



1001 39th St. NW
Canton, OH 44709
330-492-4440
olopcenterforlearning@gmail.com
www.christtheservantparish.org

Registration Checklist

- Registration Form
- School Application
- \$50 Registration Fee
- Child's Medical Statement
- Immunization Record
- Emergency Crisis Information Form
- Media Release
- Release Permission Form
- Handbook Acknowledgement
- Birth Certificate
- Social History Form
- Health History Form

Welcome to the Our Lady of Peace Center for Early Learning!

Please return the above form as soon as possible to hold a place in the preschool program. All forms **MUST** be on file in the school office **BEFORE** your child starts school.

Thank you for choosing the Our Lady of Peace Center for Early Learning!

2012-2013 PRESCHOOL REGISTRATION

Please share this with anyone who may be interested



Each family is required to return this completed form, along with the non-refundable Educational Fee of \$50 per student.

Family name: _____

Home Parish: (i.e. Christ the Servant, St. Anthony, etc.): _____

Please register the following children in Our Lady of Peace Center for Early Learning for 2012-2013 school year.

STUDENT'S NAME

\$50 FEE PER STUDENT

Check # _____ Cash _____ **Total Fees:** _____

(8:30am to 11:30am)

(8:30am to 2:30pm)

Two Days: Half Day – \$130 per month

Full Day – \$255 per month

Three Days: Half Day – \$155 per month

Full Day – \$295 per month

Four Days: Half Day – \$195 per month

Full Day – \$335 per month

Five Days: Half Day – \$235 per month

Full Day – \$365 per month

Early drop off available starting at 7:00am

Please indicate days and times requested: _____

Parent Assistance:

In addition to paying all fees and tuition timely, we ask parents to support school policy and the authority of the administration and teachers as well as:

- Follow the policy and procedures stated in the handbook.
- Insist that your child obey the regulations and principles of appropriate behavior.
- Communicate with teachers with questions and concerns.
- Volunteer and support fundraisers and/or other services to assist teachers and administration.

Children currently not enrolled in school who will be attending Our Lady of Peace in the future:

CHILD'S NAME

BIRTHDATE

AGE

Signature of Parent/Guardian responsible for paying tuition

Date:

APPLICATION FOR SCHOOL REGISTRATION

This application will be considered complete only when all required supporting data (noted on the reverse side) is attached.

STUDENT DATA

NAME _____
 (Last) (First) (Middle)
 ADDRESS _____
 CITY _____ ZIP _____
 PHONE _____ E-MAIL _____
 LIVES WITH: _____ PARENTS _____ MOTHER _____ FATHER _____
 _____ LEGAL GUARDIAN
 BIRTHDATE _____ MALE _____ FEMALE _____
 RELIGION _____
 CHURCH/PARISH _____
 PROPOSED ENTRY GRADE _____
 PROPOSED ENTRY DATE _____
 SOCIAL SECURITY NUMBER _____
 PUBLIC SCHOOL ATTENDANCE AREA _____

SCHOOL LAST ATTENDED

SCHOOL _____
 ADDRESS _____
 CITY _____
 STATE _____ ZIP _____
 GRADE AT TIME OF WITHDRAWAL _____
 REASON FOR TRANSFER _____

DOES THIS STUDENT HAVE ANY SPECIAL EDUCATIONAL NEEDS? YES _____ NO _____ (If "Yes" attach a complete description)
 ALL SCHOOLS ATTENDED BY THIS STUDENT MUST BE LISTED ON THE REVERSE SIDE

