#### Dear Parents/Guardians:

Before we enroll your child, please be sure you have the following forms completed and ready for the office. Forms without signatures do not need to be returned:

|         | Registration Fee Paid                              |
|---------|--|
|         | Re-enrollment Form                                 |
|         | Enrollment Card                                    |
|         | Financial Agreement                                |
|         | Statement of Cooperation                           |
|         | Discipline Procedure                               |
|         | Behavior Management Plan Outline                   |
|         | Biting Policy                                      |
|         | Tuition Fees Agreement                             |
|         | Communicable Disease/Condition Policy              |
|         | Updated Vaccination Record/Physical Form           |
|         | Photograph/ Video Form                             |
|         | Bathroom Habits                                    |
|         | Child Information Sheet                            |
|         | CACFP Enrollment Form (Up to Date)                 |
|         | I have signed up for REMIND                        |
|         |  |
| If enre | olling in day care, include:                       |
|         | Day Care Fees Agreement for K-3, K-4, K-5 Students |
|         | Brightwheel Fees Agreement                         |

\*Book Fees are due by July 1<sup>st</sup>. August tuition is due on or before August 1<sup>st</sup>. If payment is not received for either book fees or tuition, Agape' reserves the right to open this spot up for registration to someone else.\*\*A \$15.00 late fee is added for books paid after July 1<sup>st</sup>.

If you would like copies of any of your paperwork, please let the office know when you turn them in. Thanks.

Thank you for your cooperation! This will help things run more smoothly and quickly as you register for K-3, K-4, and K-5 classes.

#### AGAPE' LEARNING CENTER RE-ENROLLMENT FORM 2024/2025

K-3 \_\_ K-4 Half Day\_ K-4 Full Day\_ K-5 Half Day\_ K-5 Full Day\_ Day Care\_

Henry County Memorial Hospital.

| PAYMENT OF REGISTRATION FEE  | MUST ACCOMPANY ALL APPLICATIONS NONREFUNDABLE. | S. THESE FEES ARE         |
|--|--|---------------------------|
| Student Name:  | Class Entering                                 | Sex: M F                  |
| Current Address:   |  |                           |
| arent 1- Current Phone Number:   |  |                           |
| Email:   | ¥-12   |                           |
| Parent 2 - Current Phone Number:   |  |                           |
| Email:   |  |                           |
| Vill your child be using our day care services?                            |  |                           |
| **************************************                                     | **************************************         |                           |
| f yes, the new employer is   |  |                           |
| Address:   | Phone:   | <del></del>               |
| *****  | *********                                      |                           |
| PLEASE LIST THOSE PERSONS TO BE CONT                                       | ACTED IN CASE OF AN EMERGENCY W                | ITH YOUR CHILD:           |
| Vame:  | Phone:   | _                         |
| ddress:  |  |                           |
| Name:  |  | :                         |
| Address:   |  | _                         |
| Jame:  |  | _                         |
| Address:   |  | _ ,                       |
| amily Doctor   | Phone:   | _                         |
| Office Address:  |  |                           |
| f you or your Doctor cannot be contacted in case of mergency service?YesNo |  | school doctor or the city |
| n case of emergency, I hereby give my consent for                          | my child                                       |                           |

to receive first aid or medication from the consulting physicians at New Castle Pediatrics, or from the emergency staff at

# AGAPE' LEARNING CENTER FINANCIAL AGREEMENT

| Our child is enrolled in the following departments of Agape' Learning Center with appropriate charges according to the tuition and/or Day Care fee schedule: <b>Please check the ones,</b>   |
|--|
| which apply to your child.   |
| (Please fill in appropriate payment before signing)  |
| 1K-3 Class with 10 payments of beginning August 1.   |
| 2K-3 Class with 12 payments of beginning June 1.   |
| 3K-4 Class with 10 payments ofbeginning August 1.  |
| 4K-4 Class with 12 payments ofbeginning June 1.  |
| 5K-5 Class with 10 payments ofbeginning August 1.  |
| 6K-5 Class with 12 payments ofbeginning June 1.  |
| 7Before/After Class Care at \$4.40 per hour (\$3.90 per hour if he/she is the second child) times the number of hours in attendance per week. (10-hour weekly minimum for Half Day Students and a 5 hour minimum for Full Day Students during the school year only)        |
| August tuition must be paid by Aug. 1 in order for your child's spot to be secured. If payment is not received by Aug. 1, Agape' reserves the right to open up this spot for registration to someone else.   |
| *******  |
| I agree to pay these fees either weekly or monthly as terms described in the appropriate fee schedules.  |
| If any fees are charged because of overtime Day Care, Brightwheel charges, late fees, or late pick up fees, I agree to pay that amount as outlined.  |
| All school students (that are not enrolled in day care) not picked up by 10 minutes past dismissal will be sent to a day care classroom to wait. After the second late pick up a \$10 fee will be charged.   |
| Book fees must be paid by July 1 <sup>st</sup> and August tuition must be paid by August 1 <sup>st</sup> in order to secure your child's spot. If payment is not received by said due dates, Agape' reserves the right to open this spot for registration to someone else. |

If my Child's tuition payment is not paid by the 10th of the month, **I understand I will pay a late fee of \$10.00.** I realize if it is **30 days in arrears** it will result in **suspension** of my student unless I have made arrangements for payment with the administrator. The administration reserves the right to send all accounts which are 45 days past due to a collection agency.

