

Dear Parents/Guardians:

Infants/Toddlers

Before we enroll your child, please be sure you have the following forms completed and ready for the office:

- ☐ **Copy of Birth Certificate**
- ☐ **Enrollment Application**
- ☐ **Enrollment Card**
- ☐ **Day Care Fees Agreement**
- ☐ **Statement of Cooperation**
- ☐ **Discipline Procedure**
- ☐ **Communicable Disease/Condition Policy**
- ☐ **Before you leave form (blue, needs notarized)**
- ☐ **Shot Record/Physical Form signed by Physician**
- ☐ **Bathroom Habits**
- ☐ **Toddler Room Procedures**
- ☐ **Day Care Information Form**
- ☐ **Licensed Childcare Center Form**
- ☐ **Photograph and Video Form**
- ☐ **Registration Fee Paid**
- ☐ **Biting Policy**
- ☐ **Safe Transportation of Food**
- ☐ **Feeding Plan signed by Physician**
- ☐ **Continuity of Care**
- ☐ **Bottles, Formula, Feeding**
- ☐ **Brightwheel**

Thank you for your cooperation. This will help things run more smoothly and quickly as you register for day care.

AGAPE' LEARNING CENTER
ENROLLMENT FORM
(765) 529-8774

DEPARTMENT: Check all that apply.

K-5 _____
K-4 _____
K-3 _____
Day Care _____
Elementary/Bus Stop _____
Two's Playgroup _____

PAYMENT OF REGISTRATION FEE MUST ACCOMPANY ALL APPLICATIONS. THESE FEES ARE NON-REFUNDABLE.

STUDENT INFORMATION

Student's Name _____ Grade Entering _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Age _____ Birth Date _____ Sex _____ Birth Place _____

Applicant Has: Older Brothers _____ Older Sisters _____ Younger Brothers _____ Younger Sisters _____

Only for students enrolled in K-3, K-4, K-5:

I would like to use Agape' daycare services if available: Y _____ N _____

There is a 5 hour minimum charged each week if your child is enrolled in day care. Minimum charges will be due even if you choose not to use day care in a given week. This fee is only waived if your child is sick and you call him/her in **every day** (doctor note may be required) or a vacation form is used. Due to limited availability, day care is on a first come, first serve basis and enrollment in K-3, K-4 and K-5 **does not** guarantee a space in day care. **It is your responsibility to see the office to enroll in day care if applicable.**

Please check yes or no: It is ok to share my child's name and address with the public school system for enrollment purposes. Yes _____ No _____

PARENT INFORMATION

Father's Name _____ **Email** _____

Email is a good way to contact me: Y _____ N _____

Address _____ Occupation _____

Employer _____ Address _____ Work Hours _____

Phone: Business _____ Home _____ Cell _____ Carrier _____

Education: High School _____ Yrs. College _____ Yrs.

Mother's Name _____ **Email** _____

Email is a good way to contact me: Y _____ N _____

Address _____ Occupation _____

Employer _____ Address _____ Work Hours _____

Phone: Business _____ Home _____ Cell _____ Carrier _____

Education: High School _____ Yrs. College _____ Yrs.

Please check if any of the following apply:

Father ☐ Widower ☐ Separated ☐ Divorced ☐ Remarried
Mother ☐ Widower ☐ Separated ☐ Divorced ☐ Remarried

Stepfather's Name _____ Stepmother's Name _____

Address _____ Address _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Address _____ Address _____

Phone _____ Phone _____

Home _____ Business _____ Home _____ Business _____

If parents are separated or divorced, with whom does the child live? _____

EMERGENCY INFORMATION

Names of persons to be contacted in case of emergency:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

FAMILY DOCTOR _____ **PHONE** _____

Office Address _____

***THE STATE OF INDIANA NOW MANDATES THAT ANY NEW INCOMING STUDENT AT AGAPE' MUST HAVE ALL THEIR SHOTS UP TO DATE AND GIVE THE OFFICE THE NECESSARY MEDICAL FORMS BEFORE THEY MAY ATTEND CLASSES.**

****ALL K-5 STUDENTS NEED SHOTS BEFORE THEY MAY BEGIN ATTENDING.**

FAMILY DENTIST _____ **PHONE** _____

Office Address _____

If you or your Doctor cannot be contacted in case of an emergency, may the Director call the City Emergency Service? Yes___ No___

Please be aware, Tylenol or any other over-the-counter medicine, cough drops, chap stick, etc. will not be administered by the Agape' Staff without a doctors written order. Prescription medicine must have a drug store label that includes directions, dosage, doctor name and date. These meds are kept in a locked cabinet in the office and administered by office staff as directed.

In case of an 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 the **Henry County Memorial Hospital**.

Parent's Signature _____

MEDICAL HISTORY

List any allergies this child may have:

Any physical handicaps:

Has this child been exposed to any communicable diseases in the last two weeks?

Yes___ No___

Is there anything else we should be aware of concerning your child's health or unusual habits? Yes___ No___

Explain:

EDUCATION HISTORY

What Preschool did your child attend the previous year?

