



a learning grove organization

Summer Program Enrollment Packet

Learning Grove Summer Programs provide safe, structured and academically enriching opportunities where children learn, grow and gain new experiences. Activities follow a planned curriculum that facilitates enhanced learning beyond the school day through recreational activities, games, and projects.

Enrollment:

Space is limited per licensing capacity and staffing; students are enrolled on a first come first served basis. To enroll, complete the packet in its entirety to the Afterschool Coordinator or school main office. Families of Preschoolers must also return with the Child Medical Statement signed by a physician and copy of current immunization records.

Children with special health conditions or requiring medication will receive supplemental paperwork to complete. This along with any medications must be returned to the program prior to your child being able to start. You will be contacted to confirm a start date, children may not participate until all paperwork is *complete* and returned.

Weekly Fees:

\$235.00

Ages:

Preschool 3 – 5 years (enrolling in K in the fall)

School Age 5 – 12 years

Location:	Afterschool Coordinator Contact Information:	Program Hours:	Days of Operation:
Bond Hill Academy 1510 California Ave. Cincinnati, OH 45237 License #: 2220027191	Carmen Stone 513-708-2596 cstone@learning-grove.org	Monday – Friday 8:00am – 5:00pm	June 1 st – June 26 th Closed Friday June 19 th
Bramble Nature School 4324 Homer Ave. Cincinnati, OH 45227 License #: In Process	Charlie Rosado 513-604-6245 crosado@learning-grove.org	Monday – Friday 8:00am – 5:00pm	June 1 st – June 26 th Closed Friday June 19 th
College Hill Fundamental Academy 1625 Cedar Ave. Cincinnati, OH 45224 License #: In Process	Carmen Stone 513-604-2929 cstone@learning-grove.org	Monday – Friday 8:00am – 5:00pm	June 1 st – July 31 st Closed Friday June 19 th and Friday July 3 rd
Carson Elementary School 4323 Glenway Ave. Cincinnati, OH 45205 License #: 2220027196	Tonya Williams 513-363-9887 twilliams@learning-grove.org	Monday – Friday 8:00am – 5:00pm	June 1 st – July 31 st Closed Friday June 19 th and Friday July 3 rd

2026 Summer Program Enrollment Packet - OH

Child Information

Child Name: _____

Age _____

Grade _____

Date of Birth _____

Race _____

Program Location

☐ Bramble ☐ Bond Hill ☐ College Hill

Days Attending

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Gender

☐ Male
☐ Female

Anticipated Funding

☐ Private Pay
☐ Child Care Voucher

What language(s) are spoken in the home? _____

Total Yearly

Household Income: _____ \$

Number of adults
in the home: _____

Number of
children: _____

Family and Child Information

What are my expectations for my child's time in the program?

Is there anything you want us to know about your child's history (Adoption, family history, etc.)? Or are there any special circumstances in the family which may be a factor in your child's present behavior (divorce, death, new baby, recent move, hospitalization, etc.)?

What are your child's favorite activities, games, and books?

Please describe your child's strengths:

What makes your child upset?

How do you calm/comfort him/her?

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

Does your child currently have an IEP or 504 Plan? ☐ Yes ☐ No

Would you be willing to share this with the program? ☐ Yes ☐ No

Authorization for Release of Information

I authorize Learning Grove / Families**FORWARD** to release and exchange information with my child's school, school personnel and the program-evaluation team.

The following information:

- | | |
|--|--|
| ☐ IEP | ☐ School Records/Reports |
| ☐ 504 Plan | ☐ Immunization Records |
| ☐ Diagnostic Assessments | ☐ Other: _____ |

For the following reasons:

- | | |
|---|--|
| ☐ Compliance with licensing | ☐ Individual support plans |
| ☐ Review of child's progress | ☐ Grant compliance |
| ☐ Evaluation and program quality-improvement purposes | ☐ Other: _____ |

The consent shall expire on the last day of programming.

I authorize the release of this information and understand that it will only be used for the purposes listed above.

Parent Signature

Date

Walking Permission and Routine Trips

Child Name

I give permission for my child to go on walking trips to the below location while enrolled at the center.

Streets and Locations:

Parent Signature

Date

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 ☐ Same as Child's			Home Telephone Number ☐ 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. ☐ Yes ☐ No If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ Email Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2			Relationship to Child		
Home Address ☐ Same as Child's			Home Telephone Number ☐ 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. ☐ Yes ☐ No If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ Email Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents cannot be listed 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 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:)

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 Learning Grove / FamiliesFORWARD			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.