If my child is in <u>Day Care</u>, I understand my <u>full payment is due weekly</u>. I understand that Day Care is billed the week following service. Our week begins Monday morning and ends Friday evening. Parents are responsible to view their invoice on your MyProcare account each week and pay by 6:00pm Friday. After Friday, a \$5.00 late fee will be added. If full payment is not received within one week of the late fee, your

child/ren will be suspended and their time card will be pulled. They cannot return until full payment is made.

Minimum charges and late fees will be added to the invoice each week until which time payment is received or parent/guardian come into the office and sign a withdrawal form. The administration reserves the right to forward any day care accounts which are 4 weeks past due to a collection agency.

In the event of a closure due to weather, pandemic, or other situation we will charge our normal tuition rate. We will base our decision on the advice of our local Health Department. If closure becomes excessive, we reserve the right to add days to Spring Break and/or the end of school in May.

I understand that I am responsible to pay my child's tuition and day care services in the event that my Child is suspended for behavior in following Agape's Behavior Management Plan.

I do hereby agree to all terms of this said agreement.

| Date | Signature |                        |  |
|------|-----------|------------------------|--|
|      |           | Parent and/or Guardian |  |
| Date | Signature |                        |  |
|      |           | Agape' Learning Center |  |

### Agape' Learning Center Statement of Cooperation

#### Fees

- We agree to pay the tuition and day care charges according to arrangements that shall be
  made and to conclude all required payments on or before the last day of school. We
  understand that in the event of financial hardship we should contact school officials and
  arrange a means of settlement. We understand that final report cards or transfer of records
  cannot be completed without financial clearance.
- 2. We agree to pay all day care charges weekly understanding if they are past due there will be a late fee added to our charges for each week payment is not received by Agape'. After the second late fee has been added, we understand our child(ren) may not return to Agape' until payment is received. These fees shall not extend past four weeks or the administration reserves the right to turn all delinquent accounts over to a collection agency and my child will be withdrawn from school and/or day care and the spot will go to the next child on the waiting list. However, if a financial hardship does arise, we may contact the Agape' administration to arrange a payment plan.
- 3. It is my understanding that the policy for the facility is to make no refunds on the registration fee.
- 4. I understand that I am responsible to pay my child's school tuition and day care services in the event that my child is suspended for behavior in following Agape' Behavior Management Plan.

#### Discipline

- I agree that discipline is necessary for the welfare of each student, as well as the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as outlined in our Discipline Procedure and the Behavior Management Plan Outline.
- 2. I have read and understood the enclosed Discipline Procedure and the Behavior Management Plan Outline and agree to abide by them.
- 3. We realize our child may be dismissed if he or she does not respect the standard of conduct and the educational process adopted by the school and/or day care.
- 4. We understand that if we are not in agreement with any standards of policies set by the school these matters will be discussed only with the school administration.

#### **Property**

1. We understand that assessments will be made to cover damage to school property (including, but not limited to, breakage of windows, abuse of books, defacing furniture, etc).

#### **School Activities**

2. We give permission for our child to take part in all school activities, including sports and school sponsored trips in the bus or van or by foot away from school premises and we agree to relieve the school and any of its employees from any liability in connection with these activities.

- 3. We are aware that the day care or preschool/kindergarten teachers may take their classes on a walk or buggy ride off of Agape property in surrounding neighborhoods and we give permission for this to happen without consultation each time. If a field trip occurs where a class will be visiting an establishment, a signed field trip form will be required for my child to participate.
- 4. I hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of an injury of alleged injury to my child.
- 5. Should legal action, for any reason, be taken against Agape' Learning Center or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay an attorney fees, court fees, damages or other costs that Agape' Learning Center or its agent should incur to defend itself against such action.

#### Communicable Disease

- 1. We understand that significant occurrences, problems or exposure to communicable diseases will be posted on the bulletin by the day care entry door.
- 2. We understand that if our child is unable to attend due to a communicable disease we are to call the office each day of absence in order to update the school/day care of his/her progress. If an extended illness should occur, a doctor's statement may be required to reinstatement into the school/day care.

