



2020-2021

Please refer to the notes below before filling out the enrollment forms.

Please be advised:

- **Students who have and/or had a pending case in the juvenile/adult court system due to legal offenses must first submit documentation for administrative review prior to submitting an enrollment or re-enrollment packet.**
- **Visible body piercings and/or tattoos are not allowed at EDCS.**
- **The EDCS office no longer takes teacher requests for those enrolling or re-enrolling.**
- **Parents/Guardians need to read the Parent-Student Handbook in order to sign the statement of cooperation that is on the bottom of the student information page. The handbook is located at eastdaytonchristian.org under the parent portal on the homepage.**

Thank you!

Student Name: _____

Return this checklist with your enrollment packet.

EAST DAYTON CHRISTIAN SCHOOL NEW ENROLLMENT CHECKLIST K-12
2020-2021

Bring completed forms to the school office with fees.

New Students:

____ Registration fee: \$100 (Non-Refundable)

All students must pass an entrance exam to be accepted.

____ Enrollment Application Form

____ Custody Verification Papers are Included (if applicable)

____ Copy of Official Stamped Birth Certificate (not Hospital record; must have by testing)

____ Financial Form

____ Records Request

____ Principal Recommendation Form

____ Student Medical Exam/Immunization Record (**Due Aug. 1st**) **Must have to attend school.**

____ Medical Forms (Health History Form & EMA) (**Due Aug. 1st**)

____ Honor Code, Statement of Faith, Partnership Agreement, Conflict Resolution Policy, and Extended Daycare information is in the EDCS Parent/Student Handbook.

____ Parent/Administration interview (to be scheduled) ____ Kindergarten only: Supply kit fee

____ K-8 Daycare Forms (if applicable)

Returning Students:

____ Registration fee: \$50 until Tues. 2/18/2020; \$100 beginning Wed. 2/19/2020

____ Enrollment Application Form

____ Honor Code, Statement of Faith, Partnership Agreement, Conflict Resolution Policy, and Extended Daycare Information is in the EDCS Parent/Student Handbook.

____ Financial Form ____ Updated Medical Forms ____ Before/After School Daycare

All Students:

For all families applying for a state tuition voucher:

If you are applying for the Ohio EdChoice scholarship (voucher), please check one:

____ **I am a new applicant.** ____ I am a renewal.

For Military families only, if you receive orders **on or before July 1, 2020**, enrollment fee will be refunded. Please bring orders to the school office.

(Incomplete packets will be returned for completion.)

Student Name: _____

Return this checklist with your enrollment packet.

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STUDENT INFORMATION

☐ New Student ☐ Returning Student

Applicant Name: _____ Date of Birth _____
Last First Middle

Preferred Name _____ ☐ Male ☐ Female

Student Address: _____
Street City State Zip

Primary phone number _____

New Students Only:

Ethnicity: ☐ African-American ☐ Asian Hispanic/Latino American ☐ Indian/Alaska Native ☐ Caucasian

☐ Multiracial ☐ Native Hawaiian/Pacific Islander ☐ Other _____

Grade to Enter 2020-21 _____ Current School Attending _____

Public school district in which you currently live: _____

Has student been retained, suspended, expelled, or asked to withdraw? If so, what grade? Please Explain.

Has your child ever been a student at East Dayton Christian School? _____ When? _____

Check grades previously attended: ☐ K4 ☐ K5 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11

School recommended by: _____ Reason for selecting this school _____

All Students:

Name and grades of other children attending our school: _____

Church Affiliation: _____

Does your child have any medical conditions or history of unusual physical or emotional condition which required professional attention? Please Explain _____

Emergency contacts: (Please list full name/relationship to student and best phone numbers to call)

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Is your student currently receiving or ever received special education/intervention services? ☐ Yes ☐ No

Is your student presently receiving speech services? ☐ Yes ☐ No

Is your student currently on an IEP/504 Plan? ☐ Yes ☐ No

*If yes, please include plan with completed application for admission.

**If no, have they ever been on a plan in the past? ☐ Yes ☐ No

STATEMENT OF COOPERATION

In making application for my child, it is my desire to have him complete the school year 20__-20__. It is also my understanding that the policy of the school is to make no refunds on registration fees. I also give permission for my child to take part in school activities, including sports and school sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during school activities. I have read and agree to abide by the policies in the East Dayton Christian School parent/student handbook which includes, but is not limited to: EDCS Honor Code, Partnership Agreement, and Conflict Resolution. (The parent/student handbook is located at eastdaytonchristian.org under the parent portal on the homepage.)

