy Number

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only if neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

Emergency Transportation Authorization

~Select One~

Give Permission to Transport

NCAP 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.

Parent Signature _____

Date: ____/____/____

Do Not Give Permission to Transport

NCAP 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:

Parent Signature _____

Date: ____/____/____

Acknowledgement of Policies and Procedures

- Please check the box to state that you understand it is the program's policy that your child is completely toilet trained upon their first day of school.

Parent Signature _____ Date: ____/____/____

Non-Discrimination Policy:

Racial Nondiscriminatory Policies (3301-3904 Sec. A (3) (5) and Sec. B (1))

"The governing board of the Northside Christian Academy School located at 7615 Ridge Road in Wadsworth, Ohio 44281 has adopted the following racial nondiscriminatory policies."

"The Northside Christian Academy School Recruits and admits students of any race, color, or ethnic origin to all its rights, privileges, programs, and activities. In addition, the school will not discriminate based on race, color, or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or desegregation."

"The Northside Christian Academy School will not discriminate based on race, color, or ethnic origin in the hiring of its certified or non-certified personnel."

I have read the Non-Discrimination Policy

Initials: _____

Only to be signed if changed after registration:

This form, after being signed by the parent/guardian, must be reviewed for completeness and signed by the administrator before the child receives care. The administrator will have the parent review and initial the form when any changes are made annually. The parent/guardian and administrator will initial and date the form to indicate it was reviewed if altered.

Administrator Signature _____ Date: ____/____/____

Parent Signature _____ Date: ____/____/____

Ohio Department of Job and Family Services
**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 of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code	Home Telephone Number		
Parent/Guardian Name #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name <u>of at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City		State	City		State
Telephone Number		Relationship to Child	Telephone Number		Relationship to Child
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

Allergies, Special Health or Medical Conditions, and Medical Foods

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No
 Yes - *check all that apply* Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No
 Yes - a JFS 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

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- No
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

- No
 Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on file.
 N/A - program does not provide meals or snacks to the child.

A Note from the Nurse



It has been a wonderful year for me at NCA and NCAP. I have enjoyed getting to know all the students and families. I am very excited that I will be returning as lead school nurse for the 2024-2025 school year!

Vaccinations: It is required by the Ohio Department of Health that each student has on record up to date vaccinations. All preschool students need to bring the most recent copy of their vaccinations. Keep this in mind and get the most recent copy the next time you are at your child's doctor's office. If you choose to decline vaccinations, please see me for a waiver form. As a note, students in the Tiny Two's do not need to provide vaccination records.

Preschool requirements:

DTaP- 4 doses	HIB- 3 doses	MMR- 1 dose
Polio/IPV/OPV- 3 doses	Hepatitis B- 3 doses	Varicella/chicken pox- 1 dose

Child Medical Statement: Your child's doctor must sign a form at their well child visit stating that they can attend preschool. **This form must be updated every 12 months.**

I will be providing a no-cost vision screening in January. Speech/hearing screenings will be done by parent request by an outside provider for a fee. More information regarding speech/hearing screenings will be sent home in the fall.

Medications: Prescription and non-prescription medications that may be given to your preschooler while at school include Epi-pens, Benadryl, and inhalers. With each medication, a parent or guardian must sign permission, and the child's physician must fill out a care plan for the medication to be given. Please see me for these forms. **If your child has an allergy or medical condition,** please include this on the emergency medical form. Also remember to complete both sides of the emergency medical form including physician, preferred hospital, and permission to transport the child in an emergency.

Thank you,

Courtney Burch, RN
School Nurse

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

Child's Name (<i>print or type</i>)	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 (<i>please list in space below</i>):	
Check below, if applicable:	
<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
	Lead _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Hemoglobin _____ <input type="checkbox"/> Yes <input type="checkbox"/> 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
<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
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):	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