#### Miscellaneous

- 1. We are closed the following holidays: Good Friday, Memorial Day, 4<sup>th</sup> of July, Labor Day, Fall Break, Thanksgiving Day and the following Friday, 2 weeks during Christmas and New Years, and 1 week for Spring Break. We will also close periodically for weather emergencies or on the recommendation of the Health Department for severe illnesses.
- 2. Agape' Learning Center will notify the local police department immediately if an authorized individual picking up a child appears to be intoxicated or impaired, but insists on removing the child from the facility.
- 3. Only authorized individuals listed on the child's enrollment form or enrollment card will be allowed to remove the child from our facility.
- 4. We reserve the right to withdraw your child if he/she proves not to be potty trained (for K3, K4, K5 students only) or his/her behavior warrants such a release.

This statement of cooperation will be in effect for as long as my child attends the Agape' Learning Center whether it be in the Day Care, K-3, K-4, K-5, or Summer Camp. I understand that should my marital status change that it is my responsibility to have a corrected statement of cooperation signed and updated and delivered to the Agape' Learning Center office.

| Signature of Parent:                           | _ |
|--|---|
| Signature of Guardian (if other than parents): |   |
| Date:  |   |

# AGAPE' LEARNING CENTER DISCIPLINE PROCEDURE/EXPULSION POLICY AMENDED 2023

We believe discipline to be an integral part of school development. It affects the social, emotional, academic, and spiritual growth of a child. Therefore, we have chosen to implement the following discipline procedure for the well being of your child.

The day care uses a positive disciplinary approach with children. Children are informed of any inappropriate misbehavior and redirected to more constructive activities, or allowed to spend some quiet time to themselves in an area so designated.

#### **DISCIPLINE PROCEDURE**

If a problem occurs in the classroom, the teacher is to make the correction at that point. Guidelines to be followed:

- A. Were the directions clear and understandable?
- B. Was the misdeed calculated or a mistake?
- C. Is there an underlying emotional or physical problem to the disturbance: "problem" means an attitude or action that is disturbing the learning process of the child in question or others about him, or an attitude or action that is in clear violation of the Christian standards of Agape' Learning Center. In cases where there is an emotional or other problem contributing to a child's actions or attitudes, the administrator will work with the parents toward a solution. Should, however, the problem constitute too great a disruption with the other children or staff, other arrangements will have to be made.

#### **MINOR OFFENSES**

Minor offenses are dealt with in the classroom. Each classroom will provide a copy of the individual classroom policy for the parents.

#### **MAJOR OFFENSES**

These offenses include, but are not limited to the following:

- A. Striking authority
- B. Disobeying rules continually after ample warning
  - -After 3 times and or corrections in the classroom the child has to be sent to the office
- C. Defacing school property deliberately
- D. Uncontrollable behavior

Parents will be notified in the event of a major offense. The Administrator reserves the right to send the child home for the remainder of the day.

| I have read, understand and am in agreement with the discipline procedure.    Signatures: |         |       |  |
|---|---------|-------|--|
| Father:   | Mother: | *     |  |
| Legal Guardian:   |         | Date: |  |

## AGAPE' LEARNING CENTER BEHAVIOR MANAGEMENT PLAN OUTLINE

If major offenses continue to happen consistently, we will require a meeting with the parents and the teachers to go over the behavior management plan. Every effort will be made to work with families to get behaviors under control; however, if behavior is beyond what we can reasonably manage without compromising the care for the other students continues other actions such as termination may be required.

#### Step 1:

- The child will be sent home remainder of the day if they are sent to the office for any major offense. If the child were to be sent home 2 times within a one week period (5 days of school attendance) a conference will be held to discuss the child's behavior and the behavior management plan.

#### Step 2:

-If after the conference the parents the child again were to be sent to the office for 2 major offenses and have to be sent home within a one week period (5 days of school attendance) that child will be suspended for 5 additional days.

#### Step 3:

-If after the suspension of 5 days the child were to be sent to the office for 2 major offenses and have to be sent home within a one week period (5 days of school attendance) that child will be asked to no longer attend daycare or K Class services that Agape' Learning Center provides.

If the child, who has been through step 1 and 2 goes 3 weeks (15 days of school attendance) without a major offence, we will go back to step one if the child were to come to the office again.

\*\*The behavior management plan is subject to change depending on each situation. If there needs to be any adjusting to the policy the change will be made by the Director and then communicated to the parents.

I have read, understand and am in agreement with the discipline procedure and that my child has now completed Step 1.

| Signatures:     |         |  |
|-----------------|---------|--|
| Father:         | Mother: |  |
| Legal Guardian: | Date:   |  |

## **Biting Policy Beginning 8/14/23**

Biting is unfortunately not unexpected behavior for toddlers. Some children and many toddlers communicate through this behavior. However, biting can be harmful to other children and to staff. This biting policy has been developed with both of these ideas in mind. As a daycare/preschool, we understand that biting, unfortunately, is a part of a daycare/preschool setting. Our goal is to help identify what is causing the biting and resolve these issues. If the issue cannot be resolved, this policy serves to protect the children that are bitten. If a biting incident occurs, state regulations require that the parent of the child biting and the parent of the child who was bitten be contacted. Names of the children are not shared with either parent.

