

[preschool@pettisvillemissionary.org](mailto:preschool@pettisvillemissionary.org)

## Preschool Administrator

**PETTISVILLE CHRISTIAN PRESCHOOL  
PRESCHOOL YEAR "2024 – 2025" (8-month program)**

**PRESCHOOL PARENT'S MEETING: WEDNESDAY, AUGUST 14, 2024 at 6:30p.m.**  
**VISIT THE PRESCHOOL FOR FIRST TIME PRESCHOOLERS: AUGUST 19 or 20**

**4 & 5 AM PRESCHOOL CLASS (Group One) STARTUP DATE: MONDAY, AUGUST 26**  
**4 & 5 AM PRESCHOOL CLASS (Group Two) STARTUP DATE: WEDNESDAY, AUGUST 28**

**3 & 4 PRESCHOOL CLASS (Group One) STARTUP DATE: TUESDAY, AUGUST 27**  
**3 & 4 PRESCHOOL CLASS (Group Two) STARTUP DATE: THURSDAY, AUGUST 29**

**4 & 5 PRESCHOOL CLASS LAST DAY: WEDNESDAY, APRIL 30**  
**3 & 4 PRESCHOOL CLASS LAST DAY: THURSDAY, MAY 1**

**3 & 4-Year-Old Class:** (2 days a week: Tuesday & Thursday 9:00 am – 11:15 am  
We have one 3 & 4-year-old class, Maximum class size of 20 preschoolers.  
**4 & 5-Year-Old Class:** (3 days a week: Monday, Wednesday & Friday) 8:30 am – 11:30am  
We have a 4&5-year-old class, Maximum class size of 24 preschoolers.

**MORNING FOUR AND FIVE-YEAR-OLD CLASS:**

Monday, Wednesday and Friday- Morning class \$105.00 per month  
(Must be 4 years old prior to August 1, 2024) Registration Fee: \$65.00 (Nonrefundable)

**THREE AND FOUR-YEAR-OLD CLASS:**

Tuesday and Thursday \$75.00 per month  
(Must be 3 years old prior to August 1, 2024) Registration Fee: \$45.00 (Nonrefundable)  
Paperwork needs to be turned at the church office or mailed to the preschool by August 19, 2024. When notified that your child is on the class list for the coming fall, please mail or drop off your child's registration fee. One of the reasons I am asking you to pay the registration fee is to hold your child's spot in your preferred class. Please make checks payable to Pettisville Missionary Church or P.M.C. Our mailing address is Pettisville Christian Preschool, P.O. Box 53037 Pettisville, OH 43553. Our street address is 19055 County Road D Archbold, OH 43502.

**PARENT MEETING AND PRESCHOOL VISITS:** Additional information concerning August's parent meeting and visit to the preschool will be either emailed or texted to you the first week of August. The open house will take place on either Monday, August 19 or Tuesday, April 20, 2024, between the hours of 5 and 7:30 pm. Your child will meet the preschool teaching staff, visit the rooms that we use at the preschool and hopefully we can answer any questions.

**PRESCHOOL REGISTRATION FEE BREAKDOWN:**

**4 & 5-Year-Old Class Reg. Fee**

\$23.00 Replacement Supplies Costs  
\$ 7.00 Preschool T- Shirt  
\$18.00 Staff & Administrative Expenses  
\$ 2.00 Laminating  
\$15.00 Food Expense  
\$65.00 TOTAL

**3 & 4-Year-Old Class Reg. Fee**

\$12.00 Replacement Costs  
\$ 7.00 Preschool T- Shirt  
\$12.00 Staff & Administrative Cost  
\$14.00 Food Expenses  
\$45.00 TOTAL

