

Summer Camp

Please complete the following forms and return to the office. **A new physical form must be completed each year.**

- Copy of Birth Certificate (We do not need this if your child is a returning student)
- Enrollment Form
- Enrollment Card
- Financial Information
- Parent Information
- Summer Camp Program
- Physical Form
- Weekly Sign-up Form (PLEASE RETURN THIS FORM. WE MUST KNOW THE WEEKS EACH CHILD IS OR IS NOT GOING TO ATTEND SUMMER CAMP. WHEN OUR ROSTER FILLS UP, THIS WILL ALLOW US TO HELP MORE CHILDREN ATTEND IF WE KNOW WHAT WEEKS ARE AVAILABLE.)
- Licensed Child Care Center Consent
- Discipline Procedure Form
- Statement of Cooperation
- Permission to Take Photos Form
- Before You Leave Your Child (blue form, needs notarized)

Thank You

Agape' Learning Center

Agape' Learning Center Summer Camp Program Enrollment Form 2022

PAYMENT OF NON-REFUNDABLE \$40.00 REGISTRATION FEE MUST ACCOMPANY ALL APPLICATIONS.

STUDENT INFORMATION

Child's Name: _____ Preferred Name: _____

Current Address: _____

Date of Birth: _____ Entering Grade: _____

PARENT INFORMATION

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Email Address: _____ Email Address: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

Medical Information

Family Doctor: _____ Phone Number: _____

Office Address: _____

Family Dentist: _____ Phone Number: _____

Office Address: _____

Does your child have any allergies? _____ If so, please explain _____

If you or your Doctor cannot be contacted in case of an emergency, may the administration call the school doctor or the city emergency service?

Yes No

In case of emergency, I here by 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 Henry County Memorial Hospital.

Authorization For Pick-up

We will not release your child to anyone without the parent's authorization. Please contact the office of any changes.

The individuals named here have my authorization to pick up _____

Name: _____ Address: _____

Phone Number: _____

Name: _____ Address: _____

Phone Number: _____

You must be sure that a staff member is aware of your child's arrival and departure.

Notice of Nondiscriminatory Policy as to Students

The Agape' Learning Center admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship, athletic, and other school-administered programs.

**AGAPE' LEARNING CENTER
SUMMER CAMP PROGRAM
FINANCIAL AGREEMENT
2022**

Dates: May 31st-July 22nd

Times: 8:00 a.m. - 5:00 p.m.

Cost: Registration/Supply \$40.00 (non-refundable)
Weekly Fee \$100.00
\$10 discount for second child enrolled in summer
camp

Day Care

Day care services will be available before and after these hours, should your child need to use it. Our day care hours are 6:30 a.m. to 6:00 p.m. The cost for this will be \$4.25 per hour with no minimum hours.

Children are to be clocked into day care if they arrive before 8:00 a.m., and they will be clocked into day care at 5:00 p.m. if they are not picked up by this time.

Breakfast/Lunch

Breakfast is served at 7:30 and the cost is \$1.50 per day.

Lunch is served at 11:30 and the cost is \$2.75 per day.

Because we are a licensed facility, we are required to prepare our meals here at Agape'. Students are not allowed to bring lunches from home unless you provide a physician's note stating otherwise.

Billing for Summer Camp, Day Care, Breakfast, and Lunch will all be done on Monday and due on Friday. After Friday, a \$5.00 late fee will be added if the bill is not paid in full. If not paid within one (1) week, the child cannot return until full payment is received.

Vacations: Please fill out the form that lists the weeks of summer camp. This will help us to know in advance the weeks that your child will be on vacation.

Field trips: These charges will depend on the trip. The teacher will communicate all the necessary information.

I have read and understand the above information.