#### When biting continues:

- 1. If a child inflicts 3 bites in a one week period (5 days of school attendance) in which the skin of another child or staff member is broken or bruised or the bite leaves a significant mark, a conference will be held with the parents to discuss the child's behavior and how the behavior may be modified.
- 2. If the child again inflicts 3 bites in a one week period (5 days of school attendance) in which the skin of another child or staff member is broken or bruised or the bite leaves a significant mark, the child will be asked to take a one week break from the school.
- 3. If the child again inflicts 2 bites in a one week period (5 days of school attendance) in which the skin of another child or staff member is broken or bruised or the bite leaves a significant mark, the parents will be asked to make other day care arrangements.

If a child, who has been through step 1 and 2 and then goes 3 weeks (15 days of school attendance) without biting, we will go back to step one if the child bites again. If a child bites twice in a 1 hour period, the child will be required to be picked up from daycare/preschool for the remainder of the day.

\*\* The biting policy is subject to change depending on each situation. If there needs to be any adjusting to the policy the change will be made by the Director and then communicated to the parents.

#### AGAPE' LEARNING CENTER TUITION FEES

Each student will be charged three fees; the Registration fee which covers the expense of the insurance, teacher and student supplies, etc.; Tuition fee which is used to pay the salaries of the teachers; and a Book fee to cover the cost of the student's books/curriculum.

#### **LIST OF FEES 2024/2025**

#### **REGISTRATION FEE**

Each year when a child is enrolled in Agape' Learning Center an enrollment fee is paid to insure his/her place within the class. This fee is **non-refundable**.

PRE-REGISTRATION FEE
(only during the Month of March)

ANNUAL REGISTRATION FEE \$75.00

\$60.00

#### **BOOK FEE**

Book fees must be paid in **full by July 1st**. After such time a **\$15.00 late fee** will be added. Books will not be issued until entire book fee is paid. Book fees must be paid by July 1<sup>st</sup> in order for your child's spot to be secured.

K3 \$80.00

K-4 & K-5 \$120.00

(Annual book fee)

#### **TUITION**

If not paid in full upon registration, tuition is divided into 10 monthly or 12 monthly payments. The first payment for the 12-month plan will be due JUNE 1; the last payment is due MAY 1. The first payment for the 10-month plan will be due AUGUST 1; the last payment will be due on MAY 1.

August tuition must be paid by Aug. 1 in order for your child's spot to be secured.

ALL ACCOUNTS SHALL BE CONSIDERED DELINQUENT AFTER THE 10TH OF THE MONTH AND A \$10.00 LATE CHARGE WILL BE ADDED. ACCOUNTS 30 DAYS IN ARREARS WILL RESULT IN SUSPENSION OF THE STUDENT. THE ADMINISTRATION RESERVES THE RIGHT TO TURN ALL TUITION ACCOUNTS, WHICH ARE 45 DAYS PAST DUE OVER TO A COLLECTION AGENCY.

#### **PRICES**

#### Tuition Fees for K-3, K-4, & Half Day K-5:

| First Child          | 10 mo.   | 12 mo.   |
|----------------------|----------|----------|
| \$1825.00            | \$182.50 | \$152.09 |
|                      |          | 10       |
| **Second Child       | 10 mo.   | 12 mo.   |
| \$1560.00 annual fee | \$156.00 | \$130.00 |

#### Tuition Fees for Full Day K-4 & K-5:

| K-4 or K-5 full day  | 10 mo.   | 12 mo.   |
|----------------------|----------|----------|
| \$4015.00 annual fee | \$401.50 | \$334.58 |

\*\*\*\*\*\*

If my child's tuition payment is not paid by the 10<sup>th</sup> of the month, I understand I will pay a late fee of \$10.00. I realize if it is 30 days in arrears it will result in suspension of my student unless I have made arrangements for payment with the Director. The administration reserves the right to send all accounts which are 45 days past due to a collection agency.

I understand that refunds will not be given if my child is suspended in following our Behavior Management Plan.

| I have read and understand the information on this form. |            |  |  |  |
|--|------------|--|--|--|
| Date:  | Signature: |  |  |  |

<sup>\*\*</sup>Those families who are an active part of Foursquare church fellowship, who financially support the church as the scripture teaches, and who have completed their reduced tuition fee form will receive an adjusted tuition since our church does provide the entire facilities for our school program. If your family is eligible for this discount, please ask the office for the appropriate form. This form needs to be turned in with the other entire enrollment forms to be processed.