Reset Form

CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (<i>print or type</i>)		Date of Birth	
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):			
Section A- EXAMINATION			
√ The above named child has been examined.			
√ 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).			
√ The above named child does not have allergies OR is allergic to the following (<i>please list in space below</i>):			
Check below, if applicable:			
☐ 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.			
Optional: Measurements and Recommended Assessments/Screenings			
Height _____	Vision _____	☐ Yes ☐ No	Lead _____ ☐ Yes ☐ No
Weight _____	Hearing _____	☐ Yes ☐ No	Hemoglobin _____ ☐ Yes ☐ No
BMI _____	Dental _____	☐ Yes ☐ 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.

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

Authorization to Pick Up

Child Name

Authorized to Pick Up: Designated person(s) the school age program can release the child to (18+ years)

Name

Phone

Address

Relationship

Name

Phone

Address

Relationship

Parent Signature

Date

Please list any information regarding custody arrangements/restraining orders (persons who may NOT visit or take your child under ANY circumstances). The center cannot refuse pickup to any custodial parent without a court order on site.

Dismissal Information

- ☐ My child will be picked up from the program
- ☐ My child will walk home from the program
(Please complete the Walking Permission Slip below)

Walking Home Permission Slip

Child Name

This form grants permission to allow your child to be released to walk home from the Learning Grove / FamiliesFORWARD licensed childcare program. I give permission for my child to be released to walk home at:

Time

- ☐ Daily
 - ☐ On the following days:
- _____

Parent Signature

Date

Consent for Photographic, Cinematic, and/or Voice Reproduction

This release is based on the following conditions:

- Materials produced become the property of Learning Grove / Families**FORWARD** Inc.
- Release is given without promise of compensation.
- Release is effective until terminated by a written retraction from the person granting this authorization.
- The parent or legal guardian and child/client release to Learning Grove / Families**FORWARD** Inc. any right, title, and/or interest of any kind they may have in the records produced.

Release for Photographic, Cinematic, and/or Voice Reproduction for publicity purposes:

I hereby grant Learning Grove / Families**FORWARD** Inc. the right and authority to photograph, film and/or vocally record:

Child Name

Age

The materials produced may be used for promotional or publicity purposes, and may be used in mass media publications, on the organization's websites and social media sites, televised, or used in film presentations. Media resources include, but are not limited to, newsletters, social media, annual reports, brochures, professional publications and special event/promotional materials. Actual names of clients and families will not be used. This release is effective until revoked in writing by the undersigned. Such revocation shall only be effective to prevent further use of photographic, cinematic or recorded materials.

Parent Signature

Date

Witness (for authorization by phone)

Date

Consent for Assessment and Participation in Activities

Child Name

The goal of the Families**FORWARD** After-School Program is to provide students with enrichment activities that will support your child's development. We offer a wide range of activities for your child to choose from — the activities include, but are not limited to:

- Youth Development Leadership Groups
- Visual Arts
- Martial Arts
- Dance
- Boy Scouts
- Soccer
- Social Emotional Skill Development
- Cooking/Nutrition Classes
- Gardening
- Drumming
- Girl Scouts
- Flag Football
- And other sports/activities

These are some of the activities offered. We will add and remove activities throughout the duration of programming as needed. All activities are located within the school building using classrooms, gymnasium, cafeteria and playground.

My child/ren have my permission to participate in summer enrichment activities.

Parent Signature

Date



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Learning Grove / FamiliesFORWARD AFTER-SCHOOL PROGRAM

Summer 2026 CODE OF CONDUCT

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I. BACKGROUND INFORMATION

FamiliesFORWARD helps children become productive, independent, responsible citizens through a school-based, family-centered program. Our after-school program begins immediately after the regular school day ends. The Families**FORWARD** After-School Program is designed to provide enrichment in the arts, social skills, music and academic supports. We do not offer child care but ask that parents commit to regular attendance after school in order that your children can get the most out of the program.

Our after-school activities are free to participating families. Our funding is provided through a variety of sources, including the United Way of Greater Cincinnati, private foundation support and government grants. Each school's Families**FORWARD** After-School Program has a maximum number of students who can be served. It is important for parent(s) to follow the registration timelines and complete the registration materials in a timely manner to ensure that your children will be able to participate given available space.

