

Dear Parents/Guardians:

K3, K4, and K5

Before we enroll your child, please be sure you have the following forms completed and ready for the office. There are two copies of some forms. In these cases, one copy is for you to keep at home and one is to return. Forms without signatures do not need to be returned:

- ☐ Copy of Birth Certificate
- ☐ Enrollment Application
- ☐ Enrollment Card
- ☐ Financial Agreement
- ☐ Statement of Cooperation
- ☐ Discipline Policy
- ☐ Tuition Fees Agreement
- ☐ Communicable Disease/Condition Policy
- ☐ Before you leave form (Blue Sheet)
- ☐ Shot Record/Physical Form (to be filled out and signed by a physician)
- ☐ Registration Fee Paid
- ☐ Photograph and Video Form
- ☐ Licensed Childcare Center Form
- ☐ Bathroom Habits

If enrolling in day care, include:

- ☐ Day Care Fees Agreement for K-3, K-4, K-5 Students
- ☐ Brightwheel

***Book Fees are due by July 1st. August tuition is due on or before August 1st. If payment is not received for either book fees or tuition, Agape' reserves the right to open this spot up for registration to someone else.**

****A \$15.00 late fee is added for books paid after July 1st.**

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

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

DEPARTMENT:

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 TUITION FEES

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

LIST OF FEES 2023/2024

REGISTRATION FEE

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

PRE-REGISTRATION FEE (only during the Month of March)	\$60.00
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ANNUAL REGISTRATION FEE	\$75.00
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BOOK FEE

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

K3	\$ 80.00
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K-4 & K-5 (Annual book fee)	\$120.00
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TUITION

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

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

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

PRICES

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

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

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

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

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

I have read and understand the information on this form.

Date: _____ **Signature:** _____

AGAPE' LEARNING CENTER FINANCIAL AGREEMENT

Our child _____ is enrolled in the following departments of Agape' Learning Center with appropriate charges according to the tuition and/or Day Care fee schedule: **Please check the ones, which apply to your child.**

(Please fill in appropriate payment before signing)

1. ___ K-3 Class with **10 payments** of _____ beginning **August 1.**
2. ___ K-3 Class with **12 payments** of _____ beginning **June 1.**
3. ___ K-4 Class with **10 payments** of _____ beginning **August 1.**
4. ___ K-4 Class with **12 payments** of _____ beginning **June 1.**
5. ___ K-5 Class with **10 payments** of _____ beginning **August 1.**
6. ___ K-5 Class with **12 payments** of _____ beginning **June 1.**

7. ___ Before/After Class Care at **\$4.40** per hour (**\$3.90** per hour if he/she is the second child) times the number of hours in attendance per week. (10-hour weekly minimum for Half Day Students and a 5 hour minimum for Full Day Students during the school year only)

August tuition must be paid by Aug. 1 in order for your child's spot to be secured. If payment is not received by Aug. 1, Agape' reserves the right to open up this spot for registration to someone else.

I agree to pay these fees either weekly or monthly as terms described in the appropriate fee schedules.

If any fees are charged because of overtime Day Care, improper sign-up for breakfast and/or lunch charges, I agree to pay that amount as outlined in the Day Care schedule.

All school students(that are not enrolled in day care) not picked up by 10 minutes past dismissal will be sent to a day care classroom to wait. After the second late pick up a \$10 fee will be charged.

Book fees must be paid by July 1st and August tuition must be paid by August 1st in order to secure your child's spot. If payment is not received by said due dates, Agape' reserves the right to open this spot for registration to someone else.

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

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

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

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

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

If a family chooses to temporarily withdraw their child from our program, we will send home homework and activities for that student. Our teachers will make weekly contact with the student and our normal tuition rates will still be charged.

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

Date _____ Signature _____
Parent and/or Guardian

Date _____ Signature _____
Agape' Learning Center

**AGAPE' LEARNING CENTER
DISCIPLINE PROCEDURE/EXPULSION POLICY
AMENDED 2021**

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

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

DISCIPLINE PROCEDURE

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

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

MINOR OFFENSES

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

MAJOR OFFENSES

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

- A. Striking authority**
- B. Disobeying rules continually after ample warning**
- C. Defacing school property deliberately**
- D. Uncontrollable behavior**

Parents will be notified in the event of a major offense. The Administrator reserves the right to send the child home for the remainder of the day. If major offenses continue to happen consistently, we will require a meeting with the parents and the teachers to develop a behavior management plan. We may reach out to other behavior specialist and ask for help creating a behavior plan. Every effort will be made to work with families to get behaviors under control; however, if behavior beyond what we can reasonably manage without compromising the care for the other students continues, we will discuss what safety guidelines we will need to put in place.