Name _____

Address _____

School district where you reside _____

How often has this child changed Preschools?

Reasons for leaving previous Preschool:

How long has he/she lived at the present address?

Has the student ever been dismissed or suspended from any Preschool, denied admission to any Preschool, or requested not to return to any Preschool in which he/she has been enrolled? Yes _____ No _____ If yes, please explain:

According to our policy, our facility is not set up to handle children with learning disabilities. Our K-3, K-4, K-5 curriculum is an accelerated program.

RELIGIOUS INFORMATION

What is your home church?

Name _____

Address: _____

Pastor's Name: _____

Phone: _____

MISCELLANEOUS INFORMATION

Why did you select Agape' Learning Center?

Did someone recommend the school? Yes _____ No _____

If yes, who recommended the school?

Other Comments:

AUTHORIZATION FOR PICK UP

We will not release your child to anyone without the parent's authorization.

The individuals named here have my authorization to pick up from the Center:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

You must make sure that a staff member is aware of the 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
DAY CARE FEES AGREEMENT

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 #8). 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. When a child is enrolled in our day care a \$75.00 registration/supply fee must accompany his/her enrollment form. This is an annual fee due at the beginning of June. A Health form must be completed and signed by the child's doctor. All other forms in the enrollment packet must be read, filled out in their entirety and kept in the child's file.

Initial

2. 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 system it is important to follow this procedure because, should your child not be clocked out, our time clock will clock them out at 6:30 pm and you will be charged accordingly.

Initial

3. The weekly charge for day care depends upon the age of your child and the number of hours your child uses our facility each week. If your child is sick for a full week you must call the office each day in order for the weekly charges to be waived.

Initial

Weekly rates for children who are at least 36 months old and potty trained:

Up to 30 hours/week--\$120.00/week
Over 30 hours/week--\$4.25/hour

Weekly rates for children who are at least 36 months old and wear pull-ups:

Up to 30 hours/week--\$135.00/week
Over 30 hours/week--\$4.65/hour

Weekly rates ages 24 months - 36 months:

Up to 30 hours/week--\$135.00/week
Over 30 hours/week--\$4.65/hour

Weekly rates for children ages 12 months - 24 months:

Up to 30 hours/week--\$140.00/week
Over 30 hours/week--\$4.75/hour

Weekly rates for children ages 6 weeks - 12 months:

Up to 30 hours/week--\$150.00/week
Over 30 hours/week--\$4.85/hour

***We do offer discounted 2nd child rates. Please see the office for more information**

4. Our lunch rate is \$2.75 per lunch and our breakfast rate is \$1.50 per breakfast. 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 or the family will receive a late lunch charge of \$.50. If your child is signed up for lunch and they do not come, you will be charged for a lunch, which was prepared for them. Lunch is served at 12:00 p.m. during the school year and 11:30 a.m. during the summer. We do not require that children eat our breakfast, but if the child is here at lunch time, he/she will be served a lunch and you will be charged accordingly.

Initial

5. 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

6. 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. If a child is enrolled in our day care only, 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 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, you must inform the office and fill out a form or you will be charged for the minimum. 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.

Initial

8. 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, **Spring Break week**, and one Friday during the Spring for the annual IAAYC conference. We will also close periodically for weather emergencies. 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.

Initial

9. 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

10. Day care is billed the week following service. Our week begins Monday morning and ends Friday evening. The bill will be available to view after Monday afternoon on your MyProcure account. The parent is responsible to view the bill every week and pay the bill by 6:00 p.m. Friday. Payments may be dropped in the mailbox outside of the office. 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, your day care spot will be forfeited and we will move on to the next child on the wait list to fill the spot if applicable. 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. You will not be permitted to be placed on the wait list if you have a past due balance until your account is in good standing.

Initial

11. Before and after class care for Agape' half-day Pre-School, K4/K5 children will be charged a five (5) hour minimum if they are clocked into day care during the week. The charge is \$4.10 per hour. Full day K5 students will have no minimum weekly day care charge. The minimum weekly charge for each age group will apply to all Agape' students during the summer months.

Initial

I HAVE READ, INITIALED AND UNDERSTAND ALL TERMS OF THIS AGREEMENT.

SIGNATURE OF PARENT/GUARDIAN

DATE

**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 Spring Break week. We will also close periodically for weather emergencies.
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: _____

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

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 1 hour. Further, children will not be allowed to return until 24 hours have passed **AFTER** symptoms have subsided and, if applicable, antibiotics have been started. Regarding fevers specifically, the policy is fever free for 24 hours **WITHOUT** the help of medicine. (For COVID related symptoms, children will not be allowed to return until 72 hours have passed **AFTER** symptoms have subsided.)

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 our role as a center is to balance the health and safety of all 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:

1. _____
2. _____
3. _____

I agree to pick my child up or have one of the people listed above pick my child up in the event they must be sent home from school **in accordance with Agape's policy**. I understand that I must abide by all Agape' policies and failure to do so may result in my child's spot being terminated.