Parent Signature _____

Parent Signature _____

PARENT INFORMATION FORM

Father (Legal Custodian/Guardian)

Name _____

Address _____

Employer _____

Position _____

Work Phone _____

Cell Phone _____

Email _____

Marital Status: ☐ Married ☐ Separated* ☐ Divorced* ☐ Single*

** If custody has been awarded to one parent or is shared, a copy of that document must be included with this application.*

☐ **Returning families: Please check box if your home address above has changed since the 1st day of school.**

Student Lives With:

☐ Both Parents ☐ Mother only ☐ Father only ☐ Guardian ☐ Mother and Step-Father

☐ Father and Step-Mother ☐ Foster Parents ☐ Other _____

Non-residential/Non-custodial parent (if applicable)

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Does non-residential/non-custodial parent have visitation rights? ☐ Yes ☐ No

Does non-residential/non-custodial parent responsible for tuition? ☐ Yes ☐ No

Step-Parent Information (for those legally married/remarried)

Legal Step-Father's Name _____ Phone: _____

Legal Step-Mother's Name: _____ Phone: _____

*East Dayton Christian School does not discriminate on the basis of race, color, national and ethnic origin in admissions policies, scholarships, athletic and other school-administered programs. EDCS reserves the right to select students on the basis of academic performance, religious commitment, lifestyle choices, and personal qualifications including a willingness to cooperate with EDCS administration and to abide by its policies. (Romans 2:11)

Revised 12/15

**East Dayton Christian School
Tuition/Fees 2020-2021**

K-12th

New Student Nonrefundable Application Fee: \$100.00/student

Returning Student Application Fee: \$50.00 on/before 2/18/20

\$100.00 after 2/18/20

Tuition Rates: Yearly

K-8th Grade: \$4,750.00

High School: \$5,800.00

Intervention Services are \$100.00 per month per subject

K-12th: Before/After School DayCare

Part Time \$15.00/day

Full Time \$125.00/month for 1 student

Family Rate: 2 students \$155.00/month

3 students \$185.00/month

4 students \$195.00/month

Tuition Payment Options: **check to select option**

___ Monthly on FACTS 10 or 12 month plans June 2020 - May 2021

___ Semi Annual Due 8/1/ & 12/1 3% off

___ Annual by 8/1 4% off

___ Annual by 7/15 5% off

___ I receive or am applying for Ohio Ed Choice

If East Dayton Christian School's tuition is higher than the Ed Choice scholarship amt and the family does not qualify for low income status, the family will have to pay the difference.

**For any family withdrawing after July 1, 2020, a \$500.00 withdrawal fee will be assessed.*

Parent/Guardian Signature _____

Students Name(s) _____

Assistance available for families not receiving a voucher or any other form of assistance.

Eagle Scholarship/Emergency Assistance

FAMILY NAME/ADDRESS: _____

PHONE NUMBER: _____

STUDENTS: _____

For any family verifying a financial need, East Dayton Christian School reserves the right to award additional scholarship funds as they become available. Please attach **W-2 FORMS**. The business office will contact you.

Tuition assistance is available from outside sources for students who qualify. Please contact the office for an application.

East Dayton Christian School does not offer tuition assistance scholarships. The Eagle scholarship may only be used for applicable student fees.



RECORDS RELEASE FORM

Request for Release or Transfer of School (Academic & Discipline), Health, and Psychological
Records to East Dayton Christian School

Parents, please complete your student's current school address completely . Without a complete
address, records cannot be requested. Without records, enrollment is considered incomplete.