#### Communicable Disease/Condition Policy

Agape' is not set up to accommodate sick children nor do we have the facility or staff to separate contagious children from the others. Because of this, it is Agape's strict policy to exclude children from day care and school if they have **ANY** communicable disease, **OR** a symptom that would lead us to believe it **might be** a communicable disease. This includes, but is not limited to the following:

Fever (100.4 degrees or above)

Vomiting

Diarrhea

Rash (Such as but not limited to Hand, Foot, and Mouth, Chicken Pox, Fifth Disease ...) Conjunctivitis (Pink Eye)

Head lice or nits (lice and nits must be treated AND completely removed before returning to school or day care)

Any illness that prevents a child from participating comfortably in daily activities

Any illness that results in a greater need for care than the staff can reasonably provide

without compromising the health or safety of the other children

If a child comes down with any illness at school, they will need to be picked up within <u>1 hour.</u> Further, children will not be allowed to return until <u>24 hours have passed</u> **AFTER** symptoms have subsided and, if applicable, antibiotics have been started. Regarding fevers specifically, the policy is <u>fever free for 24 hours</u> **WITHOUT**the help of medicine.

This policy applies even if the child is sick at school, but then appears to be fine at home. We understand that parents have to work and it is difficult to leave or call into work to stay home with your child, however please keep in mind that our role as a center is to balance the health and safety of <u>all</u> of our children and staff with providing care for those working parents.

It is your responsibility to have a reliable plan in place to pick up your child if you yourself cannot leave work to pick them up.

If my child must be sent home from day care or school, please call (in this order):

| Name:                              | Phone:   |
|------------------------------------|--|
| they must be sent home from school | one of the people listed above pick my child up in the event in accordance with Agape's policy. I understand that I d failure to do so may result in my child's spot being |
| Parent Signature                   | Date   |

<sup>\*\*</sup>Agape' has the right for all final decisions on doctor notes or communicable disease concerns to protect *all* staff and students currently in the facility.\*\*



# HEALTH CARE PROGRAM FOR CHILD CARE HEALTH RECORD - CHILD

State Form 49969 (R5 / 7-19)