We respect the abilities and potential of the children who participate in our extended-learning opportunities and expect our families to work with Families**FORWARD** After-School Program staff to ensure the success of each child. Our Code of Conduct is intended to ensure that everyone participating in the Families**FORWARD** After-School Program can have fun and grow in a positive environment.

II. CODE OF CONDUCT GUIDELINES

CAFETERIA/DISMISSAL POLICY

1. All students must meet in the designated area upon dismissal from their regular classrooms at the end of the school day. Students are not permitted to leave the building without Families**FORWARD** After-School Program staff's permission.
2. Students are expected to sit quietly in the cafeteria or designated area at their assigned group table with Families**FORWARD** After-School Program staff.
3. Students will leave the cafeteria with their assigned Families**FORWARD** After-School Program group leader.
4. Disruptive behavior will not be tolerated. For repeated disruptive student behavior, a phone call from a Families**FORWARD** After-School Program staff member will be made to the student's parent(s).
5. Repeated Violations
If a student is repeatedly disruptive during snack time or any other time during the Families**FORWARD** After-School Program, the student can be suspended from the Families**FORWARD** After-School Program from one to five days, depending on the offense. A staff member from the Families**FORWARD** After-School Program will notify the parent(s) by phone before any suspension is instituted in an effort to positively resolve the situation.

PLAYGROUND POLICY

1. Under favorable weather conditions and with the permission of the school principal, the Families**FORWARD** After-School Program will use school playground facilities.
2. Students are expected to observe safe and respectful behavior toward other students as well as follow directions of Families**FORWARD** After-School Program staff while on the playground during the program.
3. Behavior problems on the playground are subject to the same Code of Conduct violations listed under the discipline policy in the next section.

DISCIPLINE POLICY

1. The Families**FORWARD** After-School Program staff follows the discipline plan as established by Cincinnati Public Schools, which is outlined in each school's handbook.
2. A student involved in any physical confrontation will be automatically suspended from the program for a week. A phone call will be made to the parent(s), and a meeting with the parent(s) will occur before the student is permitted to return. An incident report will be completed by Families**FORWARD** After-School Program staff, and a copy of this report will be given to the children's principal/assistant principal and parent.
3. Any student involved in disrespectful behavior toward Families**FORWARD** After-School Program staff members or peers can be suspended from the program for a minimum of one day. The parent(s) will be notified of the disrespectful behavior(s) in writing and have a chance to work with the student to correct the behavior(s).

4. A phone call will be made to parent(s), and the student might receive a reprimand for inappropriate behavior that will be developmentally and age appropriate. Teachable moments will help the student learn more appropriate responses and can include a timeout, a writing assignment, letter of apology, role play, supportive counseling, phone call or behavioral contract.
5. Violations of the Code of Conduct can include but are not limited to the following: continued/chronic insubordination, disruptive behavior, leaving the school without permission, and altercations with or inappropriate touch of another student.
6. All violations will be reviewed by the Families**FORWARD** After-School Program site manager and might be determined to be progressive. After three violations, a mandatory meeting will be requested by the Families**FORWARD** site manager with the parent(s) and student. The student may not return to the Families**FORWARD** After-School Program until the mandatory meeting occurs with the parent(s). At the discretion of the site manager, the school principal or his/her representative may be asked to attend such a meeting.
7. Families**FORWARD** After-School Program site managers are responsible for working with the parent(s) and notifying the school principal of repeated discipline problems with individual students—e.g., phone calls, reprimands, sending the student home from the Families**FORWARD** After-School Program and any other actions deemed necessary.
8. The Families**FORWARD** After-School Program reserves the right to dismiss any student after repeated violations or safety issues involving the student or other students.
9. If a student has parental permission to walk home from school, s/he is expected to leave the school grounds immediately upon dismissal from the Families**FORWARD** After-School Program.

ATTENDANCE POLICY

1. No student will be dismissed from the Families**FORWARD** After-School Program without parent(s) permission. If your child will need to leave the Families**FORWARD** After-School Program early, and you are not picking up your child/children, please make certain that a staff member from the Families**FORWARD** After-School Program receives a phone call or a note giving your permission. Please contact us at:

Bond Hill Academy of Math and Science Discovery: 513.708.2596
College Hill Fundamental Academy: 513.604.2929
Bramble Nature School: 513.604.6245

2. Students absent from school either for illness or disciplinary reasons will not be allowed to attend the Families**FORWARD** After-School Program on that day.
3. Families**FORWARD** part-time staff members who are also employed by Cincinnati Public Schools are required to maintain satisfactory attendance with their primary employer, Cincinnati Public Schools, as well as with Families**FORWARD**. Families**FORWARD** part-time staff members will not be permitted to report to work for Families**FORWARD** on days in which they call in sick at Cincinnati Public Schools and attempt to work during the After-School Program.