Parent/Guardian's Signature

Date Signed

Agape' Summer Program Parent Information

FIELD TRIPS: Due to the uncertainty of our vans, we are unsure how many children we will be able to take on trips. The field trip sign up sheets will be on the Parent Bulletin Board at the bottom of the stairs. Adults are the only ones who should sign these sheets. We will operate on a first come first serve basis. **ALL OF OUR SUMMER CAMPERS CANNOT GO ON ALL OF OUR TRIPS BECAUSE OF LIMITED SPACE.** We will try to schedule each trip twice (if needed) in order to give everyone a chance to go on each trip at least once.

FIELD TRIP MONEY: All field trip money is to be in a labeled zip lock bag or sealed envelope. Please include a slip of paper with your child's name and amount enclosed. Do not put money in bag or envelope for more than one field trip. Children should not carry extra cash at anytime. All field trip money will be collected the day of the trip. Children will be expected at Agape' **fifteen minutes** before departure time. The vans will leave at the designated time. Should your child arrive late, they will stay at Agape' with those not attending the field trip.

MEALS: Breakfast will be served at 7:30, and lunch will be served at 11:30. If your child will be arriving at Summer Camp after 10:00 a.m. and eating lunch with us, the parent is responsible to call the office by 10:00 a.m. to have the child added to the lunch count or the family will receive a late lunch charge of \$.50. Breakfast is \$1.50 per day, and the lunch charge for summer campers is \$2.75 per day.

SNACK MONEY: When the calendar or sign up sheet says the children can bring snack money, this amount will be at the discretion of the parents. Be sure to place it in a plastic zip lock bag with the child's name, amount of money, and snack marked on the bag so any change can be given back to you. Please keep snack money separate from admission fees.

SPECIAL GROUP: If five or more children are present at Agape' and not attending the field trip, we will have special activities for them here at Agape'. If there are less than five children, these children may be placed in our 4&5 year old day care class.

SWIM WEAR: Girls should wear one-piece bathing suits, or a two-piece bathing suit that covers their entire stomach area. Boys should wear swim trunks that have a lining. Please be sure that your child brings a towel and sunscreen on swim days. **LABEL ALL ITEMS COMING TO AGAPE'.**

VAN RULES: There is to be no food or drink on the vans. Seat belts are to be worn properly at all times while on the van. Noise on the vans should be kept to a minimum. Yelling or screaming on the vans could cause a child to not be allowed to attend the next field trip. All Agape' rules will apply on the vans and during all field trips.

DISCIPLINE: All Agape' rules apply whenever your children are left in our care. We reserve the right to not allow any child to go on field trips if their behavior warrants such action.

I have read and understand the above.

Parent or Guardian's Signature

Date Signed

AGAPE' LEARNING CENTER SUMMER CAMP PROGRAM 2022

This is a school age summer program with limited enrollment in which the children will be exposed to many different areas of study. The program is set up with a loose structure, not like school.

Field trips will be taken as often as we can schedule them and provide transportation.

Our summer program will run from May 31st through July 22nd. The hours will be 8:00 - 5:00 each day. Day Care will be available from 6:30 a.m. - 8:00 a.m. and 5:00 p.m. - 6:00 p.m. for those who need to use it (this will be billed as a normal day care expense separately from summer camp).

In order to enroll your child in this program, bring a signed copy of this letter and your \$40.00 Registration/Supply fee to enroll and hold your child's spot. This fee is non-refundable.

UPON ENROLLMENT THE COST OF THIS PROGRAM WILL BE:

\$100.00 per week. Payment is expected no later than Friday following the Monday billing. This bill may be viewed on your MyProcure account on Monday afternoons. (You will be billed for the previous week). After Friday, a \$5.00 late fee will be added if the bill is not paid in full. If not paid within one (1) week, the child cannot return until full payment is received. Late fees will be added accordingly, after 4 weeks of non payment or arrangements not having been made for payment, the administration reserves 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.

*We will be closed on July 4th!

Breakfast \$1.50 per day
Lunch \$2.75 per day

Summer Camp, Day Care, Breakfast, and Lunch will all show up separately on your bill each week.

Field Trip costs are extra. More information about costs and dates will be available once summer camp begins.