**Pettisville Christian Preschool**  
**"2024 – 2025" Preschool Calendar**  
(Tentative schedule as of January 15, 2024)



<b>AUGUST 14</b>	<b>Preschool Parent Meeting @ 7:00 PM</b> Enter east side of the P.M.C. building. The meeting will take place in "The Cove". Parent who attended a meeting in the last three years, do not have to attend this meeting.
<b>AUGUST 19 or 20</b>	<b>"Preschool Open House": 5:00 – 7:30 pm</b> First time preschoolers and their parents are invited.
<b>AUGUST 26 &amp; 28</b>	<b>1<sup>st</sup> day for the 4&amp;5 Morning Class (Staggered startup)</b>
<b>AUGUST 27 &amp; 29</b>	<b>1<sup>st</sup> day for the 3&amp;4 CLASS (Staggered startup)</b>
<b>SEPTEMBER 2</b>	<b>Labor Day: NO PRESCHOOL</b>
<b>SEPTEMBER 3</b>	<b>Fulton County Junior Fair Day: NO PRESCHOOL</b>
<b>OCTOBER 2</b>	<b>Sauder Village (4&amp;5 year old class field trip) 12:15 – 2:45pm</b>
<b>OCTOBER 15 &amp; 16</b>	<b>Ambria's Photography (Individual &amp; Class Pictures)</b>
<b>OCTOBER 25</b>	<b>Members of Archbold Fire Department - visits the 4&amp;5 class</b>
<b>NOVEMBER 26</b>	<b>Thanksgiving Program @ 6:30pm PMC's auditorium</b>
<b>NOVEMBER 27 - 29</b>	<b>Thanksgiving Break: NO PRESCHOOL</b>
<b>DEC. 23 – JAN. 1</b>	<b>Christmas Break: NO PRESCHOOL</b>
<b>JANUARY 2</b>	<b>First day back to Preschool (3&amp;4 year old class)</b>
<b>JANUARY 3</b>	<b>First day back to Preschool (4&amp;5 year old class)</b>
<b>JANUARY 20</b>	<b>Martin Luther King Day: NO PRESCHOOL</b>
<b>FEBRUARY 17</b>	<b>President's Day: NO PRESCHOOL</b>
<b>MARCH 10 - 14</b>	<b>Spring Break: NO PRESCHOOL</b>
<b>APRIL 18 - 21</b>	<b>Easter Break: NO PRESCHOOL</b>
<b>APRIL 29</b>	<b>3&amp;4 - 4&amp;5 Year Old Class – End Of The Year Program @ 7pm</b>
<b>APRIL 30</b>	<b>Last day of Preschool - 4&amp;5 year old class</b>
<b>MAY 1</b>	<b>Last day of Preschool - 3&amp;4 year old class</b>

**PETTISVILLE MISSIONARY CHURCH**  
**Pettisville Christian Preschool**  
19055 County Road D  
Archbold, OH 43502  
419-445-7186

**GENERAL LIABILITY RELEASE**

In consideration for being accepted by Pettisville Missionary Church for participation in the Pettisville Christian Preschool program, \_\_\_\_\_ (collectively "Parents") for themselves and their heirs, successors and assigns, hereby waive, release, acquit, and forever discharge Pettisville Christian Preschool, (the "Childcare Provider") and its respective directors, shareholders, agents, partners, employees attorneys, heirs, successors, and assigns (collectively, the "Releases"), from any and all claims, actions, complaints, grievances, and whether known or unknown, which exist or may exists on Parents or Parents' child(ren) behalf against the Releases as of the date of this Release and which can be brought in any court, for claims arising from circumstances beyond the Childcare Provider's reasonable control including, but not limited to, the following events: (i) acts of God; (ii) flood, fire, earthquake, explosions, meteor strike, tornados, epidemics, pandemics, or quarantines; (iii) exposure to or contraction of illness; (iv) war, invasion, hostilities, terrorist threats or acts, riots or other civil unrest, or cyber attacks; (v) government order, law, actions or restrictions whether valid or invalid; (vi) national or regional emergency; (vii) shortage of materials, infrastructure, or transportation; (viii) strikes; labor difficulties, slowdowns; or (ix) any other events or circumstances beyond the reasonable control of Childcare Provider.

We as the parents or legal guardian (s) of this preschooler, hereby grant permission for my child to participate fully in said preschool program and any field trips.

