



CELEBRATE PRIMARY

2025-26 APPLICATION FORM

An After School Discovery program for 1st and 2nd grade students at Lakeside Elementary Campus
Fill out completely and return to ASD, PO Box 113, Ashtabula, OH 44005-0113 Business Office 440-993-1060



Child Name (Print) _____ Birthdate ____/____/____
Last First
School Child Is Attending _____ Teacher _____ Grade _____ ☐ M ☐ F
Parents/Guardian (print) _____ My relationship to this student _____
Home Address _____ T-shirt size _____
City _____ State _____ Zip _____ Email Address _____
Cell _____ Other Cell _____ Work/Other _____

Ethnicity ☐ Asian ☐ Black/African American ☐ Hispanic ☐ White ☐ Mixed (check all)
☐ My child has an IEP (Individualized Education Plan) ☐ My child is in ESL (English as a Second Language)

7:00 - 8:00 AM My child will attend the following days **before school at Ontario Primary School**. I will provide their transportation.
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

3:00 - 5:30 PM My child will attend the following days **after school at Ontario Primary School**
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday **MUST SELECT 3 AFTERNOONS Minimum**

TRANSPORTATION HOME:

☐ I give my permission for my child to be transported home at 5:30 pm from **Ontario Primary School** by an approved transportation service. I am aware there is limited transportation available. I am aware that my child must behave appropriately to be eligible to use the transportation.

OR PARENT PICK UP:

☐ My child may be signed in/out and released to any of the following adults besides myself at 5:30 pm. **Drop Off/Pick Up location is at the cafeteria at ONTARIO Primary**. Park in the Parent Loop in front of cafeteria. Ring the bell at the cafeteria outside door.

Adult name _____ relationship _____ phone _____

Adult name _____ relationship _____ phone _____

Adult name _____ relationship _____ phone _____

A. After School Discovery, Inc. (ASD) occasionally uses students' photographs, pictures, or works created for promotion or other uses, including media releases and web site postings. I grant to ASD as the sole owner, the right to photograph film and otherwise use my child's likeness and created works without any compensation whatsoever and understand that pictures may appear on social media.

B. After School Discovery, Inc. (ASD) works closely with the Ashtabula Area City Schools and is requesting your consent for records to be released between your school and ASD to aid in present and future educational plans.

C. I give permission for my child to participate in walking routine trips to common areas on the Wade Avenue campus including restrooms, between buildings, to the playgrounds, gym, etc. Upon dismissal from AM Celebrate or school, my child will be transitioned to their school or PM Celebrate Primary by ASD staff. No water activities are planned in water that is 18" or more in depth.

D. I understand a copy of ASD's Parent Handbook is available on request.

I hereby warrant that I am the parent and/or legal guardian of the above-named child and that I have the authority and authorization to sign this application form on behalf of said minor child. By signing below, I also agree to the statements above. If I am not in agreement with any of the above statements, I will inform After School Discovery in writing of my intentions.

Parent/Guardian Signature **X** _____

Parent/Guardian (Print) _____ Date _____

Mail Application back to AFTER SCHOOL DISCOVERY, PO Box 113, Ashtabula, OH 44005-0113 or have student take completed form to their school office.

Please complete ALL sides

Ohio Department of Children and Youth
**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 <u>cannot be listed</u> 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 DCY 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 DCY 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 DCY 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 DCY 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a DCY 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

Diapering Statement

Is your child toilet trained? ☐ Yes (If yes, skip to Emergency Transportation Authorization section)

☐ No (If no, fill out the following:)

N/A

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:

☐ I agree with the program's schedule

☐ I do not agree, please check my child's diaper every ____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport		OR Do not sign both	Do Not Give <u>Permission</u> to Transport	
Program or Home Name AFTER SCHOOL DISCOVERY / CELEBRATE			Program or Home Name	
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.			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'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. ☐ Yes ☐ 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 5180:2-12-15, 5180:2-13-15, and 5180:2-14-04.

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.

FAMILY INFORMATION

Child's Name

Nickname (if any)

By providing complete information about your child, you will be assisting the staff in creating a positive experience for him/her while in our care. List any information about your child's habits, abilities, or personality that you feel will be helpful to the staff who care for your child.

Members of child's immediate family

Who lives at home with your child?

Are there any special family arrangements, such as shared parenting or custody specifications etc.? ☐ Yes ☐ No

What languages are spoken in your home?

Primary Language?

Changes or transitions that your child recently experienced or is experience? (i.e. new home, birth of sibling, divorce, school issues, death of family member, friend, pet)

Any cultural or religious practices of your family of which we should be aware? (dietary restrictions, head coverings, clothing, language, etc.)

What are your child's favorite foods?

What are the foods your child dislikes?

Are there any foods your child should not be fed? (Child Care Licensing requires a form to be completed for children with food allergies or dietary restrictions)

What time does your child normally wake up and go to bed at night on a school night?

Wake Up _____ Go to Bed _____

What is your child's favorite subject (s) in school?

What subject (s) is a challenge?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

How do you reward your child's good behavior or accomplishments?