SACRAMENTAL RECORD

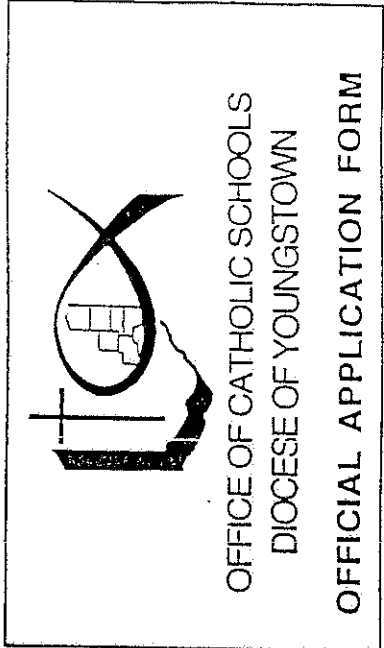
BAPTISM _____ PARISH _____ CITY _____ DATE _____
 EUCHARIST _____
 RECONCILIATION _____
 CONFIRMATION _____

PARENTS/GUARDIAN DATA

FATHER _____ (Last) (First)
 RELIGION _____
 MARITAL STATUS _____
 MOTHER _____ (Last) (First) (Maiden)
 RELIGION _____
 MARITAL STATUS _____

ADDRESS OF EACH IF DIFFERENT THAN STUDENT ADDRESS

(F) PHONE _____ E-MAIL _____
 (M) PHONE _____ E-MAIL _____
 OCCUPATION: _____
 FATHER ADDRESS _____
 PHONE _____
 MOTHER ADDRESS _____
 PHONE _____



COMPLETE THE REVERSE SIDE

LIST ALL SCHOOLS PREVIOUSLY ATTENDED BY THIS STUDENT AND THE REASON FOR WITHDRAWAL

SCHOOL	ADDRESS	DATE OF WITHDRAWAL	REASON FOR WITHDRAWAL

ALL APPLICATION MATERIALS RECEIVED:

- ___ BAPTISMAL RECORD
- ___ BIRTH CERTIFICATE
- ___ MEDICAL IMMUNIZATION RECORD
- ___ RECORDS FROM ALL PREVIOUS SCHOOLS
- ___ CUSTODY DOCUMENTATION **
- ___ SOCIAL SECURITY NUMBER
- ___ IMMIGRATION & NATURALIZATION SERVICE I-20 FORM**
- ___ PARISHIONER CERTIFICATION*
- ___ REGISTRATION FEE*

* IF LOCALLY REQUIRED
 ** IF APPLICABLE

APPLICATION ACCEPTED BY _____
 DATE _____

By submitting this application I certify that all the above information is true and complete. I further state that I have received a copy of the school handbook and that I will abide by the school regulations. I recognize and will meet my financial obligations to the school, tuition and fees, that are charged for the education of my child.

Parent Signature _____
 Date _____

FOR ADMINISTRATIVE USE ONLY

REGISTRATION

ENTRY DATE _____
 AUTHORIZED BY _____
 TITLE _____



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Child's Medical Statement

This is to certify that I have examined _____ on _____ and
have found that he/she:

- 1) has had immunization required by SECTION 3313.671 of the OHIO REVISED CODE for the admission to school, or has had the immunizations by the OHIO DEPARTMENT OF HEALTH for infants and toddlers or _____ is to be exempted for these requirements for medical or religious reasons.
- 2) is free from apparent communicable disease and is in suitable condition to attend a preschool program based on his/her medical history and physical condition at the time of the examination.

Physician's signature _____

Physician's name (please print) _____

Address _____

City, State, Zip code _____

Phone _____

Parent Name _____

Child Birth Date _____

Immunization (Enter Month/Day/Year)

DTP: 1. _____ 2. _____ 3. _____ 4. _____ *5. _____

Polio: 1. _____ 2. _____ 3. _____ *4. _____

MMR** _____

Hep B: 1. _____ 2. _____ 3. _____ 4. _____

HIB: 1. _____

*The 5th DTP and the 4th Polio should be given just prior to the start of school.

** If measles, mumps and rubella not given as MMR, give dates for each immunization:

Measles _____ Mumps _____ Rubella _____



OUR LADY OF PEACE SCHOOL
1001 39TH STREET NW
CANTON, OHIO 44709

Emergency Crisis Information for each child attending Our Lady of Peace School

Student _____ Grade: _____ Date of Birth: _____

Family Name _____ Father _____ Mother _____

Address _____ City _____ Zip _____

Phone _____ Students live with _____ Both Parents _____

Student Ethnicity _____ Mother _____

Email _____ Father _____

(to receive news letter, etc...)