We hereby give our (my) permission to take our child (preschooler) to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or other medical treatment and the parents or guardian(s) and will assume/or be held responsible for all medical costs, if any.

This General Liability Release shall be construed and interpreted in accordance with the internal laws of the State of Ohio, without regard to conflicts of law provisions.

For your child to attend Pettisville Christian Preschool, this liability form must be signed and dated by the parents or guardian (s) of the preschoolers.

IN WITNESS WHEREOF, the parties have caused this General Liability Release to be executed as of the \_\_\_\_ day of \_\_\_\_\_, 2024.

**CHILDCARE PROVIDER:**  
**PETTISVILLE CHRISTIAN PRESCHOOL**  
**PETTISVILLD MISSIONARY CHURCH**  
By: Diane Colon  
Its: Preschool Administrator

**PLEASE PROVIDE THE FOLLOWING INFORMATION AND SIGNATURES**

Hospital Insurance: \_\_\_\_ YES \_\_\_\_ NO  
Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_

Parent / Guardian  
Signature: \_\_\_\_\_  
Parent / Guardian  
Signature: \_\_\_\_\_

**PETTISVILLE CHRISTIAN PRESCHOOL**  
**"2024 - 2025" CHILD ENROLLMENT INFORMATION**

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

List the names of family members currently living at home.

	<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

**FAMILY AND SOCIAL HISTORY**

Does your child have a nick name? Yes, or No If "yes" \_\_\_\_\_

By which name would you like us to refer to him or her by? \_\_\_\_\_

Church Affiliation: (Optional) \_\_\_\_\_

I plan to email the weekly newsletter to parents and any additional individuals that you would like to receive our weekly newsletters. I highly recommend that you include anyone who will be dropping your child off on a regular basis to be included on the list to receive a copy of the weekly newsletters.

Mother's e-mail address: \_\_\_\_\_

Father's e-mail address: \_\_\_\_\_

Additional email address: \_\_\_\_\_

What time does your child go to bed? \_\_\_\_\_

Does your child have a favorite blanket or item that provides him or her with added security or comfort? Yes, or No List what it is. \_\_\_\_\_

Does your child have any fears that you know of? Yes, or No

If so, what are the fears and how can we best handle a situation these fears of his or her fears were to occur while your child is at preschool? \_\_\_\_\_

What method of behavior management (discipline) is used in your home? \_\_\_\_\_

How would you best describe your child's personality? \_\_\_\_\_

Are there any particular needs that you might care to share with us at this time concerning your son or daughter? \_\_\_\_\_

**IF YOU ARE DIVORCED:** Is there a written custody agreement concerning your child, the staff at the preschool needs to be aware of it? Yes \_\_\_\_\_ No \_\_\_\_\_

We will need a copy of legal documentation informing us as to which parent has custody of the child enrolled in our preschool.

T-shirt size- cost was included in registration fee. Circle size: XS S

"One Call Now" Delays & Cancellations: Preferred Cell /Text Numbers: \_\_\_\_\_

**Pettisville Christian Preschool staff members have permission to release my child to the following individuals.**

.....  
**LIST THE NAMES AND PHONES NUMBERS OF INDIVIDUALS WHOM WE  
ARE ALLOWED TO RELEASE YOUR CHILD TO:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

**DO NOT RELEASE MY CHILD TO THE FOLLOWING  
INDIVIDUALS: LIST THE NAME OR NAMES OF INDIVIDUALS THAT WE  
ARE NOT ALLOWED TO RELEASE YOUR CHILD TO:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_, 2024

\_\_\_\_\_

**ROUTINE FIELD TRIP PERMISSION SLIP FOR PETTISVILLE  
CHRISTIAN PRESCHOOLERS TO USE VARIOUS LOCATIONS  
INSIDE AND OUTSIDE THE PROPERTY OWNED BY  
PETTISVILLE MISSIONARY CHURCH**

CHILD'S NAME \_\_\_\_\_

DATE OF PERMISSION: AUGUST 26, 2024 – May 1, 2025 (Valid for 1 school year)

