

Dear Parents/Guardians:

Infants/Toddlers

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

- ☐ **Registration Fee Paid**
- ☐ **Copy of Birth Certificate**
- ☐ **Enrollment Application**
- ☐ **Enrollment Card (front and back)**
- ☐ **Day Care Fees Agreement**
- ☐ **Statement of Cooperation**
- ☐ **Discipline Procedure**
- ☐ **Behavior Management Plan Outline**
- ☐ **Biting Policy**
- ☐ **Communicable Disease/Condition Policy**
- ☐ **Before you leave your child form (blue)**
- ☐ **Shot Record/Physical Form signed by Physician**
- ☐ **Bathroom Habits**
- ☐ **Toddler Room Procedures**
- ☐ **Child Information Form**
- ☐ **Licensed Childcare Center Form**
- ☐ **Photograph and Video Form**
- ☐ **Continuity of Care**
- ☐ **Brightwheel Fees Agreement**

If Under 12 months, please include:

- ☐ **Safe Transportation of Food**
- ☐ **Feeding Plan signed by Physician**
- ☐ **Bottles, Formula, Feeding**
- ☐ **Safe Sleep Policy**

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

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

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

DEPARTMENT: Check all that apply.

K-5 _____
K-4 _____
K-3 _____
Day Care _____

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 7:00 a.m.-5:00 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. Parents that enroll their child in day care will receive a door badge at no charge that will allow you into the facility. If you need any additional badges, there is a \$5.00 deposit per badge. Once your child graduates from our school, your deposit will be refunded upon returning your door badges. If you need any additional badges, let the office know.

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 5:00 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--\$140.00/week
Over 30 hours/week--\$4.80/hour

Weekly rates ages 24 months – 36 months:

Up to 30 hours/week--\$155.00/week
Over 30 hours/week--\$5.00/hour

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

Up to 30 hours/week--\$155.00/week
Over 30 hours/week--\$4.80/hour

Weekly rates for children ages 12 months - 24 months:

Up to 30 hours/week--\$160.00/week
Over 30 hours/week--\$5.00/hour

Weekly rates for children ages 6 weeks - 12 months:

Up to 30 hours/week--\$170.00/week
Over 30 hours/week--\$5.00/hour

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

4. The lunch rate is \$3.00 per lunch and breakfast is \$2.00 per breakfast. If the child will be arriving at day care after 10:00 am, 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 \$2.00. Lunch is served at 12:00 p.m. during the school year. 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.

Students are not permitted to bring their own meals or snacks into the building. The only Way you can provide your child their own meals/snacks is if you have a doctor's note on file

Initial

5. If a child is picked up after our closing time the following fees will be charged: 5:00 – 5:10 pm: \$10.00 per child; 5:10-5:30 pm: an additional \$2.00 per minute per child. Should a child be in our care past 5:30 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, and 1 week during Spring Break.** We will also close periodically for weather emergencies or per the Health Department for illnesses. If we are closed the full week, you will not be billed for that week. If we are only 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. **(This is not related to Preschool or Kindergarten tuition.)**

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. . Your bill will be available to view on Monday afternoon on your MyProcure account. The parent is responsible to view the bill every week and pay the bill by 5:00 p.m. Friday. You have the option to pay online, by automatic withdrawal (check with the office), or by cash, check, 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 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.

Initial

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

SIGNATURE 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 Brightwheel 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.

Administration's notifications will go out via email, REMIND text, and Brightwheel.

Please select one of the following:

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

(child's name)

I understand that I will be billed \$4.00 at the beginning of each month. _____ (Parent Initials)

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

(child's name)

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.
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

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 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 around the school 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 Parent: _____

Signature of Guardian (if other than parents): _____

Date: _____

**AGAPE' LEARNING CENTER ELEMENTARY SCHOOL
DISCIPLINE PROCEDURE
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 expel the child 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. 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, we reserve the right to expel a student effective immediately.