#### FAMILY AND SOCIAL SERVICES ADMINISTRATION - MS02

402 W. Washington St., Room W362 Indianapolis, IN 46204

| Name of child (last, first)  |  | Date of birth (month, day year)                | Date of admission (month. day. year)   |  |
|--|--|--|--|--|
| Address (number and street, city, state, an  | d ZIP code)  |  |  |  |
| Child lives with (relationship)  |  |  | Telephone number   |  |
|  |  |  |  |  |
|  |  | AL HISTORY                                     |  |  |
| Communicable Disease   | Month / Year   | Condition                                      | Explain if present   |  |
|  |  | Allergies:                                     |  |  |
|  |  | Handicapping conditions:                       |  |  |
| Screenings   | Result / Date (month, day, year)   | Other:   |  |  |
| TB Risk / Symptom  |  | - Outer.                                       |  |  |
| Developmental Screen  Lead   |  |  |  |  |
| Load   | I  |  |  |  |
|  | PHYSICAL   | EXAMINATION                                    |  |  |
| Date of exam (month, day, year)  |  | Age of child                                   |  |  |
| Skin   |  | Heart  |  |  |
| Lymphinodes  |  | Lungs  |  |  |
| Eyes   |  | Abdomen  |  |  |
| Ears   |  | Genitalia                                      |  |  |
| Nasopharynx  |  | Skeleton                                       |  |  |
| Teeth and Mouth  Note any unusual findings:  |  | Other:   |  |  |
|  |  |  |  |  |
| Does this child have any health condition that   | would be hazardous either to the child or to o   | ther children in a group setting as a result o | of participation in normal activities (including sports)?  |  |
| Yes No If Yes what modificat   | ion of normal activities would be necessary  | to protect the child and the child's classm    | ales:  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | *******************                            |  |  |
|  |  |  | VANDAGE TO STATE OF THE STATE O |  |
| Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain  Yes \( \subseteq \text{No} \)   |  |  |  |  |
| The state of the s |  |  |  |  |
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| rifluenza (Flu)  1 2 eastes Mumps ubella (MMR)  1 2 3 ofavirus (RGE)  1 2 or Chicken Pox Disease  Month / )  1 2 3 4 neumococcal CV) (Prevnar)  1 2 3 4 neumococcal CV) (Prevnar)  1 2 3 3 eastes Mumps 1 2 3 expricella arivax)  1 2 3 4 eneumococcal CV) (Prevnar)  1 2 3 4 eneumococcal CV) (Prevnar)  1 2 3 4 eneumococcal CV) (Prevnar)  1 2 6 7 eneumococcal CV) (Prevnar)  1 6 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9  | PV (Polio)                   |                     |                     |                   |               |                 |
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| 1 2  Jeasles Mumps Libella (MMR)  1 2 3  Otavirus (RGE)  1 2 or Chicken Pox Disease  Month / )  The Libella (CV) (Prevnar)  1 2 3 4  The Libella (CV) (Prevnar)  1 2 3 4  The Libella (CV) (Prevnar)   | ofluenza (Flu)               | 1                   |                     |                   | •             |                 |
| pasies Mumps Libella (MMR)  1 2 3  Patricella Arivax)  1 2 3 4  Indicate a print of the post of the po |                              |                     |                     |                   |               |                 |
| otavirus (RGE)  1 2 3  aricella arivax)  1 2 3 4  neumococcal CV) (Prevnar)  1 2 3 4  PEPA  1 2 3  SV EPB)  ecommended yearly. If physician / nurse practitioner / physician assistant completing form (please print)  | ~                            |                     | 2                   |                   |               |                 |
| otavirus (RGE)  1 2 aricella /arivax)  1 2 3 4 neumococcal CV) (Prevnar)  1 2 EPA  1 2 3 EPB) ecommended yearly. If physician / nurse practitioner / physician assistant completing form (please print)  | eastes Mumps<br>ubella (MMR) |                     |                     |                   |               |                 |
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| aricella /arivax)  1 2 3 4  neumococcal CV) (Prevnar)  1 2 3 3  EPA  1 2 3  SV EP B)  ecommended yearly.  or Chicken Pox Disease  Month / y  Mo | otavirus (RGE)               |                     | -                   |                   |               |                 |
| aricella rarivax)  1 2 3 4  neumococcal CV) (Prevnar)  1 2  EPA  1 2 3  SV  EP B)  ecommended yearly.  of physician / nurse practitioner / physician assistant completing form (please print)  |                              |                     |                     |                   |               |                 |
| arivax)  1 2 3 4  neumococcal CV) (Prevnar)  1 2  EPA  1 2 3  SV  EPB)  ecommended yearly.  f physician / nurse practitioner / physician assistant completing form (please print)  |                              | 1                   | 2                   |                   |               | Month / yea     |
| Teumococcal CV) (Prevnar)  1 2  EP A  1 2 3  BV EP B)  ecommended yearly.  f physician / nurse practitioner / physician assistant completing form (please print)   | arivax)                      |                     |                     | or Chicken        | Pox Disease   |                 |
| Teumococcal CV) (Prevnar)  1 2  EP A  1 2 3  BV EP B)  ecommended yearly. of physician / nurse practitioner / physician assistant completing form (please print)   |                              | 1                   | 2                   | 3                 | 4             |                 |
| 1 2  BV EP B)  ecommended yearly.  of physician / nurse practitioner / physician assistant completing form (please print)  | neumococcal                  |                     |                     |                   |               |                 |
| The state of the s | (Prevnar)                    |                     |                     | 1                 |               |                 |
| 1 2 3  BV EP B)  ecommended yearly.  of physician / nurse practitioner / physician assistant completing form (please print)  |                              | 1                   | 2                   |                   |               |                 |
| EP B)  ecommended yearly.  of physician / nurse practitioner / physician assistant completing form (please print)  | IEPA                         |                     |                     |                   |               |                 |
| EP B)  ecommended yearly.  of physician / nurse practitioner / physician assistant completing form (please print)  |                              | 1                   | 2                   | 3                 |               |                 |
| ecommended yearly.  of physician / nurse practitioner / physician assistant completing form (please print)   | HBV                          |                     | -                   |                   |               |                 |
| of physician / nurse practitioner / physician assistant completing form (please print)   |                              | vearly.             |                     |                   |               |                 |
| re of physician / nurse practitioner / physician assistant   | of physician / nurse         | e practitioner / ph | ysician assistant o | completing form ( | olease print) |                 |
|  | ure of physician / n         | urse practitioner   | / physician assista | int               |               |                 |
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| ADDITIONAL NOTES AND INSTRUCT  |                              |                     |                     |                   |               |                 |
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| ADDITIONAL NOTES AND INSTRUCT  |                              |                     |                     |                   |               |                 |
| ADDITIONAL NOTES AND INSTRUCT  |                              |                     |                     | **********        |               |                 |

## Permission to Take Photos

| r permission to take and use still photographs or videos of my child in the following ways:    Grant Permission   Decline Permission   |   | ay care provid    |                 |
|--|---|-------------------|-----------------|
| Craft Projects/Pictures Displayed in the Classroom/Building: Share with Current Clients: (via newsletters, group pictures, etc.) Promotional Material for Prospective Clients: Online: Facility's Business Website: Online: Facility's Facebook Page To share with parents only:  Photos may be taken by the provider, an assistant, a staff member or other deleg photographer, but will never be sold for commercial use.)  I understand that it is my responsibility to update this form if I wish to retipermission in any category listed above.  I understand that permission is given for the entire period of my child's entire pe |   |                   | child           |
| Craft Projects/Pictures Displayed in the Classroom/Building: Share with Current Clients: (via newsletters, group pictures, etc.)  Promotional Material for Prospective Clients: Online: Facility's Business Website: Online: Facility's Facebook Page  To share with parents only:  Photos may be taken by the provider, an assistant, a staff member or other deleg photographer, but will never be sold for commercial use.)  I understand that it is my responsibility to update this form if I wish to retripermission in any category listed above.  I understand that permission is given for the entire period of my child's en   | in the following                              | ways:             |                 |
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| permission in any category listed above.  I understand that permission is given for the entire period of my child's er   |   |                   |                 |
|  |   | late this form is | f I wish to ret |
|  |   | ntire period of   | my child's er   |
|  |   |                   |                 |
|  |   |                   |                 |
|  |   |                   |                 |
|  | (Signature of Parent/Guardian)                |                   | (Date)          |