TIME/DATES OF ROUTINE TRIP: No set times or dates

ROUTINE TRIP DESTINATIONS: I grant permission for my child to participate in all of Pettisville Christian Preschool activities that take place on the property owned by Pettisville Missionary Church, which takes place between the following dates: August 26, 2024 through May 1, 2025. The areas included, but not limited to:

1. Large Open Hallway -- South of the Expanse (PMC's Youth Area)
2. The Expanse, (PMC'S Youth Area)
3. The Cove Area, (PMC's Children Ministries Area)
4. Church Auditorium / Gymnasium
5. Classroom located just south of the Preschool Office.
6. Outdoor Playground area - Fenced in Playground
7. Lawn - Yard areas
8. Designated Tornado Room – severe weather room

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2024

**PETTISVILLE CHRISTIAN PRESCHOOL  
PETTISVILLE MISSIONARY CHURCH  
Photography Consent Form/Release**

I or we (print adult names) \_\_\_\_\_, \_\_\_\_\_,  
hereby grant permission to Pettisville Christian Preschool and Pettiville  
Missionary Church, Pettisville, Ohio, to take and use photographs and/or images  
and videos for use in the weekly newsletters and any other publications or  
promotions and/or on the PMC's web site of your child. I understand that my  
child's name WILL NOT be included with the picture/pictures.

\_\_\_\_\_, 2024 \_\_\_\_\_  
(Parent's Signature) Date (Phone Number)

\_\_\_\_\_, 2024 \_\_\_\_\_  
(Parent's Signature) Date (Phone Number)

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?					
<b>Emergency Contacts:</b> Parents <b>cannot be listed</b> as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness <b>if you cannot be reached</b> . 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.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or **medical personnel** in an emergency situation.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

☐ Not applicable

Child's Name
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**Diapering Statement**

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the following:)	
The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:	
<input type="checkbox"/> I agree with the program's schedule	<input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

**Emergency Transportation Authorization**

Give <u>Permission</u> to Transport	OR	Do Not Give <u>Permission</u> to Transport				
Program or Home Name <i>Pettisville Christian Preschool</i> has <b>permission</b> 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.	Do not sign both	Program or Home Name  does <b>not have permission</b> 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:				
<table style="width: 100%;"> <tr> <td style="width: 70%;">Parent's Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Parent's Signature	Date		<table style="width: 100%;"> <tr> <td style="width: 70%;">Parent's Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Parent's Signature	Date
Parent's Signature	Date					
Parent's Signature	Date					

**Acknowledgement of Policies and Procedures**

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)	
This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.	
Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

**Note:**

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. 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.

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

Child's Name ( <i>print or type</i> )	Date of Birth															
<b>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):</b>																
<b>Section A- EXAMINATION</b>																
<input checked="" type="checkbox"/> The above named child has been examined.																
<input checked="" type="checkbox"/> 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).																
<input checked="" type="checkbox"/> The above named child does not have allergies OR is allergic to the following ( <i>please list in space below</i> ): <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>																
<i>Check below, if applicable:</i> <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.																
<b>Optional: Measurements and Recommended Assessments/Screenings</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Height _____</td> <td style="width: 20%;">Vision _____</td> <td style="width: 10%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 20%;">Lead _____</td> <td style="width: 10%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Weight _____</td> <td>Hearing _____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Hemoglobin _____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>BMI _____</td> <td>Dental _____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Other: _____</td> <td></td> </tr> </table>		Height _____	Vision _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weight _____	Hearing _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	BMI _____	Dental _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	
Height _____	Vision _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead _____	<input type="checkbox"/> Yes <input type="checkbox"/> No												
Weight _____	Hearing _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin _____	<input type="checkbox"/> Yes <input type="checkbox"/> No												
BMI _____	Dental _____	<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.**

<b>IMMUNIZATION (Complete ONLY ONE SECTION below)</b> <b>Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:</b> Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.	
<b>Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:</b> <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>	Initials of Examining Health Care Practitioner   Date
<b>Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):</b> <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):	Signature of Parent   Date