



Room-2-Bloom Early Learning

Octorara Area Sr. High School
Career Technology Child Care Education Program
226 Highland Road. Atglen, PA 19310
610-593-8253

Contact: Tara Pitts – tpitts@octorara.org

Application for Admission

Please print and fill out all blanks (use NONE or N/A if not applicable)

Child's Full Legal Name _____

Child's Preferred Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ SS# _____

ADMISSION REQUEST

Preferred Start Date _____

STUDENT BIOGRAPHICAL INFORMATION

Date of Birth _____ Age _____ Sex: _____ Male _____ Female

Place of birth _____
City State Country

Religious Preference _____

Ethnic Background:

- _____ Asian or Pacific Islander
- _____ American Indian/Alaskan Native
- _____ Black/African American
- _____ White/Anglo/Caucasian
- _____ Other, Please specify _____

List things that may comfort the child: _____

Cultural habits/home issues that may affect the child's behavior:

PARENTS / GUARDIANS

Father/Grandfather/Uncle/Other:

Mother/Grandmother/Aunt/Other:

Name _____

Name _____

Occupation _____

Occupation _____

Title _____

Title _____

Employer _____

Employer _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Work number(s) _____

Work number(s) _____

Cell Number(s) _____

Cell Number(s) _____

Work Hours _____

Work Hours _____

E-mail address _____

E-mail address _____

Address (if different from applicant's) _____

Parents:

_____ **Married** _____ **Divorced** _____ **Separated**

Describe the general health of parents _____

Are there any limitations on either parent's right to pick up or visit the child at school?

_____ **Yes** _____ **No**

If yes, please attach a copy of the court order to keep on file at Octorara Area High School.

Please explain any social or family circumstances of which the Octorara Area School District should be aware: _____

HEALTH INFORMATION

Please submit a current copy of your child’s immunization record.

Please submit a physician’s report of your child’s current physical examination within the past 12 months.

Physician _____

Practice _____

Address _____

City, State, Zip _____

Phone Number _____

Brief Health History _____

Social/Emotional Concerns _____

ALLERGIES

List all allergies or sensitivities to drug, food, etc. and any reaction. Please write none if no allergies exist.

(For each allergy listed that may require medication, an Allergy Action Form must be completed – Please see Miss Pitts for the form.)

MEDICATION

State law requires that all medication taken at school must be turned into the office with the completed medication form in order to administer.

(Please see Miss Pitts, if medication is required to be taken during the program hours.)

List all medications currently being taken on a regular basis:

Any medical conditions or special needs (i.e.: Asthma, ADD/ADHD, Autism, Reflux, food intolerance) of which the school should be aware? _____ Yes _____ No If yes, please explain:

(For Asthma requiring medication to be kept at school. An asthma action plan must be completed).

List any known triggers for your child’s Asthma: _____

List any signs and symptoms of your child’s asthma episodes: _____

How often has your child needed urgent care from a doctor for an attack of asthma?

In the past 12 months? _____ in the past 3 months? _____

FOOD AND DIET

Please omit the following from diet due to food intolerance or religious food preferences:

____ beef ____ pork ____ fish ____ chicken ____ all meat (vegetarian)
(no pork entrees are served at lunch. Corn dogs, beanie weenie, etc are made with turkey)

Ages 3 & up: Is your child potty-trained? _____ Yes _____ No

This page must be filled out in its entirety.

EMERGENCY AND RELEASE INFORMATION

Other persons to whom the Octorara Area School District is authorized to release this child shall be listed below. Under no circumstances will the Octorara Area School District release this child to anyone not identified below without specific instructions from the parent. Special instruction forms are available - please see Miss Pitts. The Octorara Area School District will not allow a child to enter or leave without an adult escort (18 years or older.) Additions or changes to this list must be made in writing.

EMERGENCY

(must live nearby and be available to call)

1. Name _____ Relationship _____

Address _____

Phone Number(s) _____ Cell Number _____

2. Name _____ Relationship _____

Address _____

Phone Number(s) _____ Cell Number _____

RELEASE AUTHORIZATION

1. Name _____ Relationship _____

Address _____

Phone Number(s) _____ Cell Number _____

2. Name _____ Relationship _____

Address _____

Phone Number(s) _____ Cell Number _____

DISCIPLINE POLICY AND BEHAVIOR AGREEMENT

High school students shall be trained in specific guidance techniques including:

- **Providing clear and simple limits**
- **Maintaining age-appropriate expectations for young children**
- **Creating a caring atmosphere**
- **Keeping children productively involved**
- **Modeling appropriate behaviors**
- **Positively redirecting inappropriate behaviors toward desired outcomes**
- **Giving children choices between two acceptable alternatives**
- **Encouraging children to work together to solve problems and make cooperative decisions**
- **Encouraging children to use their words to solve problems**
- **Providing logical and appropriate consequences for children's actions**
- **Removing children from a situation until they are calm and able to discuss the problem**

The FACS teacher will monitor interactions between high school students and preschool children to reinforce appropriate guidance techniques. Corrective intervention, such as a time-out, shall be employed as needed. The FACS teacher will intervene in any unusual circumstance.