4. A staff member of the Families**FORWARD** After-School Program will make phone calls to the parent(s) if students miss three consecutive days of the Families**FORWARD** After-School Program. Students can be suspended from the Families**FORWARD** After-School Program due to excessive absenteeism for an initial period of up to three days. A written letter will be sent to parent(s) requesting a meeting prior to any suspension for excessive absenteeism.
5. Bad weather might force the cancellation of the Families**FORWARD** After-School Program. Families**FORWARD** After-School Program staff will attempt to make early decisions when possible on cancellations due to bad weather. Please plan for where your children will need to go if the Families**FORWARD** After-School Program is canceled. Please keep Families**FORWARD** staff advised as to new phone numbers or emergency contact people.
6. In the case that a student is not picked up within 15 minutes after program closing and the parent/guardian has not made any phone contact with Families**FORWARD** staff, phone calls will be made to all listed contacts. If all communication efforts are unsuccessful within a 30-minute time frame and the child has not been picked up, 241-KIDS (5437) will be contacted by a Families**FORWARD** staff member. 241-KIDS is Hamilton County's 24/7 hotline for reporting suspected cases of child abuse and neglect.
7. Parents who are late picking up their child(ren) from the Families**FORWARD** After-School Program three consecutive times without reasonable explanation will have their children subject to removal from the program. A meeting will be scheduled with the parent/guardian before the child is considered for removal from the program.

HEALTH AND SAFETY POLICY

1. Students and Families**FORWARD** staff will practice hygiene by washing hands.
2. If a student and/or staff member is sick, s/he will be required to stay home and notify the program supervisor, who will notify school administration, as required.

III. SIGN AND RETURN



.....
Parents:

Please sign and date this portion of the page, detach, and return with your registration packet to the after-school coordinator or site manager. Thank you!

I have reviewed the above Families**FORWARD** After-School Program Code of Conduct guidelines with my child(ren) and will encourage my child(ren) to follow these guidelines in order to fully benefit from the extended-learning opportunities offered by Families**FORWARD**.

I also agree to attend a mandatory parent orientation meeting *and* at least one parent workshop throughout the course of the After-School Program.

Name(s) of child(ren): Please print full name(s)

Parent name(s): Please print full name(s)

Parent signature

Date

Appendix: Special Requirements for Preschool and Kindergarten Students

In order to better serve the needs of our young children in the preschool and kindergarten groups, we appreciate parent/guardian cooperation concerning “wetting accidents and soiled clothing.” This applies especially to younger students in our After-School Program.

Some younger children will experience “accidents” and soil their clothing. Unfortunately, Families**FORWARD** is unable to provide a change of clothes when this occurs, but we do want the children to be able to rejoin the daily activities as quickly as possible!

You can help us and your child by bringing a change of clothing and clean underwear to the Families**FORWARD** After-School Program’s office. Suggested clothing includes loose fitting elastic waist pants, a long-sleeve shirt, extra socks and a change of underwear. Please put the clothing in a plastic bag and **LABEL YOUR CHILD’S NAME CLEARLY ON THE PLASTIC BAG.**

Should your child experience an accident during after-school activities, we will have your child change under the adult supervision of our staff, and your child can then rejoin the activities in clean, sanitary clothing. We will return the soiled clothing to you in a sealed plastic bag; please send another emergency change of clothing as soon as possible in the event of future accidents.

Thank you kindly for your help with this matter. Should you have any questions or concerns, please contact our staff at the Families**FORWARD** After-School Program office or our agency’s Central Office.

I have read and understand the special requirements for preschool and kindergarten students. I agree to assist the Families**FORWARD** After-School Program staff by following the above requirement.

Parent/Guardian full name (please print)

Child’s full name (please print)

Signature

Date

Tuition Payments

Payment Options:

Auto Payments can be made using credit card, debit card, or direct withdrawal through a bank account. To use this option, fill out the Tuition Express Parent Authorization Form on the reverse side and return to Mykee Preston mpreston@learning-grove.org

Online Payments can be made through the parent portal, called Myprocare. See below for more information.