Name of Student: _____ SSID # _____

Date of Birth: _____ Current Grade: _____

School last attended: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

School Phone: _____ School Fax: _____

Date

Legibly- Parent Printed Name

Phone

Signature of parent or legal guardian

Please release or transfer the above named student's records to the address below:

East Dayton Christian School

999 Spinning Rd.

Dayton, OH 45431

OR

Name of School/Doctor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

*Parents/guardians may inspect the records transferred or received. Records transferred by
authorization of this release will NOT be released to another person, out of district school, or
agency other than the one listed above without written notification to the parent or guardian.*



Equipping for Leadership and Service

Attn: Principals

Please send appropriate records including:

- Past grade history
- Standardized test scores
- Discipline and attendance records
- IEP and ETR/504 Plan if applicable
- Transcripts
- Student Recommendations For Admission

Send Student Records to:

East Dayton Christian School

Kiersten Farmer

999 Spinning Rd.

Dayton, OH 45431

Fax: 937-258-4099

kfarmer@eastdaytonchristian.org

STUDENT RECOMMENDATION
FOR ADMISSION TO EAST DAYTON CHRISTIAN SCHOOL
999 Spinning Rd., Dayton, OH 45431

INSTRUCTIONS TO PARENTS: Please complete items 1-4, then give this form to your student's principal or other authorized officer at his/her school. Your signature releases records and other evaluative data to East Dayton Christian School. **Registration is not complete without this information.**

(1) **Student's Name** _____

(2) **Applying to grade** _____ (3) **Date** _____

(4) **Signature of Parent/Guardian** _____

This section is to be completed by the student's school principal or other authorized officer. This form assists in screening new applicants. The information gathered may or may not be shared with the student's parents/guardians. Principal should return form directly to East Dayton Christian School by mail or fax, 937-258-4099.

Name of School _____

How many years did the student attend? _____ What grades? _____

Reason for transfer: _____

Principal's Name _____ ** If student has attended current school for less than 2 years, on a separate sheet of paper, please include the student's previous school information including name, address, phone number, principal's name, years attended, grade levels and reason for transfer.*

Please answer the following questions regarding the above named student:

Does this student exhibit recurring disciplinary concerns? ____ Yes ____ No If yes, please explain:

To your knowledge, does this student use illegal drugs, alcohol, and/or tobacco? ____ Yes ____ No

If yes, please explain: _____

Has this student ever been suspended? ____ Yes ____ No If yes, please explain: _____

Has this student ever been expelled or asked to withdraw? ____ Yes ____ No If yes, please explain:

Is this student frequently tardy to school and/or have frequent absences: ____ Yes ____ No

If yes, please explain: _____

Category	5	4	3	2	1	Rating
Integrity	Exceptionally Upright	Noticeably Upright	Upright, no cause to question	Weak or questionable	Record of dishonesty	
Leadership & Responsibility	Outstanding, top positions, contributes most	Commendable, top or next to top positions	Capable, minor positions	No sign or leadership or involvement	Record of irresponsibility	
Interest in Non-Academic Activities	Outstanding	Commendable, top or next to top positions	Active	Minor participation	No participation	
* Conduct	Outstanding in every aspect	Generally Excellent	Good or acceptable	Marginal	Poor or reprehensible	
* Respect for Authority	Works very well with those in authority	Works well with those in authority	Mild resistance to authority	Periodic rebelliousness to authority	Rebellious to authority	
Parental Support	Exceptional	Quite Good	Average	Sometimes Supportive	Often Unsupportive, critical of school	
Summary	Outstanding	Excellent	Good	Fair	Poor	

*** These areas must be filled out by the person in charge of discipline.**

For Private Schools:

Does this student's family take care of their financial obligations to your school in a timely manner?

_____ yes _____ no If no, please explain: _____

Does this student receive an EdChoice Scholarship? _____ yes _____ no

All Schools:

Additional comments about this student: _____

Completed by: _____ Title _____

Phone Number _____ Date _____

Ohio Department of Health • School and Adolescent Health

Physical Examination (Physician)

Student's name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth / /	
Height	Weight	BMI percentile		BP	

Screening Tests

Vision		Hearing		Postural	
Date performed / /		Date performed / /		Date performed / /	
Distance Acuity	<input type="checkbox"/> R <input type="checkbox"/> L	Pure Tone		<input type="checkbox"/> No abnormality noted	
Muscle Balance	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Right ear	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Screening not done	
Stereopsis	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left ear	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Referral made	
Color	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Child wears hearing aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments	
Child wears glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child under the care of a hearing specialist	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tested with glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Referral made?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Referral made?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Speech/Language

Speech assessment completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child has no discernible speech problem	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech evaluation recommended	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child has possible problem with	