What are some of your child's interests?
Is your child taking any lessons or participating in organized clubs/teams? (i.e. swim, dance, piano, scouts, soccer, youth groups, etc.)
Average number of hours per day your child watches TV/DVD's during the school week? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> ___ Less than 1 hour ___ 1 – 3 hours ___ 4 or more hours per day </div>
Average number of hours per day your child has access to the items listed below: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> ___ Computer/I-pad ___ Cell phone ___ Video Games </div>
Please circle all of the words that best describe your child's personality and general behavior: <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 33%;">active</div> <div style="width: 33%;">adventurous</div> <div style="width: 33%;">affectionate</div> <div style="width: 33%;">anxious</div> <div style="width: 33%;">bossy</div> <div style="width: 33%;">calm</div> <div style="width: 33%;">cautious</div> <div style="width: 33%;">cheerful</div> <div style="width: 33%;">content</div> <div style="width: 33%;">creative</div> <div style="width: 33%;">curious</div> <div style="width: 33%;">emotional</div> <div style="width: 33%;">energetic</div> <div style="width: 33%;">excitable</div> <div style="width: 33%;">friendly</div> <div style="width: 33%;">happy</div> <div style="width: 33%;">insecure</div> <div style="width: 33%;">likes structure/routine</div> <div style="width: 33%;">loud</div> <div style="width: 33%;">loving</div> <div style="width: 33%;">outgoing</div> <div style="width: 33%;">quiet</div> <div style="width: 33%;">prefers adult attention</div> <div style="width: 33%;">sensitive</div> <div style="width: 33%;">serious</div> <div style="width: 33%;">stubborn</div> <div style="width: 33%;">talkative</div> </div>
What makes your child laugh?
Please rank from 1 – 10 (10 being the most important) the importance of before and after school activities: <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 20%;">Snack ___</div> <div style="width: 20%;">Art & Drama ___</div> <div style="width: 20%;">Physical Activity ___</div> <div style="width: 20%;">Structured Play ___</div> <div style="width: 20%;">Friends ___</div> <div style="width: 20%;">Rest ___</div> <div style="width: 20%;">Homework ___</div> <div style="width: 20%;">Safe Environment ___</div> <div style="width: 20%;">Learning Activities ___</div> <div style="width: 20%;">Free Play ___</div> </div>
Has your child had a previous care arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type (center based, in-home, with family, summer camp, youth program)
What are your expectations of this program?
Any other information that would be helpful for the staff caring for your child to know?
Does your child have an IEP (Individualized Care Plan) or an IFSP (Individualized Family Service Plan)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, would you be willing to provide the program a copy so our staff can support your child and family. <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or anyone in your family have a hobby, skill, or area of expertise you would be interested in sharing with school age youth? <input type="checkbox"/> Yes <input type="checkbox"/> No Please tell us more:
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> X _____ Parent/Guardian Signature </div> <div style="width: 35%;"> _____ Date </div> </div>

Please complete all sides

Ohio Department of Children and Youth

FAMILY NEEDS SURVEY FOR STEP UP TO QUALITY (SUTQ)

<p><i>We want to support any needs you or your family may have. THE INFORMATION YOU PROVIDE ON THIS FORM IS CONFIDENTIAL</i></p> <p>Please circle Y (YES) or N (NO) to best describe your current situation for each topic. If you circle Y for an item, please briefly list the CONCERN if this is an area of need for your child or family. Our goal is to provide resources to support you and your family, based on your answers.</p>	
Child's/Children's Name(s):	Caretaker's Name: CELEBRATE / AFTER SCHOOL DISCOVERY Date Completed:
TOPICS	
Child Development and Education- Does anyone in your family have any need for resources or support in the areas listed below?	
Y N	Information on child growth and development.
Y N	Guiding and supporting a child's behavior.
Y N	Medical or disabilities or possible conditions for any child or adult in the family.
Y N	Obtaining toys or activities to use to help any child in your home.
Y N	Preparing your child for kindergarten.
Child and Family Health- Does anyone in your family have any need for resources or support in the areas listed below?	
Y N	Health insurance and/or access to regular medical care, dental care, or medications.
Y N	Medical or health supplies or supports that anyone in your family needs.
Y N	Accessing immunizations.
Y N	Finding a pediatrician, general practitioner, dentist, therapist, psychologist, optometrist, or other specialty practitioner.
Y N	Concerns with depression, anger, anxiety, or mental health needs.
Y N	Concerns with alcohol, drug, or addiction problems.
Financial and Household Supports- Does anyone in your family have any need for resources or support in the areas listed below?	
Y N	Help paying for child care.
Y N	Help finding housing or safe housing.
Y N	Help paying your mortgage or rent.
Y N	Help with food expenses.
Y N	Finding household items such as furniture, clothing, or school supplies.
Y N	Access to transportation or transportation expenses.
Y N	Attending school (such as a GED, Certifications, or college degrees)
Y N	Help finding work or job training

Are there other needs you or your family have that are not listed above:			
Parent Signature		Date:	
* Administrator or Designee Signature:		Date:	
For Staff Use:			
Bronze Rating Level		Silver Rating Level	
Resources provided to the family:		Resources provided to the family:	
Administrator or Designee Signature & Date:		Administrator or Designee Signature & Date:	
Referrals provided to the family:		Referrals provided to the family:	
Administrator or Designee Signature & Date:		Administrator or Designee Signature & Date:	
Follow-up provided to the family:		Follow-up provided to the family:	
Administrator or Designee Signature & Date:		Administrator or Designee Signature & Date:	
Gold Rating Level		Gold Rating Level	
Resources provided to the family:		Resources provided to the family:	
Administrator or Designee Signature & Date:		Administrator or Designee Signature & Date:	
Referrals provided to the family:		Referrals provided to the family:	
Administrator or Designee Signature & Date:		Administrator or Designee Signature & Date:	
Follow-up provided to the family:		Follow-up provided to the family:	
Administrator or Designee Signature & Date:		Administrator or Designee Signature & Date:	