

Jackson County Board of Developmental Disabilities

2021--2022 ENROLLMENT FORM

Please print clearly so we can contact you as needed. Complete all applicable fields—this form aids us in providing required information to the State of Ohio.

Child's Legal Name (first, middle, last) _____

Child's SS# _____ Child is usually called _____

Address of Child _____ P.O. Box Number _____

School District of Residence _____ Gender: M F

Medicaid Number: _ _ _ _ _

Birth Date of Child _____ Birth City/County of Child _____

Is this child Hispanic, Latino or of Spanish origin (regardless of race)? Yes No

Ethnicity/Racial group (can circle more than one) W-white M-Multiracial H-Hispanic B-black
A-Asian P-Hawaiian or Pacific Islander I-American Indian/Alaskan

Father's Name _____ Mother's Name _____ Maiden Name _____

Marital Status of Parents: Single/Unmarried Married Divorced Separated

Name of Step-parent(s)/Guardian (if applicable) _____

Home Phone _____

Parent/Guardian WORK Phone(s) Mom _____ Dad _____

Parent/Guardian CELL Phone(s) Mom _____ Dad _____

Most commonly used email address _____

Please place an X next to any of the following that pertain to your child. Please explain below.

___ Allergies ___ Medications ___ Special Diets ___ Food Supplements ___ Modified Diet
___ Fluoride Supplements ___ Chronic Physical Problems ___ History of Hospitalization ___ Diseases

Disability: _____

Explain:

Please list any medications your child is currently taking (include dosage)

(If your child will need medication at school, a medication order form signed by your doctor is required)

Please list at least two emergency contacts:

Emergency Contact #1 _____ Phone _____

Emergency Contact #2 _____ Phone _____

Emergency Contact #3 _____ Phone _____

Name of Child's Doctor _____ Phone _____

Doctor's Address _____

Name of Child's Dentist _____ Phone _____

Dentist's Address _____

Preferred Hospital _____

Who may pick up your child (only those listed will be allowed to take your child from the program)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

PARENT HANDBOOK: As the legal guardian for the above listed child, I give permission for my child to be enrolled in Hope Haven School. I understand that the discipline policy & other important information for Jackson County DD is included in the program handbook. This handbook will be given to me at my child's enrollment, and I can request a copy at any time by calling 740-286-6491.

Parent/Guardian Signature _____ Date _____

INITIAL BELOW FOR TRANSPORTATION AGREEMENT

This acknowledges that Parent or Guardian has received and reviewed a copy of JCBDD Transportation Policies and Procedures.

Parent/Guardian Initial _____

INITIAL BELOW IF PICTURE PERMISSION IS GRANTED (Optional)

I give my permission for my child's photo or video image, and/or art work to be used in materials published by Jackson County Board of DD, and/or by its staff members or employees for submission for publication to local newspapers, social media, or for use in classroom projects. I understand that my child's name and school of attendance may be used. Also, I understand that I may revoke this permission, in writing, at any time.

Parent/Guardian Initial _____

INITIAL BELOW IF ROSTER PERMISSION IS GRANTED (Optional)

I give my permission for my child's/my name, address & telephone number to be shared with school personnel and with other parents of children in his class. This information will not be provided to any entity for commercial purposes, with the exception of a list of names only provided to vendors who are approved by building principals for school photography.

Parent/Guardian Initial _____

A valid doctor's physical will be included in the enrollment packet and must be completed within the first 30 days after school starts. It also **MUST** be accompanied by a signed emergency medical form, shot record, insurance card. A copy of your child's official birth certificate is also needed. Return all forms to:

Hope Haven School
822 Sellars Drive, PO Box 607
Jackson, Ohio 45640
740.286.6491