Lead Poisoning

<input type="checkbox"/> Date		Type	<input type="checkbox"/> C <input type="checkbox"/> V	Results	µg/dL
<input type="checkbox"/> Date		Type	<input type="checkbox"/> C <input type="checkbox"/> V	Results	µg/dL
Tuberculin Test					
Date		Type		Results	

Health History (Serious or chronic illnesses/injuries/surgeries)

--

Physical Examination Date of most recent examination / /

<input type="checkbox"/> Essentially normal <input type="checkbox"/> Abnormalities as follows	
Is this child able to participate fully in:	
Classroom and academic activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical education classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Competition athletics	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact and collision sports	<input type="checkbox"/> Yes <input type="checkbox"/> No
If limitations are advised, please specify	
Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?	

HealthCare Provider's signature	Print name	Phone ()
Address		Date / /
City	State	ZIP

Authorization to Disclose Immunization Information

Name of Child_____

Date of Birth_____

I, _____, as the parent or guardian of the above named child, hereby authorize (*Name of Provider[s]*):

_____ to disclose the specific and individually identifiable immunization records of the above named child to (*Name of School*):

_____ for the specific purpose of presenting written evidence , satisfactory to the person in charge of admission, that the above named child has been immunized by a method of immunization approved by the department of health as required by section 3313.671 of the Ohio Revised Code.

This authorization will expire upon the presentation of written evidence sufficient to comply with section 3313.671 of the Ohio Revised Code or for the period of time needed to fulfill its purpose. I also understand that I may revoke this authorization, in writing, at any time and that I may be asked to sign the *Revocation Section* on the back of this form. I further understand that any action taken by the above named Provider(s) or School in accordance to this authorization prior to it being revoked is legal and binding.

I understand that my information may not be protected from re-disclosure by the requester of the information unless otherwise provided for by state or federal law. Please note: medical records provided to schools that receive federal funding are protected by the Family Educational Rights and Privacy Act (FERPA).

I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services, or my eligibility for benefits; however, if a service is requested by a non-treatment provider (e.g., insurance company) for the sole purpose of creating health information (e.g., physical exam), service may be denied if authorization is not given.

I also understand that my refusal to sign this authorization may prevent the school from verifying that the above named child has been immunized. I further understand that if the school cannot verify and I cannot provide satisfactory written evidence that above named child has been immunized, the child may be excluded from school pursuant to section 3313.671 of the Ohio Revised Code.

I further understand that I may request a copy of this signed authorization.

(Signature of Personal Representative)

(Date)

(Relationship/Authority)

NOTE: This Authorization was revoked on:

(Date)

(Signature of Staff)

REVOCATION SECTION

I do hereby request that this authorization to disclose immunization information of _____
(Name of Child/Patient)
signed by _____ on _____ be rescinded,
(Enter Name of Person Who Signed Authorization) (Enter Date of Signature)
effective _____.
(Date)

I understand that any action taken by the named Provider(s) or School in accordance to this authorization prior to the revocation date is legal and binding.

(Signature of Client/Patient) (Date) (Signature of Witness) (Date)

(Signature of Personal Representative) (Date) (Relationship/Authority)

Health History (Parent Fills Out)

Student's Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
----------------	--	---------------------------

Student Health Conditions

<input type="checkbox"/> YES , my child receives regular medical/health care for the following conditions:	<input type="checkbox"/> NO medical conditions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder
	<input type="checkbox"/> Seizure disorder
	<input type="checkbox"/> Sickle cell anemia
	<input type="checkbox"/> Skin conditions
	<input type="checkbox"/> Speech problems
	<input type="checkbox"/> Traumatic brain injury
	<input type="checkbox"/> Vision problems (glasses, contacts)
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____

DOES YOUR CHILD HAVE ANY LIFE THREATENING ALLERGIES? ☐ YES ☐ NO

(If yes, please list and describe symptoms.) _____

DOES YOUR CHILD USE AN EPI-PEN? ☐ YES ☐ NO

Please list any prescription medication that your child takes on a regular basis.		
Medication and dose	Time	Reason

MEDICATION ADMINISTRATION

MEDICATION WILL NOT BE ADMINISTERED AT SCHOOL UNLESS FORM A AND FORM B HAVE BEEN SIGNED AND DATED BY THE PROVIDER AND PARENT.