Parent Signature

Date



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, 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)		
TB Risk / Symptom		Other:	
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:

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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:

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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

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HISTORY OF IMMUNIZATIONS AND TEST (indicate month / day / year)

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* Influenza (Flu)					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
Rotavirus (RGE)			

	1	2	
Varicella (Varivax)			

or Chicken Pox Disease

Month / year

	1	2	3	4
Pneumococcal (PCV) (Prennar)				

	1	2
HEP A		

	1	2	3
HBV (HEP B)			

* Recommended yearly.

Name of physician / nurse practitioner / physician assistant completing form *(please print)*

Telephone number

()

Signature of physician / nurse practitioner / physician assistant

ADDITIONAL NOTES AND INSTRUCTIONS

FAMILY DOCTOR:

PHONE:

MEDICAL INSURANCE CARRIER:

IDENTIFICATION NUMBER:

Member's name:

Benefit Code:

Account number:

MEDICAL HISTORY:

Allergies (including medication):

Chronic or existing diseases or
medical problems:

Medicines your child takes now:

Date of last tetanus shot:

In an emergency, parents can be reached as follows:

Presented as a public service by
**HENRY COUNTY
MEMORIAL HOSPITAL**

**Before
You
Leave
Your
Children...**



... people CARING for people

Consent for medical treatment of a minor child

When you have to leave your children, you are concerned for all aspects of their care.

To help you arrange for their wants and needs, we are providing this consent form. Should your child be ill or injured, this form will give valuable medical data and consent for treatment in your absence.

If your child is leaving you for a trip to camp or travelling with someone other than yourself, this information will be helpful to ensure the prompt medical care he or she might need.

After all the information and consent areas are filled in, give this folder to whomever will be taking care of your children in your absence. They can present it to the hospital or doctor in the event your child needs care.

Planning ahead can give you peace of mind when you are away from your children.

I, (We) _____ (Name) and _____ (Name)
of _____ (City), _____ (County), _____ (State), do hereby state
that I am (we are) the parent(s) or legal guardian(s) of _____ (Name)
a minor, age _____ (Age), born _____ (Date), who resides with me (us) at
_____ (Street Address)

I (We) authorize _____ (Name) Agape Learning Center _____ (Name), an adult

who resides at _____ (Street Address) 3200 S. 14th St. _____ (Street Address) if

the city of _____ (City) New Castle, _____ (City) county of _____ (County) Henry _____ (County)

state of _____ (State) Indiana _____ (State) to consent to any necessary examination, anesthetic

medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the
above-named minor under the general care of special supervision and on the advice
of any physician or surgeon licensed to practice medicine in the
state(s) of _____

Dated this _____ day of _____ 20 _____

Signature of parent or guardian _____ Signature of parent or guardian _____

Notary Public _____ Date _____ My Commission Expires _____

Agape' Learning Center Childcare Illness/Cleaning Policy

The program shall not admit children who are ill upon arrival. During the CoVid-19 pandemic temperature will be taken at the door. Parents will be asked to stay during temperature checks. No child or staff member will be admitted with a temperature of 100.4 or has symptoms of illness. Parents must take their child home if they are ill or have a temperature of 100.4

If a child in our program has a close family member such as a sibling or parent with a fever or any other symptoms of CoVid-19, that child must stay at home until a diagnosis is made and it is deemed safe for the well child to return

If a child becomes ill during the day, caregivers shall immediately isolate the child from other children and notify the parent to arrange for other immediate care of the child.

Caregivers shall directly observe and supervise all children who are ill until they leave the child care program.

The program may not readmit children who exhibit symptoms of the illness for which they were excluded.

The child care program shall make every effort to control the spread of communicable diseases and shall establish written health policies and precautions.

Meals will be served in classrooms instead of the cafeteria. Summer Camp children will eat in the gym

We will not participate in family style meals and we will practice social distancing during meal times, ideally 6 feet apart. We will strive to maintain the same unit (group) of children during meal times as well.

Prior to any meal service, all children should utilize hand washing or sanitizing to ensure safe eating practices.

Our child care program shall make every effort to control the spread of communicable diseases and shall establish written health policies and precautions. *Age grouping policies apply at all times throughout the day. This includes both inside and outside activities. Group size requirements found in Indiana Administrative Code (IAC) 470 are required to be followed. Our individual programs grouping policies must be followed. Limit the mixing of units, such as staggering playground times and keeping units separate for special activities such as art, music, and exercising.

We will clean the child care facility daily. We will keep the child care facility in a sanitary condition at all times. Sanitize toys, furniture, and other equipment used by children, weekly and when they become soiled or contaminated. Wash all soiled items prior to sanitization.

Staff shall not do major cleaning, except for spills after meals and art projects, while children are present in the area being cleaned. Staff shall sanitize cots daily after each use. Staff may sanitize cots weekly if the same child uses the same cot each day. If staff sanitizes cots weekly, they shall clearly identify assigned cots.