This will be an enjoyable learning experience for your child. Thank you for joining us this summer.

I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO PAY ALL CHARGES AS LISTED.

Father's Signature (Legal Guardian)

Mother's Signature (Legal Guardian)



**HEALTH CARE PROGRAM FOR CHILD CARE CENTERS
CHILD CARE CENTER HEALTH RECORD**

State Form 49969 (R4 / 2-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
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, and ZIP code)		
Child lives with (relationship)	Name	Telephone number ()

MEDICAL HISTORY

Communicable Disease	Month / Year	Condition	Explain if present
		Allergies:	-----
		Handicapping conditions:	-----
Screenings	Result / Date (month, day, year)	Other:	-----
TB Risk / Symptom			-----
Developmental Screen			-----
Lead			-----

PHYSICAL EXAMINATION

Date of exam (month, day, year)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (including sports)?

Yes No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

Yes No

Summer Campers Weekly Sign-up Form 2022

Child's Name: _____

If you are enrolling your child for only specific weeks of Summer Camp, we appreciate knowing which weeks your child will be using our services. This helps us with staffing and billing. Please mark below the weeks that your child **WILL** be using Agape' Summer Camp and/or day care.

____ May 31st – June 3rd

____ June 6th – June 10th

____ June 13th – June 17th

____ June 20st – June 24th

____ June 27th – July 1st

____ July 5th – July 8th

____ July 11th – July 15th

____ July 18th – July 22nd

*We will be closed on July 4th



LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 7-06) / BCC 0080

To: Parents of licensed child care programs in Indiana

Subject: Your child's birth certificate and licensed child care programs

Indiana Code 12-17.2-2-1(8) requires each child care center or child care home to record proof of a child's date of birth before accepting the child for care. A child's date of birth may be proven by the child's original birth certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a birth certificate. Refusing to share this information may result in your child's exclusion from a licensed child care program. Sharing the birth certificate information is NOT optional; signing the below is your decision and does not impact your use of child care facilities.

tear here



LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 4-06) / BCC 0080

This portion is to be kept on file at the licensed child care program.

I give my permission for _____ to report the name and date of birth of my child or children to the Division of Family Resources pursuant to IC 12-17.2-2-1.5.

name of licensed child care program

Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)
Name of child	Date of birth (month, day, year)

Signature of parent, guardian, or custodian	Date signed (month, day, year)
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**AGAPE' LEARNING CENTER
DISCIPLINE PROCEDURE/EXPULSION POLICY
AMENDED 2021**

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, a behavior management plan will be implemented.

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**
- 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. If major offenses continue to happen consistently, we will require a meeting with the parents and the teachers to develop a behavior management plan. We may reach out to other behavior specialist and ask for help creating a behavior plan. Every effort will be made to work with families to get behaviors under control; however, if behavior beyond what we can reasonably manage without compromising the care for the other students continues, we will discuss what safety guidelines we will need to put in place.

I have read, understand and am in agreement with the discipline procedure.

Signatures:

Father: _____ **Mother:** _____

Legal Guardian: _____ **Date:** _____

Agape' Learning Center

Statement of Cooperation

Fees

1. 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.

Discipline

1. 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 policy.
2. I have read and understood the enclosed discipline procedure document and agree to abide by it.
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, 4th 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 Father: _____

Signature of Mother: _____

Signature of Guardian (if other than parents): _____

Date: _____

Permission to Take Photos

I, _____ give my day care provider **Agape' Learning Center** permission to take and use still photographs or videos of my child _____ in the following ways:

	Grant Permission	Decline Permission
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 delegated photographer, but will never be sold for commercial use.)

_____ I understand that it is my responsibility to update this form if I wish to retract permission in any category listed above.

_____ I understand that permission is given for the entire period of my child's enrollment unless I update the form.

(Signature of Parent/Guardian)

(Date)

Debit Authorization

I (we) hereby authorize Foursquare Gospel Church, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ___ Checking ___ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

(Print Individual ID Number) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!