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

Signatures:

Parent 1: _____ **Parent 2:** _____

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:

Parent 1: _____ **Parent 2:** _____

Legal Guardian: _____ **Date:** _____

Biting Policy

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.

Signatures:

Parent 1: _____ Parent 2: _____

Legal Guardian: _____ 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 (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 **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.

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 **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

****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.****

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 traveling 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) in

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 _____

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**



... people CARING for people

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



PHYSICAL FORM FOR CHILD

State Form 49969 (R6 / 01-25)

FAMILY AND SOCIAL SERVICES ADMINISTRATION

OFFICE OF EARLY CHILDHOOD AND OUT-OF-SCHOOL LEARNING

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: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 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)? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | |
| | |
| | |

(Over)

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

[illegible]

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)



LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 7-06) • BCC 0000

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) |
|---|------------------------------|

Child Information Sheet

Child's Full name: _____

Preferred name / nick name: _____

Birth date: _____ Child lives with: ___Both Parents ___Mother___Father___Gaurdian

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: _____

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: _____

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: _____



Infant Safe Sleep Policy

Agape' Learning Center will follow recommendations of the American Academy of Pediatrics (AAP) and the Consumer Safety Commission for safe sleep environments to reduce the risk of Sudden Unexpected Infant Death (SUID). All teachers that enter the Infant classroom have completed the Safe Sleep trainings that are required by State Licensing.

Safe Sleep Procedures and Practices that Agape' follows:

- Infants 0 - 12 months are placed alone on their backs on a firm, tight-fitting mattress in approved cribs for ALL sleeps.
- Cribs are not placed near windows with corded blinds, shades, or other strangulation risks. Cribs also have nothing attached to them.
- Bouncy seats, sofas, swings, car seats, and other soft surfaces are not used as infant sleeping surfaces.
- Pillows, blankets, quilts, comforters, sheepskins, stuffed toys, and other soft products are not allowed in cribs.
- Teething necklaces or Pacifiers w/ animals or latches are not permitted.
- Infants' heads are not covered during sleep.
- Infants are not swaddled.
- Infants are dressed in appropriate clothing to prevent overheating. Bibs, hats, hoods, headbands, etc. are removed prior to placing infants in their cribs.
- When infants can easily turn over from their backs to their stomachs, they are allowed to adopt whatever position they prefer as long as they are always initially placed on their backs.
- Smoking is not allowed anywhere on the premises.

*To lower the risk of SUID, infants are always placed on their backs to sleep unless they have a signed alternate sleep position waiver from a medical provider that is approved by the Office of Early Childhood and Out-of-School Learning (OECOSL).

Parent's 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. Breakfast will only be served to your child if requested. Lunch will be served to all children who are here at lunch time. 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 in Brightwheel.
6. Each child will need **3 changes of clothes** to be kept in his/her cubby at all times. This includes; ***shirts, pants, underwear, 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: _____

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: _____



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

State Form 49963 (R4 / 12-21)

**FSSA - MS02
402 WEST WASHINGTON STREET, RM W362
INDIANAPOLIS, IN 46204**

INSTRUCTIONS:

Prior to admission, a feeding plan shall be established and written for each infant (age six (6) weeks to twelve (12) months) in consultation with the parents and based on the written recommendation of the child's medical provider. Feeding plans must be continually updated by the child's medical provider 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) |
|---------------|----------------------------------|

| Age in Months | Time to Feed | Formula / Food Item and Amount | Special Instructions | Signature and Date of Parent or Medical Provider |
|---------------|--------------|--------------------------------|----------------------|--|
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|-----------------------------|--------------------------------|
| Signature of MD, DO, NP, PA | Date signed (month, day, year) |
|-----------------------------|--------------------------------|

FEEDING PLAN GUIDELINES

INSTRUCTIONS: This is a guideline. Each child will grow at a different rate.