FATHER _____ Other _____

Place of employment _____ Phone (Ext.) _____

Cell Phone _____

MOTHER _____

Place of employment _____ Phone (Ext.) _____

Cell Phone _____

OTHER _____

Cell Phone _____

Beginning with the oldest, please list children attending Our Lady of Peace School:

GRADE	LAST NAME	FIRST NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Conditions

Medication Needed: (complete *dispense of medication* form signed by physician for prescription and over-the-counter drugs, cough drops, Tylenol, eye drops, etc...)

Allergies: _____

Special Needs: _____

In the event of a serious accident or emergency:

Hospital Preference _____

Physician _____ Phone _____

Dentist _____ Phone _____

PLEASE COMPLETE BOTH SIDES

EMERGENCY DATA

Name of person your children may be released to:

Name _____

Relationship _____

Phone _____

Cell Phone _____

Destination _____

Name _____

Relationship _____

Phone _____

Cell Phone _____

Destination _____

Name _____

Relationship _____

Phone _____

Cell Phone _____

Destination _____

Name _____

Relationship _____

Phone _____

Cell Phone _____

Destination _____

Name _____

Relationship _____

Phone _____

Cell Phone _____

Destination _____

Name _____

Relationship _____

Phone _____

Cell Phone _____

Destination _____

Must list at least three contacts

Date: _____

PLEASE COMPLETE BOTH SIDES

EMERGENCY MEDICAL AUTHORIZATION

Please sign Number 1 or Number 2

1. If we, at the numbers listed, or our authorized physician named above cannot be reached at the time of an emergency, and if immediate observation or treatment seems urgent in the judgement of school personnel, we hereby authorize and direct the school to send the child, properly accompanied, to the hospital or to the physician most easily accessible. I HEREBY GIVE MY CONSENT for the administration of any/all treatment deemed necessary by the hospital or physician.

Date

Signature of Parent or Guardian

2. If you do not wish to sign above authorization, please complete the following:

I DO NOT give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment. I wish the school authorities to: _____

Date

Signature of Parent or Guardian

PERMISSION FOR SCHOOL SERVICES

- (Yes or No) I hereby give permission to have my child leave the classroom to receive services provided by the school nurse such as testing for eye-sight, or for a routine speech and hearing test.

All families will receive a school directory which includes the name of the student, parent names, address and telephone. All families will be listed and you will receive a copy of the directory.

Please **do not** include our telephone number in the school directory. An optional number for contact is _____.

THIS IS FOR SCHOOL USE. THIS DIRECTORY IS VERY IMPORTANT FOR PARENT ASSOCIATION AND OTHER COMMITTEES TO COMMUNICATE TO FAMILIES ABOUT SCHOOL FUNCTIONS AND ANY OTHER IMPORTANT INFORMATION THROUGHOUT THE SCHOOL YEAR. IT IS ALSO A GOOD WAY FOR PARENTS TO BE IN CONTACT WITH EACH OTHER FOR OTHER ACTIVITIES.

PICTURES/VIDEO FOR SCHOOL USE

- (Yes or No) I give permission for pictures/video to be taken of my child for school use, to be placed around the school, or for school videos for school use.

- (Yes or No) I give permission for pictures of my child to be used in newspaper articles, *Catholic Exponent*, *The Canton Repository* and the *Akron Beacon Journal*.

Date

Signature of Parent or Guardian

PLEASE COMPLETE BOTH SIDES



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Media Release Permission Form 2012-2013

- I grant permission to the Our Lady of Peace Center for Early Learning to use my child's photograph, audio and/or video recording in its media releases, school publications, presentations and/or web pages.
- I deny

Child's name

Teacher

Parent/Guardian Signature

Date



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Release Permission Form

My child _____ may be released to any of the people listed below. Only the people listed below are authorized to pick up my child after school or at any other time. I understand this it is my responsibility to inform this person that a photo identification will be required upon this pick up.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Parent/Guardian Signature

Date



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Handbook Acknowledgement

I have received a copy of the Center for Early Learning Handbook.