All food preparation surfaces and eating surfaces shall be sanitized. All articles that are used by infants or toddlers shall be sanitized daily and whenever soiled. All articles an infant chews on shall be sanitized after each child's use. Caregivers shall sanitize pacifiers when contaminated. Staff shall sanitize all cribs as often as necessary and at least daily.

The building used for child care programs shall at all times be maintained in a clean, safe, and sanitary condition and be in a good state of repair.

When diapering children caregivers shall do the following:

- Wash hands with soap and warm water and dry with disposable paper towel

- Gather needed supplies and place on diapering area
- Spread wax paper on changing table covering the entire length and width of the pad • If gloves are used put on gloves after placing the child on the changing table
- Release the soiled diaper • Place soiled diaper and wax paper into a plastic bag
- Wash the child's bottom
- Remove gloves if used
- Place clean diaper on child
- Wash the child's hands
- Take the child to a safe area where he or she can be supervised
- The diapering waste is disposed of in a tightly covered, plastic-lined waste container
- Sanitize diaper changing pad and table
- Wash hands with soap and warm water and dry with disposable paper towel Additional diapering requirements can be found in Indiana Administrative Code (IAC) 470 and must be followed.

As a child care provider we shall provide for a safe environment by ensuring that no conditions exist in or on the grounds of the facility where the provider operates a child care program that would endanger the health, safety, or welfare of the children.

Infants, toddlers, and their teachers should have multiple changes of clothes on hand in the child care. Child care providers should change children's clothes if secretions are on the child's clothes.

Contaminated clothes should be placed in a plastic bag and sent home or washed in a washing machine.

As a child care provider we shall provide for a safe environment by ensuring that no conditions exist in or on the grounds of the facility where the provider operates a child care program that would endanger the health, safety, or welfare of the children. Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child's bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin should be cleaned weekly or before use by another child. Our program must store any item that states "keep out of the reach of children" in a place that is inaccessible to children. Ensure that employees, children and families have ready access to hand sanitizer, hand washing stations, or other disinfectant products.

During the COVID-19/or other Pandemic, Hand Sanltizers are temporarily acceptable products

Agape Learning Center COVID-19 Policy

The Agape Learning Center is open and accepting children for care during this time of COVID-19 Pandemic. We are in close contact with the State Licensing Consultants, CDC and our local Health Department Nurse. We have implemented all of the policies on the attached sheet for guidance to the best of our ability.

Please sign and date the paragraphs below.

I have read and understand the attached prevention practices, recommend by the Federal, State and local Health Department CDC guidelines. I will not hold the Agape' Learning Center staff liable if my child is exposed to, or contracts the COVID-19 virus.

Signature _____ Date: _____

I also understand that I cannot bring my child to the Agape' Learning Center if they have been in contact with a person that has COVID-19 or been exposed to the virus. I understand that my child's temperature will be taken at the door before entering the building. Furthermore, I will not bring my child to the Agape Learning Center if they have a fever, cough or they are experiencing any symptoms of illness. I understand that if my child becomes ill at school with a fever, cough and/or other symptoms I will need to pick up my child immediately. I realize that this will protect other children and staff from becoming ill.

Signature _____ Date: _____

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:

Agape's definition of a child who is in the process of potty training is one who does not wear diapers, but is wearing pull-ups at all times of the day. Teachers do take the children at regular intervals to the restroom and do watch for the child's needs. Children who are in the process of being potty-trained must be able to go when taken and/or verbalize their needs. Accidents do happen and we are fully aware of this fact. Should a child not be able to verbalize his/her needs and not be able to go when taken we reserve the right to require the child to stay in diapers. All day care students age 3 years and older must be in the process of being potty trained. A 3 year old may not wear diapers to day care.

My child is in the process of potty-training.

Date: _____

Signature: _____

My child wears diapers. I agree to provide all diapers for my child. I agree to bring all diapers in the original unopened package from the store. I am aware of the fact that diapers bags are not allowed in my child's classroom.

Date: _____

Signature: _____

CHECKLIST FOR PARENTS

CLOTHING

PLEASE LABEL ALL OF YOUR CHILD'S COATS AND JACKETS WITH HIS/HER NAME. ALSO, WE REQUIRE YOUR CHILD TO HAVE A CHANGE OF CLOTHES TO BE LEFT HERE FOR EMERGENCY PURPOSES. PLEASE INCLUDE SHIRT, PANTS, SOCKS, AND UNDERWEAR.

EMERGENCY CARD

THE INFORMATION CARD, WHICH YOU FILL OUT FOR US, IS OUR LINK WITH YOU IN CASE OF AN EMERGENCY. IT IS VERY IMPORTANT THAT THESE CARDS ARE KEPT UP TO DATE, IF YOUR PHONE NUMBER, PLACE OF EMPLOYMENT, ETC. CHANGES, WE NEED TO KNOW IMMEDIATELY.