If a child exhibits continuous disruptive behavior, the FACS teacher will complete an incident form detailing the event. This form requires a parent/guardian signature. Repeated negative behaviors may result in suspension or dismissal from the program. Negative behaviors may include but are not limited to uncooperative behavior, disrespect, bullying, hitting, biting, fighting, obscenity and/or possession of a dangerous instrument.

I have read and understand the discipline policy and behavior agreement and have reviewed it with my child.

Parent/Guardian Signature

Date

FINANCIAL AND PROCEDURAL AGREEMENT

LABORATORY FEES

Please include the \$10.00 laboratory fee for each session your child participates in the program. Please make all checks out to the Octorara Area High School. This fee qualifies as a childcare tax credit. Please see Miss Pitts for the school district's tax identification number. OASD reserves the right to cancel any class if there are insufficient registrations. The fee will be refunded if the class is full or if there is insufficient enrollment.

LATE CHARGES AND PENALTIES

A late fee of \$5.00 will be charged, if your child is not picked up at the designated pick-up time and/or your child will no longer be able to participate in the program.

ADMISSIONS

Initial and continued enrollment will be at the discretion of the Octorara Area School District based upon the best interests of the child. The expectation is that he/she will benefit from the program, but the health, safety and general welfare of the child and other enrolled children must also be considered. Enrollment shall be for children three through five years of age without regard to race, creed, sex, or national origin. However, all children must be potty trained.

CURRENT INFORMATION

The parent is required by state law to update information on the enrollment application as necessary. Please remember when any of your phone numbers or your address change, updates must be made immediately in writing and given to Miss Pitts to make changes.

PERMISSION

We hereby grant the Octorara Area School District permission for this child to:

A. Take part in all program activities, including the use of indoor and outdoor equipment.

Yes

No

B. Be photographed or videotaped in connection with the daily program activities; these may be used in school promotional materials. I understand that the school will not post photos with my child's name outside of the classroom.

Yes

No

APPLICATION/PARENT HANDBOOK

I/we acknowledge that I/we have received, read, and understood this application and the parent/guardian handbook. I/we accept the philosophy and procedures of the Octorara Area High School Career Technology Child Care Program laboratory. This consent also applies to the assessment of children for educational and program planning purposes.

- Yes**
- No**

GENERAL ACKNOWLEDGMENTS

To the best of our knowledge the information contained in this application is true and accurate. The administration may verify any part of this application material. If any part of this application is inaccurate, or the provisions not upheld, the child is subject to withdrawal from the program. The applicant desires to be a student at Room-2-Bloom Early Learning at the Octorara Area High School.

- Yes**
- No**

As parents/guardians of the applicant, we attest that the information above is true and accurate to the best of our knowledge. If the applicant is accepted into the Room-2-Bloom Octorara Area High School Career Technology Child Care Program, we grant the school officials the permission to secure medical attention as needed in case of emergency.

- Yes**
- No**

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

SPECIAL NEEDS CHILDREN

The Octorara Area School District does not exclude children with special needs if we can provide a safe environment.

Please see Miss Pitts for a Special Care Plan form, if this pertains to your child.

Special Care Plan

(Please fill out this form for special needs children only. If applicable.)

Facility Name: Room2Bloom -Octorara Area High School Career Technology Child Care Program

Facility Address: 226 Highland Road. Atglen, PA 19310 Phone #: 610-593-8253

Child's Name: _____

Date of Birth: ____ / ____ / ____ Times and days in child care: _____

1. Describe the child's special need during group care: _____

2. Child's present functional level and skills: _____

3. What emergency or unusual episode might arise while the child is in care? How should the situation be handled? _____

(Prepare and maintain information on the "Emergency Form for Children with Special Needs – Please see Miss Pitts for this form)

4. Accommodation which the facility must provide for this child: _____

a) Are there particular instructions for toileting or feeding? _____

b) Will the child require medication while in care? If so, attach the physician's instructions for use of the child's medication. _____

c) Are special emergency and/or medical procedures required? If so, what procedures are required? _____

d) What special training, if any, must staff have to provide that care? _____

e) Are special materials/equipment needed? _____

5. Other specialists working with the child (e.g., occupational therapist, physical therapist) _____

Primary Case Manager: _____ Phone: _____
(Usually the doctor in charge)

Address: _____

On-site child care facility case manager: _____

Phone: _____