#### **Child Information Sheet**

| Child's Full name:  |
|---|
| Preferred name / nick name:                                   |
| Birth date: Child lives with:Both ParentsMotherFatherGaurdian |
| Parent / Gaurdian Names:                                      |
| Names and ages of siblings and/or other children in the home: |
|   |
|   |
| Does child attend Children's Church or Sunday School?         |
| Does child have any pets? Name of Pets:                       |
| Child's favorite toys or activities:                          |
| <del>,</del>  |
| Ways of discipline at home:                                   |
| Restroom habits:  |
| Eating habits:  |
| Any specific health / development problems to be aware of:    |
|   |
| Days and hours child will most likely attend day care:        |
| Additional • Comments:  |
| Comments  |
|   |
|   |

#### **Bathroom Habits**

Agape's definition of a potty trained child is a child who can tell you when they need to use the rest room and can hold it until such a time the teacher takes them. The child is able to take care of getting his/her clothing undone and is able to wipe and clean their self without assistance. Teachers do take the children at regular intervals to the rest room and do watch for the children's needs, however the child does need to be able to verbalize when he/she needs to use the rest room. Accidents do happen and we are fully aware of this fact. Should a child have more than one accident in a day we reserve the right to request that the child use pull ups until he/she is completely potty-trained. All students enrolled in K-3, K-4, and K-5 must be fully potty-trained.

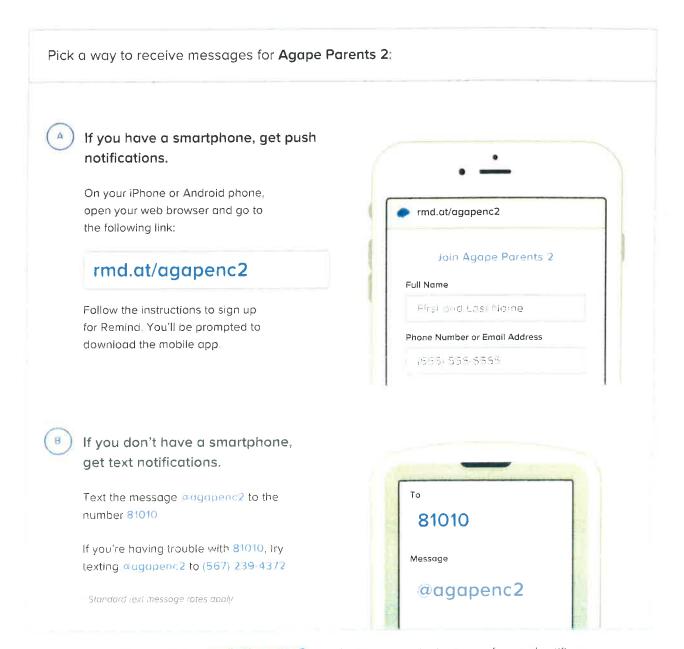
My child is completely potty-trained.

| Date:   | Signature  |
|---|--|
| COMMENTS:   |  |
| wear diapers, but is wearing pull-ups at regular intervals to the restroom and do process of being potty-trained must be a Accidents do happen and we are fully avhis/her needs and not be able to go whe |  |
| Date:   | Signature:   |
|   | de all diapers for my child. I agree to bring all diapers in store. I am aware of the fact that diapers bags are not |
| Date:   | Signature:   |



# Sign up for important updates from Megan.

Get information for Agape Learning Center right on your phone—not on handouts.



# AGAPE' LEARNING CENTER DAY CARE FEES AGREEMENT FOR K3, K4, K5 STUDENTS

The Agape' Learning Center Day Care is open from 6:30 a.m.-6:00 p.m., Monday through Friday except those holidays listed below (See #7). It is open to all children regardless of their race, creed, or national origin between the ages of 6 weeks and 6 years old.