LUNCHES

WE ARE A STATE LICENSED DAY CARE CENTER AND ARE REQUIRED TO SERVE YOUR CHILD A HEALTHY SNACK AND A HOT LUNCH. THEREFORE, YOUR CHILD MAY NOT BRING A SNACK OR LUNCH FROM HOME. IF YOUR CHILD IS HERE BETWEEN 12:00 AND 12:15 (SUMMER 11:30 AND 11:45), HE/SHE WILL HAVE TO BE SERVED LUNCH.

IF YOU WOULD LIKE TO FURNISH A TREAT OR A BIRTHDAY CAKE, ETC., FOR YOUR CHILD'S CLASS IT IS REQUIRED THESE THINGS BE PREPACKAGED STORE BOUGHT ITEMS.

ALSO, IF YOUR CHILD WILL BE BROUGHT TO DAY CARE LATER THAN 10:00 AM, WE ASK YOU TO CALL US BY 10:00 TO LET US KNOW YOUR CHILD WILL BE HERE FOR LUNCH. IF WE ARE NOT NOTIFIED, THERE WILL BE A \$.50 LATE CHARGE ADDED TO THE LUNCH CHARGE FOR THAT DAY.

MEDICATION

ALL MEDICATIONS MUST BE TURNED IN TO THE OFFICE. NO MEDICATIONS OR LOZENGES SHOULD BE KEPT IN THE BACK PACKS OR POCKETS.

THE GIVING OR APPLICATION OF MEDICATION, MAKING SPECIAL VARIATIONS OF DIET, AND CARRYING OUT MEDICAL PROCEDURES, SHALL BE DONE ONLY ON WRITTEN ORDER OR PRESCRIPTION FROM A PHYSICIAN.

MEDICATIONS PRESCRIBED FOR AN INDIVIDUAL CHILD SHALL BE KEPT IN THE ORIGINAL PHARMACY LABELED CONTAINER SHOWING THE PRESCRIPTION NUMBER, DATE FILLED, PHYSICIAN'S NAME, DIRECTIONS FOR USE AND THE CHILD'S NAME. WHEN NO LONGER NEEDED, MEDICATION SHALL BE RETURNED TO THE PARENT.

NAP

YOUR CHILD IS REQUIRED TO HAVE A REST PERIOD. WE WANT THIS TO BE A SECURE AND HAPPY TIME SO IF YOUR CHILD HAS A FAVORITE SLEEPING TOY OR BLANKET THAT MAKES HIM/HER MORE COMFORTABLE, HE/SHE IS WELCOME TO BRING IT. THE CHILDREN ARE NOT REQUIRED TO SLEEP, BUT ARE REQUIRED TO REST QUIETLY.



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
name of licensed child care program
of my child or children to the Division of Family Resources pursuant to IC 12-17.2-2-1.5.

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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**DAY CARE INFORMATION SHEET
(FOR TEACHER USE)**

Child's full name: _____

Name child wishes to be called: _____

Birth date: _____ Child lives with: ☐ Both Parents ☐ Mother
☐ Father ☐ Guardian

Parent's Names: _____

Names and ages of siblings and/or other children in the home:

Birth order of child: 1 2 3 4 5 6 7 8 9 (Circle one)

Does child attend Children's Church or Sunday School? _____

Does child have any pets? ☐ Name of Pets: _____

Child's favorite toys or activities: _____

Ways of Discipline: _____

Restroom Habits: _____

Eating Habits: _____

Any specific health problems to be aware of: _____

Days and hours child will most likely be at Agape': _____

Additional comments: _____

Biting Policy:

Biting is a behavior that usually appears between the ages of one and three years. While biting is an age-appropriate behavior, it is important to remember it is also an unacceptable behavior in a childcare environment. Children bite for a variety of reasons: teething, sensory exploration, cause and effect, imitation, crowding, seeking attention, frustration and stress. Biting is not something to blame on children, their parents or their teachers. There are a variety of strategies we implement at Agape' to prevent and stop biting. This is the process followed when a child bites:

- The biting child is stopped and told, "Biting is not ok. Biting hurts" in a firm voice. Teachers should remain calm, being careful not to show anger or frustration towards the child.
- The biting child is removed from the situation. Depending upon the observed motive for the bite, the separation may include re-direction or meeting the child's needs. As little attention as possible will be placed on the biting child, to avoid reinforcing the behavior.
- Appropriate first aid will be provided to the child who was bitten. Bite will be washed with soap and water; cold compress will be applied to reduce pain and swelling. A bandage will be applied if necessary.