Signature _____ Date _____



Our Lady of Peace Preschool
1001 39th Street NW
Canton, Ohio 44709

SOCIAL HISTORY FOR PRESCHOOL CHILD

Child's Name: _____ Date of Birth: _____

Parent Information:

Mother's Name: _____ Father's Name: _____
Parent's Marital Status: M ___ S ___ D ___ (how long ___) Separated ___ (how long ___)

Parent's Educational Background

Mother: _____ Father: _____

Parent's Present Employment

Mother: _____ Father: _____

Family Information

Siblings:

Name: _____	Age: _____	Sex: _____	Name: _____	Age: _____	Sex: _____
Name: _____	Age: _____	Sex: _____	Name: _____	Age: _____	Sex: _____
Name: _____	Age: _____	Sex: _____	Name: _____	Age: _____	Sex: _____

What is your child's attitude toward school? _____

Do you have any concerns about your child? _____

What are your child's favorite activities? _____

What does your child enjoy doing with mother? _____

What does your child enjoy doing with father? _____

Does your child enjoy playing alone? _____ in groups? _____

How does your child respond to correction? _____

What is the method of behavior control used in your home? _____

Describe any upsetting experiences your child has had. _____

How frequently does he/she have nightmares? _____

What is your child afraid of? _____

How much TV does your child watch each day? _____

(over)

HEALTH HISTORY FOR PRESCHOOL CHILD

Birth Weight _____

Was this a full term pregnancy? _____

At what age did your child...

Get toilet trained _____

Crawl on hands and knees _____

Name simple objects _____

Use full sentences _____

Does your child speak clearly? Y or N

What other languages besides English are spoken in the home? _____

List any illnesses your child has had:

Does your child have frequent...

Colds Y or N

Earaches Y or N

Sore Throats Y or N

Fevers Y or N

Stomachaches Y or N

Does your child have any allergies? Y or N

If so, please describe: _____



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Tuition Fees and Policies

Half Day – 2 Days \$130 per month	All Day – 2 Days \$255 per month
Half Day – 3 Days \$155 per month	All Day – 3 Days \$295 per month
Half Day – 4 Days \$195 per month	All Day – 4 Days \$335 per month
Half Day – 5 Days \$235 per month	All Day – 5 Days \$365 per month
Half Day children may stay for lunch for an additional \$3.00 per day.	

Checks

All checks are to be made payable to *Christ the Servant Parish*. Please write your child's name on the check. Our tax ID number is available upon request.

Registration Fee

A \$50 registration fee is due upon enrollment.

Vacations

The Center for Early Learning does not make exceptions for vacations.

Delinquent Accounts/Returned Checks

A fee of \$5.00 per week will be charged to the account if payment is not received within the first week of each month. If the tuition is two months behind the child will not be permitted in school until the amount due is paid. A \$25.00 fee will be charged for any returned checks due to insufficient funds. The parent will be required to pay in cash until all account balances are settled.



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School Supply List

- 4 Glue sticks
- 2 Glue All
- 1 two pocket folder
- 1 backpack
- 1 large container Clorox Cleaning Wipes
- 1 package wet wipes
- 2 boxes facial tissues
- 1 paint shirt (old oversized t-shirt or button down – **labeled with child's name**)
- 1 change of clothes (shirt, pants, socks, underwear)
- 2 packages wide markers
- 1 (3inch) 3 Ring binder

Additional Craft Items (can be found in a craft supply store, such as Pat Catan's, or craft section of department stores, such as Walmart, Kmart or Target)

- 1 large bag of colored feathers
- 1 package pom pom balls
- 1 package foam stickers or shapes
- 1 jar glitter
- 2 containers of washable paint

All-Day students should bring a pillow and blanket to be kept at school.