I release and agree to hold the East Dayton Christian School Board, its officials, and its employees harmless from any and all liability foreseeable and unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Signature of Parent/Guardian: _____ **Date:** _____

EAST DAYTON CHRISTIAN SCHOOL

PHYSICIAN / LICENSED PRESCRIBER MEDICATION AUTHORIZATION (Prescribed or Over-the-Counter)

FORM A

PRESCRIBER: EDCS urges you to schedule medication administration times outside of school hours, whenever possible. When necessary, medication administration will be permitted, insofar as feasible, during the school hours.

Part I		MEDICATION ORDER BY LICENSED PRESCRIBER	
(One medication per sheet)			
Name of Student: _____		DOB: _____	
Medication _____		Dosage _____ Time (s) _____ Route _____	
Beginning date: _____		End date: _____ Today's Date: _____	
Special Instructions: _____			
Possible adverse reactions for the student the medication was prescribed (that should be reported to the prescriber): _____			
Possible adverse reactions for unauthorized user: _____			
Procedure for EDCS employees if the expected relief is not produced or student is unable to administer the medicine: _____			
Prescriber's Signature: _____		Office #: _____ Fax #: _____	
Prescriber's address: _____		Emergency #: _____	

ASTHMA INHALERS AND EMERGENCY AUTO-INJECTORS:

Part II	PERMISSION TO CARRY	ASTHMA INHALER
This student is capable of possessing and using the inhaler: YES** _____ NO _____ (if NO, inhaler will be kept in the clinic.)		
This student has been trained on the proper use of the inhaler: YES** _____ NO _____ (if NO, inhaler will be kept in the clinic.)		
**If the prescriber or school nurse determines the student to be incapable of possession or self-administration, the auto-injector will be stored and administered as deemed appropriate by school officials and outlined in the student's Emergency Action Plan.		
PRESCRIBER SIGNATURE: _____		DATE: _____

Part III	PERMISSION TO CARRY	EPINEPHRINE AUTO-INJECTOR
NOTE: SCHOOL PERSONNEL WILL CALL 911 WHEN AN EPINEPHRINE AUTO-INJECTOR IS ADMINISTERED.		
Allergen and/or Circumstances for use of the auto-injector: _____		
This student is capable of possessing and using the auto-injector: YES** _____ NO _____		
This student has been trained on the proper use of the auto-injector: YES** _____ NO _____		
I understand I must prescribe two auto-injectors for use at school as required by ORC 3313.718: YES _____		
**If the prescriber or school nurse determines the student to be incapable of possession or self-administration, the auto-injector will be stored and administered as deemed appropriate by school officials and outlined in the student's Emergency Action Plan.		
PRESCRIBER SIGNATURE: _____		DATE: _____

Part IV	TO BE COMPLETED BY THE SCHOOL
Date Received: _____ Signature of Administrator: _____	
Person(s) authorized to give medication for this student: Principal, Secretary, Staff Member(s) _____	
Signature of School Nurse: _____ DATE: _____	

COMPLETE BOTH SIDES

EAST DAYTON CHRISTIAN SCHOOL

PARENT REQUEST & AUTHORIZATION TO ADMINISTER MEDICATION (Prescribed or Over-the-Counter)

FORM B

Student Name: _____ Address: _____
 School: _____ Grade: _____ Teacher: _____
 Name of Medication _____ Dosage _____ Time(s) _____

PART I

TO THE PARENT/GUARDIAN: Students needing medication are encouraged to receive the medication at home whenever possible. The following information is necessary for any student who must take medication in school. All prescribed and over-the-counter medication must be accompanied by both Parent/Guardian and Licensed Prescriber authorizations.

By signing the form, the parent/guardian agrees to the following:

I will assume responsibility for the safe delivery of the medication to school in a properly labeled container: Prescription medication will be in a prescriber/licensed pharmacist-labeled container that includes the student's name, name of the medication, date, and dosage instructions (quantity and time) and prescriber's name. Over-the-counter medication will be in its original container with all labeling visible.

I will submit a new medication authorization form for each medication with parent and prescriber signatures at the beginning of each school year, and if the previous order changes during the school year.

For students transferring from other school districts: I understand that new medication authorization forms must be written by my licensed provider for EDCS. (Orders written for other school districts are not accepted.)