It is important to explore the reasons for biting when it occurs. Teachers need to work with parents to gather information about the child's behavior and begin observations to determine the reasons for biting. Examples of triggers would be: communication deficits, transitions, hunger, lack of sleep, need for oral stimulation or something pain. Once triggers are identified, staff can work on prevention strategies and start teaching placement skills. Below are the steps the teacher will take to identify triggers and replace the behavior:

1. The teacher will examine the context in which the biting is occurring and look for patterns. The following questions should be asked:
 - Was the space too crowded?
 - Were there too few toys?
 - Was there too little to do or too much waiting?
 - Was the child who bit getting the attention and care he/she deserved at other times?
2. The teacher will change the environment, routines or activities if necessary.
3. The teacher will work with the child who is biting to resolve conflicts and frustrations in more appropriate ways
4. The teacher will observe the child, to get an idea of why and when they are likely to bite.
5. The teacher will identify children likely to be bitten and make special efforts to reduce their chance of being bitten.
6. The teacher, parent and director will work together to create an action plan and measure outcomes.
7. If biting continues the teacher will observe the group more closely and work with the parents to seek out additional resources as necessary.

Information is confidential and names of the children involved in the incident are not shared between parents. In addition, biting is always documented on an Incident/Accident Report which is completed and signed by a teacher and parent. A copy is provided to the parent and the original kept in the child's permanent enrollment file in the office.

Parent Signature _____

BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES

SAFE TRANSPORTATION OF FOOD RESPONSIBILITY

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food at 41° F or below and hot food at 135° or above. Containers must be clearly labeled with the child's name and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

PARENT AGREEMENT

I, _____ (Parent's name) will
provide food for _____ (Child's name).

I take full responsibility for the safety of my child's food during preparation, storage, and transportation to the facility.

Parent's Signature): _____

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)

Brightwheel Reporting

Parents now have the option of using the Brightwheel app to receive updates and reports throughout the day concerning their child. The first month is free and then parents have the option to choose how they would like to be charged.

Please select one of the following:

_____ YES, I would like to sign up for the Brightwheel App _____
(your name)

(child's name)

_____ Please bill me yearly: \$50 to pay for the entire year.

_____ Please bill me bi yearly: \$25.00 every 6 months

_____ Please bill me monthly \$4.17 at the beginning of every month.

*This fee will be prorated to be used accordingly throughout the calendar year.

_____ NO, thank you, I would like to opt out of using the Brightwheel App. _____
(your name)

(child's name)

AGAPE' LEARNING CENTER STATEMENT OF PHILOSOPHY

In league with the mood across our country that has expressed great dissatisfaction with current trends in public education, we at the Foursquare Gospel Church have chosen to lend our voice to the protest by starting a Christian School, the Agape' Learning Center.

Our aim is not competition with the public schools; rather, to offer a service the Public Schools are not designed or permitted to give--a **disciplined environment** using a **Christian curriculum**.

We wish to serve the entire Christian community by teaching a curriculum acceptable across the evangelical spectrum. Additionally, our policies for dress and deportment will reflect a balanced understanding of Biblical views on these subjects.

From the beginning, those who labored to bring the Agape' program into existence, and the council of the Foursquare Church that endorsed it, felt very keenly that this school, was a vision the Lord had implanted in our hearts. Consequently, we feel a strong sense of responsibility that this becomes in the execution of its objectives.

The main function of the Agape' program continues to be the preaching of the Gospel through the medium of education. The school embodies a commitment to accomplish this goal in three primary ways:

1. Teach a curriculum that presents an Evangelical witness.
2. Provide an atmosphere of Christian discipline that is effective and consistent with Biblical standards.
3. Provide a closely supervised classroom setting with a Christian teacher who will not only administrate student curriculum, but will teach by their personal example.

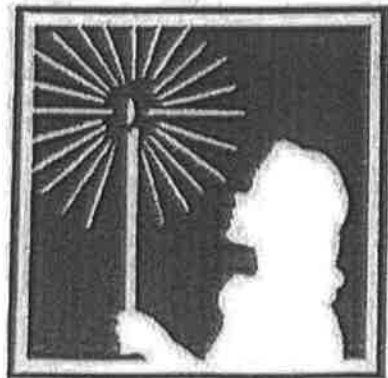
We have chosen to administrate the vision the Lord entrusted to us in a very positive manner. We feel there is no need to assume a stance of reactionary fear that the world will pollute us. Rather, we feel that our message is so superior that we choose to send our students back into the world system armed with an understanding of the Gospel that will enable them to surmount any obstacle through their faith in Christ and adherence to Scriptural principles.

The Agape' program is an extension of the Foursquare Church and obviously its policies are a reflection of our church. For this reason, as well as the proper administration of the vision entrusted to us, the Foursquare Church oversees and authorizes the program, policies, and expenditures of Agape' Learning Center.