On-Site Payments can be made in cash and check directly to the program. Program staff will provide a receipt on-site at the time of the transaction. Programs do not provide change.

Checks should be made payable to Learning Grove.

Credit and Debit Card Transactions will be subject to a 2.00% processing fee for all transactions.

For more information please see Invoicing and Payments in Parent Handbook.

Accessing Tuition/Payment Information:

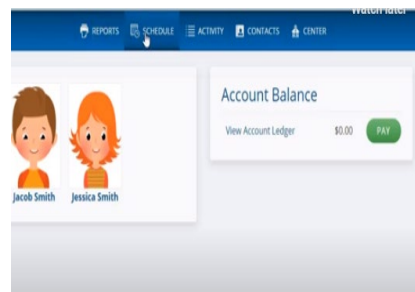
Myprocare is a parent portal that will allow you to make online payments, see previous payments, account balance, and see and update family contact information.

Setting up your account at myprocare.com (first time only)

1. You will need to verify your identity as an authorized payer by entering the email address we have on file. If you are unsure what email we have or if you don't have your email address on file please ask your center director for assistance.
2. MyProcare will send an email to the address with a confirmation code. Enter that code on the myprocare page and create a password.
3. You will use this email address and password to access your account in the future. If you forget your password you can use the "Forgot Password" feature at the top of the page to setup a new one (Learning Grove does not have access to password or the ability to reset the password).

Making a payment in myprocare:

1. Sign into your myprocare account at myprocare.com using the email address and password you just created.
2. You will see options to view reports (like previous statements), the ability to update your child's information/relationships/emergency contact info, and make a payment on your account.
3. Click the "Pay" button in the Account Balance box (your current balance will be shown in the Account Balance box).
4. Next, enter you credit/debit card information and the amount you would like to pay (there is a 2.00% fee charged for all credit/debit card transactions).
5. To save this card for future use simply select that option before submitting the payment.



Child Care Vouchers

How to Connect your current PFCC or Child Care Choice Voucher:

Visit www.hcfjs.org > Child Care > Information for Caretakers (Parents) > Child Care Connect

Provider Name	Provider Address	License #
Learning Grove / FamiliesFORWARD – Bond Hill	1510 California Ave. Cincinnati OH 45237	2220027191
Learning Grove / FamiliesFORWARD – Bramble Nature Campus	4324 Homer Ave. Cincinnati OH 45227	2250032218
Learning Grove / FamiliesFORWARD – College Hill	1625 Cedar Ave. Cincinnati OH 45201	2250032298

How do I know if I qualify for Publicly Funded Child Care Vouchers or the Child Care Choice Program?

Using the chart below determine if your household income falls below the Federal Poverty Level for each of the programs. If you are below the monthly income based on family size, you will need to apply for the program.

Family Size	Maximum MONTHLY Income Limit for Initial Eligibility (145%)	Maximum ANNUAL Income Limit for Initial Eligibility (200%)
2	\$ 3,406.67	\$ 40,880.00
3	\$ 4,303.33	\$ 51,640.00
4	\$ 5,200.00	\$ 62,400.00
5	\$ 6,096.67	\$ 73,160.00
6	\$ 6,993.33	\$ 83,920.00
7	\$ 7,940.00	\$ 95,280.00
8	\$ 8,786.67	\$ 105,440.00

*If the family size is above 8, add \$5,380 to the annual income for each additional household member.

How do I apply for Publicly Funded Child Care Vouchers and the Child Care Choice Program?

Applications will be submitted in the [Ohio Benefits Self-Service Portal](#) (SSP), using the SSP families will be able to complete an e-application to apply for child care assistance. Families will also be able to upload required verification and submit the application to your local county job and family services.

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card) 2% Processing Fee Applied

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date CVV
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	☐ Checking	☐ Savings	
Authorized Signature	Date			

Your Name
Any Street, Anytown
Tel: (001) 555-0000

DATE _____

0001

PAY TO THE ORDER OF

ATTACH VOIDED CHECK HERE

DEPOSIT SLIPS NOT ACCEPTED

Savings Bank
Any Street, Anytown
Tel: (001) 555-5555

100 DOLLARS

Security features Included. Details on back.

RE _____

MP

123456789

000123456789

0001

ROUTING NUMBER

ACCOUNT NUMBER

CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received
Employee Signature

800.338.3884 • procaresoftware.com

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