I release and agree to hold EDCS, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

I authorize my child to receive the prescribed medication. I also authorize the exchange of information between the medication's Licensed Prescriber and the school regarding the health care needs of my child when deemed necessary by school personnel. I understand the School Nurse cannot provide or delegate the assistance with administration of this medication without this permission as determined by the Ohio Nurse Practice Act.

Signature of Parent/Guardian: _____ **Date:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
 Emergency Phone Numbers

WHEN AN EPI-PEN* IS ORDERED, I understand I must provide TWO for use at school as required by Ohio law. (ORC 3313.718)

The principal or school nurse has been provided a back-up dose of the *Epinephrine Auto-Injector (Epi-Pen or other type)

Please initial: **YES** _____ / Date _____ **NO** _____ Expiration Date of Medication _____

PERMISSION TO CARRY ASTHMA INHALERS* & EPI-PEN TYPE AUTO-INJECTORS*

PART II

NOTE: The Licensed Prescriber must complete the "Permission to Carry" section of the Medication Authorization on the reverse side of this form. All requested information must be provided before we are able to permit your child to carry their emergency medication.

My child has permission to carry and self administer this medication.

I understand that students who are authorized to self-administer must carry their medication* on their person. I also understand that any irresponsible actions regarding the "self-administration of medications" will be subject to disciplinary action.

Signature of Parent/Guardian: _____ **Date:** _____

MEDICATION ADMINISTRATION

MEDICATION WILL NOT BE ADMINISTERED AT SCHOOL UNLESS FORM A AND FORM B HAVE BEEN SIGNED AND DATED BY THE PROVIDER AND PARENT.

EDCS BEFORE/AFTER SCHOOL PROGRAM (One form per student)
2020-2021

Please check ALL that apply: ☐ AM only ☐ PM only ☐ Both ☐ Occasional ☐ Full-time

Monthly form of payment: ☐ Cash ☐ Check ☐ **Facts (Automatic Withdrawal Payment Plan)**

Grade to enter for 2020-2021/yr _____ Gender: ____ Male ____ Female

NAME _____ GRADE _____

Mailing Address _____
Street City State Zip

Home Phone _____ Email address _____

With whom does the student reside: ☐ Parents ☐ Father ☐ Mother ☐ Guardian

Legal Guardian #1 (Name) _____ Relation to student _____

Cell # _____ Work # _____

Legal Guardian #2 (Name) _____ Relation to student _____

Cell # _____ Work # _____

Emergency Info: Physician _____ Phone _____

Names of other persons authorized to pick up student:

Name _____ Relation to student _____ Phone# _____

Name _____ Relation to student _____ Phone# _____

Name _____ Relation to student _____ Phone# _____

Estimated time of pick-up from daycare: _____

AM Daycare Begins at 6:30 a.m. in the Cafeteria - PM Daycare Ends at 5:30 p.m. to avoid \$2/min. fee

Parent/Guardian Signature _____ Date: _____

***DAYCARE PAYMENTS ARE TO BE PAID SEPTEMBER THROUGH MAY ON THE FIRST OF THE MONTH TO AVOID A \$25.00 LATE FEE.**

Bus Transportation Information

Being a private school, East Dayton Christian School does not provide bus transportation. Be advised that Fairborn City Schools will bus K-12, and Dayton Public Schools will bus K-8 on a very limited basis. Dayton families can find out if their students can be routed by contacting the Dayton transportation office. If they tell you to contact your private school, please let them know that you will need bussing in order to enroll your student at EDCS, so you need to know about bussing in advance. Please understand that EDCS is not involved in any way with the planning of bus routes.

School districts that provide transportation to East Dayton Christian School will only bus their own students from their district. ***Students that ride other busses or are from other school districts cannot ride home with friends that are bus riders, so please plan accordingly.***

If your school district is on a delay due to inclement weather and East Dayton Christian School opens on time, the busses will bring your children to school on their delayed schedule. When your students arrive, they will go to the main office to sign in. They will be counted present for the entire day.

If your school district closes, and East Dayton Christian School is in session, please be advised that your school district WILL NOT bus that day. You will need to find alternate transportation. Please plan ahead.

Once your student begins riding the bus, questions may be directed to your own school district's transportation department.

Dayton Transportation - 542-4010
Fairborn Transportation - 878-1772