**AGAPE' LEARNING CENTER
STATEMENT OF FAITH**

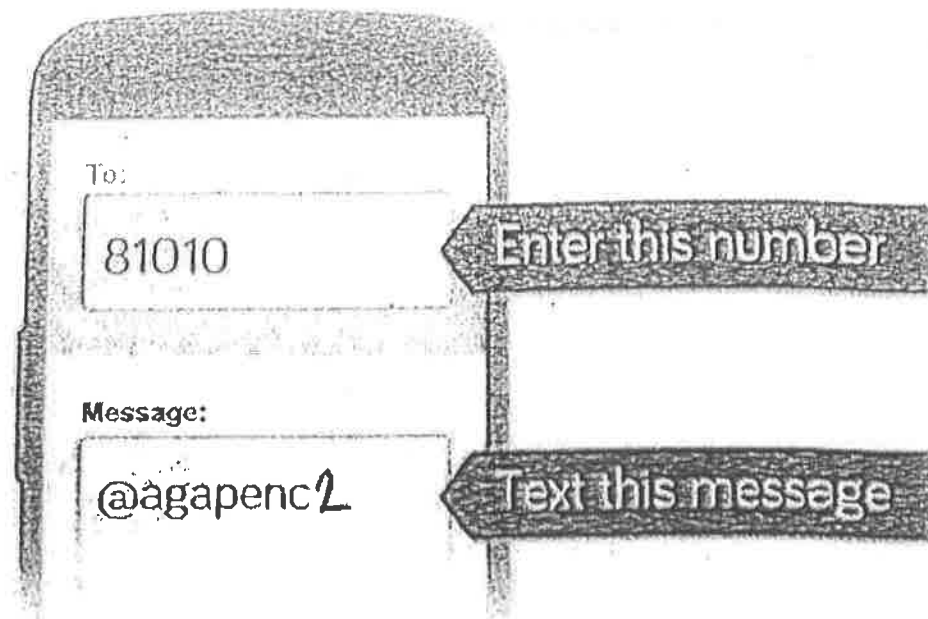
1. We believe the Bible to be inspired, the only infallible and authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Ghost.
3. We believe in the deity of our Lord Jesus Christ, in His birth, in His sinless life, in His miracles in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
4. We believe that for the salvation of the lost and sinful man, a regeneration by the Holy Spirit is absolutely essential.
5. We believe in the creation of man by the direct act of God as recorded in the book of Genesis.
6. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life.
7. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
8. We believe in the spiritual unity of believers in our Lord Jesus Christ.
9. We believe in the faculty, staff, and students conducting their personal lives in such a way that the testimony of the school is held above reproach.



Agape Learning Center!

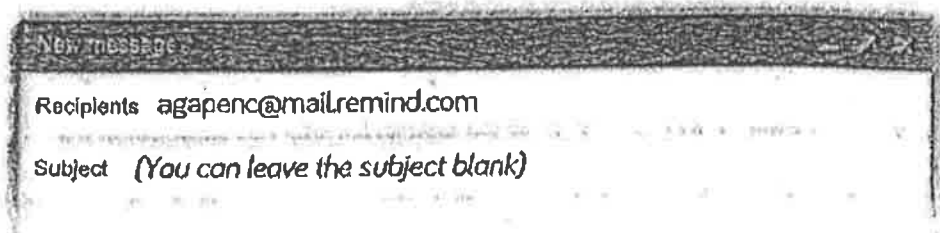
receive messages via text, text
gapenc to 81010. You can opt-
of messages at anytime by
ying, 'unsubscribe @agapenc'.

ible using 81010? Try texting
gapenc to (765) 273-5335
ead.



*Standard text message rates apply.

receive messages via email, send
mail to agapenc@mail.remind.com.
subscribe, reply with 'unsubscribe' in
subject line.



IS REMIND AND WHY IS IT SAFE?

It is a free, safe, and simple messaging tool that helps teachers share important updates and reminders with students & parents. Subscribe by text, email or using the Remind app. All personal information is kept private. Teachers will never see your phone number, nor will you see theirs. Visit remind.com to learn more.



myprocare®

Dear parent/guardian,

Agape' Learning Center is pleased to offer **MyProcare**, a free online portal for you to access account information and easily pay tuition. **MyProcare** is safe, secure and created with your convenience in mind.

Log in today!

1. Go to MyProcare.com.
2. Enter your email address (the email you have on file with Agape' Learning Center) and choose **Secure Login**.
3. Enter the confirmation code sent to your email, choose a password, and press **Secure Login**.
4. Then you may:
 - a. View your child's account and more.
 - b. Use the **Pay** button to make a payment with your card.

Thank you!

