

MY FATHER'S HOUSE

Child Care Center

Home Center
3657 Tait Rd.
Kettering, OH 45439

Church Center
508 Shroyer Rd.
Dayton, OH 45419

CHILD'S NAME: _____

DATE ENROLLED: _____

START DATE: _____

REQUIRED FORMS

- _____ DAYS & HOURS (MFH)
- _____ CHILD ENROLLMENT & HEALTH FORM (JFS01234)
- _____ CHILD MEDICAL STATEMENT (JFS 01305)
- _____ DESIGNATED PICK-UP/DROP-OFF FORM (MFH)
- _____ CHILD MEDICAL/PHYSICAL CARE PLAN (JFS 01236)
- _____ ROUTINE FIELD TRIP - Horace Mann School (JFS 01225)
- _____ CHILD'S PERSONAL HISTORY (MFH)
- _____ PARENT HANDBOOK (MFH)
- _____ VERIFICATION OF POLICIES & PROCEDURES (MFH)
- _____ CONTRACT PAGE (MFH)
- _____ CENTER PARENT INFORMATION (JFS 01237)