1. Formula, breast milk, water or juice may be offered in a training cup when a child is ready.
2. Formula or breast milk is used until twelve (12) months unless otherwise stated by a physician.
3. Only plain, strained, mashed or chopped vegetables, fruits and meats are offered.
4. Most children are ready for foods of coarser consistency between nine (9) to ten (10) months of age. Mashed or chopped table foods may be used.
5. Strained or mashed foods may be introduced at six (6) months if the infant's neuromuscular system has developed appropriately. Indications for solid foods are: the ability to swallow non-liquid foods, to sit with support, head and neck control, and to show that the child is able to decline food by leaning back or turning away.
6. Finger foods may be offered between nine (9) to twelve (12) months when infant is developing finger / hand coordination.
7. The serving of juice to children under twelve (12) months of age is discouraged.

| 2 MONTHS - 5 MONTHS | | | | |
|---------------------|---------------------|-----------|-----------|-----------|
| TIME INTERVAL | AMOUNT EACH FEEDING | | | |
| | Month 2 | Month 3 | Month 4 | Month 5 |
| 6:00 a.m. | 4 - 6 oz. | 4 - 7 oz. | 5 - 7 oz. | 5 - 8 oz. |
| 10:00 a.m. | 4 - 6 oz. | 4 - 7 oz. | 5 - 7 oz. | 5 - 8 oz. |
| 2:00 p.m. | 4 - 6 oz. | 4 - 7 oz. | 5 - 7 oz. | 5 - 8 oz. |
| 6:00 p.m. | 4 - 6 oz. | 4 - 7 oz. | 5 - 7 oz. | 5 - 8 oz. |
| 10:00 p.m. | 4 - 6 oz. | 4 - 7 oz. | 5 - 7 oz. | 5 - 8 oz. |
| 2:00 a.m. | 4 - 6 oz. | 4 - 7 oz. | 5 - 7 oz. | 5 - 8 oz. |

| 6 MONTHS - 12 MONTHS | | | | | |
|--------------------------------------|--|--|---|---|---|
| | Month 6 | Month 7 | Month 8 | Month 9 | Months 10, 11, and 12 |
| Total Amount of Formula Per 24 Hours | 30 - 48 oz. | 30 - 32 oz. | 29 - 31 oz. | 26 - 31 oz. | 24 - 32 oz. |
| 7:00 a.m. | 5 - 8 oz. formula 2 - 3T baby cereal * | 6 oz. formula 2 - 3T baby cereal * | 7 - 8 oz. formula 3 - 5T baby cereal * | 7 - 8 oz. formula ** 4 - 6T baby cereal * 2 - 4T fruit | 6 - 8 oz. formula ** (1 cup) 1/4 - 1/2 baby cereal * 2 - 4T fruit |
| 9:00 a.m. | 5 - 8 oz. formula | 6 oz. formula | 1/2 cup Vitamin C fortified fruit or juice 1/4 dry toast or 1 cracker | 1/2 cup Vitamin C fortified fruit or juice 1/2 dry toast or 2 crackers | 1/2 cup Vitamin C fortified fruit or juice 1/2 dry toast or 2 crackers |
| 12:00 Noon | 5 - 8 oz. formula 1/2 dry toast or 2 crackers | 6 oz. formula 2 - 3T strained vegetable | 7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit | 7 - 8 oz. formula ** 1 - 2T meat 5 - 9T vegetable 2 - 4T fruit | 6 - 8 oz. formula ** (1 cup) 2T meat 2 - 6T potato, rice, noodles 5 - 9T vegetable 4 - 6T fruit |
| 3:00 p.m. | 5 - 8 oz. formula | 6 oz. formula 1/2 dry toast or 2 crackers | 7 - 8 oz. formula 1/2 dry toast or 2 crackers | 7 - 8 oz. formula ** 1/2 dry toast or 2 crackers | 6 - 8 oz. formula ** (1 cup) 1/2 dry toast or 2 crackers |
| 6:00 p.m. | 5 - 8 oz. formula 2 - 3T baby cereal * | 6 oz. formula 2 - 3T strained fruit 2 - 3T baby cereal * | 7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit 2 - 5T baby cereal * | 7 - 8 oz. formula ** 5 - 9T vegetable 2 - 4T fruit 1T meat 4T baby cereal * | 6 - 8 oz. formula ** (1 cup) 2T meat 2 - 6T potato, rice, noodles 2 - 4T vegetable 2 - 4T fruit |
| 9:00 p.m. | 5 - 8 oz. formula | May start sleeping through the night. | | | |

* If dry cereal is used, mix cereal and formula in a bowl. Feed with a spoon.