#### Please read and initial each line.

| 1. | Each child has a time card with his/her name on it. When parents bring their child to day care they should be "clocked in" and they should be "clocked out" when leaving. On our time clock system it is important to follow this procedure because, should your child not be clocked in, our time clock will clock them in at 6:30am and should your child not be clocked out, our time clock will clock them out at 6:00 pm and you will be charged accordingly.   | Initial |
|----|--|---------|
| 2. | The weekly charge for day care depends on the number of hours your child uses day care each week. There is a 10 hour weekly minimum for half day students and a 5 hour minimum for full day students. This applies even if you do not use day care at all in a given week.  There are only 2 reasons your minimum day care fee would be waived: See # 3 below.   | Initial |
| 3. | If a child is enrolled in our day care, the parents must pay the minimum amount weekly for that age child, even if the child did not use any hours in a given week (with the exception of illness <i>only</i> when called in every day and vacation when a vacation form has been filled out with the office). If withdrawal of a child is necessary, <i>you must inform the office and fill out a form or you will be charged for the minimum</i> . If a family vacation is taken, A VACATION FORM MUST BE COMPLETED 2 WEEKS PRIOR TO THE VACATION in order to avoid the minimum charge. Each child is entitled to two weeks of vacation per year without the minimum charge. | ilitiai |
|    | Half Day Students Minimum weekly charge for day care: \$44.00 (\$39.00 for the second child) Full Day Students Minimum weekly charge for day care: \$22.00 (\$ 19.50 for the second child) Hourly price: \$4.40/hour for first child (\$3.90/hour for second child)  | Initial |
| 4. | Agape is on the Child and Adult Food Care Program so all meals and snacks are free. If the child will be arriving at day care after 10:00 am and eating lunch with us, the parent must call the office by 10:00 am to have the child added to the lunch count. Lunch is served at 12:00 p.m. during the school year and 11:30 a.m. during the summer. Students are not permitted to bring their own meals or snacks into the building.   |         |
|    |  | Initial |
| 5. | It is against the rules for any child to be here past 6:00pm. If a child is picked up after our closing time the following fees will be charged: 6:00 – 6:15 pm: \$8.00 per child; 6:15-6:30 pm: an additional \$10.00 per child. Should a child be in our care past 6:30 pm, we reserve the right to contact local authorities and have them pick up the child.   | Initial |
| 5. | Only authorized individuals listed on the child's enrollment form or enrollment card will  |         |
| •  | be allowed to remove the child from our facility.  |         |
|    | -  | Initial |

| 7.     | We are closed the following holidays: Good Friday, Memorial Day, 4 <sup>th</sup> of July, Labor Day, Fall Break, Thanksgiving Day and the following Friday, 2 weeks during Christmas and New Years, and 1 week for Spring Break. We will also close periodically for weather emergencies and/ or if recommended by the Health Department due to severe illnesses. If we are closed the full week, you will not be billed for that week. If we are closed 1 day of the week, normal rates will apply. If we are closed 2 or more days in a given week, rates will be prorated.  |                   |
|--------|--|-------------------|
| 8.     | Agape' Learning Center will notify the local police department immediately if an authorized individual picking up a child appears to be intoxicated or impaired, but insists on removing the child from the facility.  | Initial           |
| 9.     | Day care is billed the week following service. Our week begins Monday morning and ends Friday evening. Your bill will be available to view on Monday afternoon on your MyProcare account. The parent is responsible to view the bill every week and pay the bill by 6:00 p.m. Friday. You have the option to pay online, by Automatic withdrawal (check with the office), or by cash, che Or card in the office. Payments may be dropped in the mailbox outside of the office if you need to pay outside of office hours. After Friday, a \$5.00 late fee will be added. If not paid within one (1) week of the due date, the child cannot return until at least the past due amount is paid. If only the past due amount is paid and the total payment due is not received by the due date, the child's card will be pulled the next Monday until the account is in good standing. Late fees will be added accordingly. After 4 weeks of nonpayment or arrangements not having been made for payment, the administration the right to turn your account over to a collection agency. Should any other action be necessary, you will be responsible to pay any other fees such as attorney fees and/or court fees. | ay<br>on \reserve |
| 10.    | Day care for Agape' half-day K3, K4, K5 children will be charged a ten (10) hour minimum during the school year regardless if they use it or not (except in the instances listed in # 3). The charge is \$4.40 per hour. Full Day Students will have a five (5) hour minimum at \$4.40 per hour. The minimum weekly charge will change to our "Day care only" pricing and vary by age group for all Agape' students during the summer months.  | Initial           |
| I HAVI | E READ, INITIALED AND UNDERSTAND ALL TERMS OF THIS AGREEMENT.  | <b>(%)</b>        |
| SIGNA  | TURE OF PARENT/GUARDIAN DATE   |                   |

## Brightwheel App Fees Agreement

(For Day care use only, No K Class teachers use this)

Parents now have the option of downloading the Brightweel app to receive updates and reports throughout the day concerning their child. Parents will see check ins /check outs, meal logs, nap logs, and occasional pictures. Parents will also be able to message their child's day care teacher or the office as needed.