



6500 Southway Road  
P.O. Box 309  
Clayton, OH 45315

Phone: 937-832-2711  
Fax: 937-836-7630  
Email: [SCAPreschool1978@gmail.com](mailto:SCAPreschool1978@gmail.com)  
Web: [www.SalemChristianAcademy.com](http://www.SalemChristianAcademy.com)

## 2025-2026 Preschool Registration Checklist

- \_\_\_\_\_ Attend a Prospective Parent/Child Interview
- \_\_\_\_\_ Request preferred session (Refer to Session Lists)
- \_\_\_\_\_ Payment Plan Form (Not online)
- \_\_\_\_\_ Child Enrollment and Health Information for Childcare Form (ODJFS 01234)
  - Must agree to Emergency Transportation Authorization (Page 4)
- \_\_\_\_\_ Permission to Pick Up Form
- \_\_\_\_\_ \$170 Registration fee
- \_\_\_\_\_ Photo Permission and Handbook Acceptance Form
  - Last page of Parent Handbook
- \_\_\_\_\_ Child Medical Statement Form (ODJFS 01305) (current dated)
  - Child Immunization Records attached, discuss declined Immunizations
- \_\_\_\_\_ \* Custody Agreement
- \_\_\_\_\_ \* Child Medical/Physical Care Plan Form (ODJFS 01236): Rescue Meds. Only!
  - Bring completed form to required Parent Medical Training August 21, by Appointment
- \_\_\_\_\_ \* Request for Administration of Medication Form (ODJFS 01217)
  - Bring completed form to required Parent Medical Training August 21, by Appointment

***\*Only if required***