** Formula may be offered in a training cup.

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 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 and with the 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 discarded.
14. Opened containers 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 container.
15. If a child is fed directly from the baby food container, the unused portion is discarded.
16. If a bottle or baby food has been contaminated the parent or guardian will be contacted. The contaminated bottle or baby food will be discarded.

Parent or Guardian Signature: _____

Date: _____

**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): _____



Sign up for important updates from Megan.

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

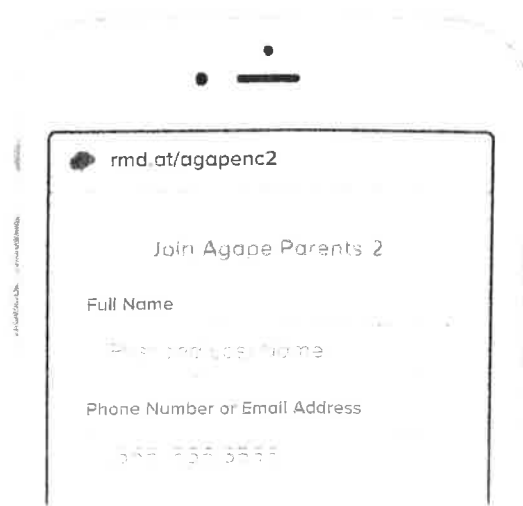
Pick a way to receive messages for **Agape Parents 2**:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/agapenc2

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.

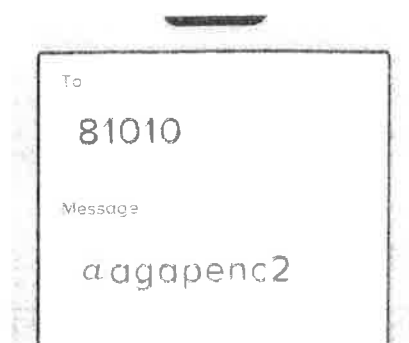


B If you don't have a smartphone, get text notifications.

Text the message **agapenc2** to the number **81010**.

If you're having trouble with 81010, try texting **agapenc2** to (567) 239-4372.

Standard text message rates apply.



Don't have a mobile phone? Go to rmd.at/agapenc2 on a desktop computer to sign up for email notifications.

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.

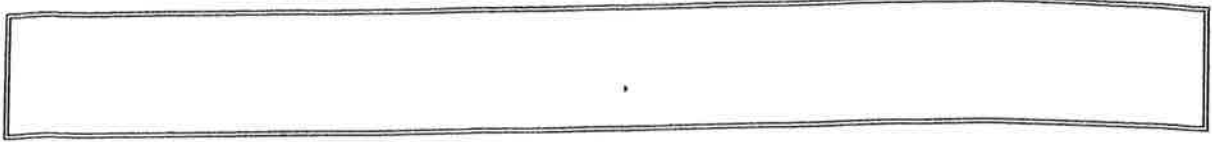
The main function of the Agape' program continues to be the preaching of the Gospel through the medium of education. The school embodies a commitment to accomplish this goal in three primary ways:

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.



PARENT INFORMATION
(PLEASE KEEP THIS FORM)

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 ANY FOOD 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.

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 FOR A MINIMUM OF 30 MINUTES. IF THEY DO NOT GO TO SLEEP IN THAT TIME, THEY WILL BE ABLE TO DO QUIET ACTIVITIES.