Agape' Learning Center and MyProcare

Agape' Learning Center

Bottles/Formula/Infant Feeding

1. Each infant shall have a feeding plan initially signed by a physician and then updated as needed (at least monthly) and signed by a parent.
2. All food allergies, special diets and vitamin and mineral supplements are approved in writing by a physician.
3. Formula bottles are to be prepared ahead of time, each poured bottle is covered, labeled with the child's name, date and time filled, refrigerated and used within 24 hours.
4. The leftover contents of bottles are discarded after feeding so only fill a bottle with the amount the infant will eat in one feeding.
5. During bottle feeding, the infant is held by a caregiver. Filled bottles are not propped nor are any children put to bed with bottles.
6. Whole or 2% milk is used for children receiving cow's milk.
7. Water offered to infants is sterilized by being boiled for at least 5 minutes before refrigerated.
8. Bottles of breast milk are sent to the center in a clean, insulated container which maintains the milk at 41 degrees F or below.
9. Fresh (never frozen), refrigerated bottles of breast milk are to be labeled with the child's name, date and time filled, and used within 48 hours.
10. For safety reasons, frozen breast milk that has been thawed must be used within 1 hour or refrigerated immediately and used within 24 hours. Because of this, the labeling of the bottle will be different. Label the bottle with the child's name, time and date thawed and method used for thawing ("warm water" or "heat thaw")
11. All bottles brought into the center must be properly labeled with the label on the bottle itself, not on the lid.
12. If baby food is brought in, it must be unopened commercial baby food.
13. Outdated baby food will be destroyed.
14. Opened jars of baby food are covered, labeled with name, date and time opened, refrigerated and used within 24 hours if the child is not fed directly from the jar.
15. If a child is fed directly from the baby food jar, the unused portion is discarded.

Parent or Guardian Signature: _____

Date: _____

Continuity of Care Policy

In compliance with the rules for licensed child care in the State of Indiana we have developed a ***Continuity of Care Plan*** for all children under 36 months of age. Our mixed age grouping classrooms enroll children ages 6 weeks-36 months. Newly enrolled children can be added to the group at any time when there is a spot available. The environment in the classroom is set up in a way that is interesting and flexible enough for the different developmental levels of the students in the room. We will maintain a 1:4 ratio in this classroom unless all students are 24 months old or older, at this time the ratio will be 1:5. At the age of 36 months we will begin to transition children to our 3-4 year old room.

Continuity of Care is important for the following reasons:

1. It supports the children's emotional development.
2. It creates an environment based on a feeling of trust between the parent and caregiver.
3. All the children's needs are understood.
4. There are very few transitions for children.
5. It helps to develop stronger relationships with caregivers and children.
6. Caregivers have in-depth knowledge of the children.
7. Children thrive with caregivers that they are familiar with.
8. Classroom environment welcomes, understands and provides opportunities for all the children enrolled in each classroom.
9. Programs that have Continuity of Care provide classrooms that mirror society and home life. At home children aren't always with children their own age, they will have siblings that may be older or younger.
10. There are more opportunities for success because there is a wide variety of choices available and children are able to seek out activities that can provide challenges to them.

Parent/Guardian Signature: _____

Date: _____

AGAPE' LEARNING CENTER

INFANT/TODDLER/TWO'S ROOM PROCEDURES

1. Parents are required to provide all diapers and pull-ups for their child. All diapers and pull-ups must be brought in the original unopened packages. *Diaper bags are not allowed in the classroom.*
2. Children will be provided with an a.m. and p.m. snack each day. A sign-up sheet will be posted outside of the classroom for breakfast and lunch. Breakfast will only be served to your child if he/she is signed up. Lunch will be served to all children who are here at lunch time. There is a \$.50 late lunch fee added to your weekly billing statement if your child is here for lunch but is not signed up. All food will be served in the classroom. Teachers will help with feeding as needed. Each child will be provided with a sippy cup. Bottles will not be used. If your child would like to bring a snack from home to share with the class for his/her birthday, these items must be store bought and in their original packaging.
3. Pacifiers may be used for comforting and sleeping. When not in use, pacifiers will be stored in a container in the child's cubby.
4. We will use a positive disciplinary approach with our students. Children are informed of any inappropriate behavior and redirected to more constructive activities, or allowed to spend some quiet time by themselves in an area so designated.
5. A weekly record of daily needs will be posted on the bulletin board for each child. A copy of this record will be sent home weekly.
6. Each child will need 3 changes of clothes to be kept in his/her cubby at all times. This includes; *shirts, pants, socks, and 1 pair of shoes.*
7. Each child will need a small pillow that will fit into his/her cubby, and a thin cover to use during nap. A nap cot will be provided for each child. Children will be offered an a.m. and p.m. nap. Children will not be required to sleep, however, teachers will make every effort to keep the classroom as quiet as possible for those who need a nap. Quiet activities will be offered to the children who do not require a nap.

Signature of Father: _____ Signature of Mother: _____

Signature of Guardian (if other than parents): _____

Date: _____



**SUPPLEMENTAL HEALTH CARE PROGRAM FOR CHILD CARE
CENTERS PROVIDING INFANT-TODDLER CARE
SUGGESTED FEEDING PLAN**

State Form 49963 (R / 12-06) / BCC 0073

BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES

INSTRUCTIONS:

Prior to admission, a feeding plan shall be established and written for each infant (age 6 weeks - 12 months) in consultation with the parents and based on the written recommendation of the child's pediatrician or family physician. Feeding plans must be continually updated by physician or parent. [470 IAC 3-4.7 (b)]

The following feeding plan has been recommended for this child.

Name of child	Date of birth (month, day, year)
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Age in Months	Time to Feed	Formula / Food Item and Amount	Special Instructions	Signature and Date of Parent or Physician

nature of physician / nurse practitioner	Date signed (month, day, year)
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