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

Signatures:

Father: _____ **Mother:** _____

Legal Guardian: _____ **Date:** _____

Agape' Learning Center

Statement of Cooperation

Fees

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

Discipline

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

Property

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

School Activities

2. We give permission for our child to take part in all school activities, including sports and school sponsored trips in the bus or van or by foot away from school premises and we agree to relieve the school and any of its employees from any liability in connection with these activities.
3. We are aware that the day care or preschool/kindergarten teachers may take their classes on a walk or buggy ride off of Agape property in surrounding neighborhoods and we give permission for this to happen without consultation each time. If a field trip occurs where a class will be visiting an establishment, a signed field trip form will be required for my child to participate.

4. I hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of an injury of alleged injury to my child.
5. Should legal action, for any reason, be taken against Agape' Learning Center or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay an attorney fees, court fees, damages or other costs that Agape' Learning Center or its agent should incur to defend itself against such action.

Communicable Disease

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

Miscellaneous

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

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

Signature of Parent:_____

Signature of Parent:_____

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.

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



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:	
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	

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) (Prenar)				

	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

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...**

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 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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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: _____

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

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

Please read and initial each line.

1. Each child has a time card with his/her name on it. When parents bring their child to day care they should be "clocked in" and they should be "clocked out" when leaving. On our time clock system it is important to follow this procedure because, **should your child not be clocked in, our time clock will clock them in at 6:30am and should your child not be clocked out, our time clock will clock them out at 6:00 pm and you will be charged accordingly.**

Initial

2. The weekly charge for day care depends on the number of hours your child uses day care each week. **There is a 10 hour weekly minimum for half day students and a 5 hour minimum for full day students. This applies even if you do not use day care at all in a given week.** There are only 2 reasons your minimum day care fee would be waived: See # 3 below.

Initial

3. If a child is enrolled in our day care, the parents must pay the minimum amount weekly for that age child, even if the child did not use any hours in a given week (with the exception of illness ***only*** 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, **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.

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Half Day Students Minimum weekly charge for day care: \$44.00 (\$39.00 for the second child)

Full Day Students Minimum weekly charge for day care: \$22.00 (\$ 19.50 for the second child)

Hourly price: \$4.40/hour for first child (\$3.90/hour for second child)

4. Agape is on the Child and Adult Food Care Program so all meals and snacks are free. If the child will be arriving at day care after 10:00 am and eating lunch with us, the parent must call the office by 10:00 am to have the child added to the lunch count. Lunch is served at 12:00 p.m. during the school year and 11:30 a.m. during the summer.

Initial

5. It is against the rules for any child to be here past 6:00pm. If a child is picked up after our closing time the following fees will be charged: 6:00 – 6:15 pm: \$8.00 per child; 6:15-6:30 pm: an additional \$10.00 per child. Should a child be in our care past 6:30 pm, we reserve the right to contact local authorities and have them pick up the child.

Initial

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. 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 and/ or if recommended by the Health Department due to severe illnesses.
If we are closed the full week, you will not be billed for that week. If we are closed 1 day of the week, normal rates will apply. If we are closed 2 or more days in a given week, rates will be prorated.

Initial

8. Agape' Learning Center will notify the local police department immediately if an authorized individual picking up a child appears to be intoxicated or impaired, but insists on removing the child from the facility.

Initial

9. Day care is billed the week following service. Our week begins Monday morning and ends Friday evening. The 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 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, 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

10. Day care for Agape' half-day K3, K4, K5 children will be charged a ten (10) hour minimum during the school year regardless if they use it or not (except in the instances listed in # 3). The charge is \$4.40 per hour. Full Day Students will have a five (5) hour minimum at \$4.40 per hour. The minimum weekly charge will change to our "Day care only" pricing and vary by age group for all Agape' students during the summer months.

Initial

11. Full day K5 students not needing day care before or after school do not need to enroll in day care for lunch. They will join a day care class to eat lunch.
Day care fees for this time are included in the price of full day K5 tuition.

Initial

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

SIGNATURE OF PARENT/GUARDIAN

DATE

Child's full name: _____

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

Child's favorite toys or activities: _____

Any specific health problems to be aware of: _____

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

Additional comments: _____

Parents,

We are happy to announce that we are extending our Brightwheel services to our children enrolled in daycare ages 3 and up. For those of you that have not heard of Brightwheel, this is an app you can have on your phone that gives you daily updates on your child while they are in daycare. For our infants and toddlers, teachers log diaper changes, meals, nap times, and pictures/videos. For our 3's and up, it will be a little different. Their bathroom habits will most likely not be logged if they are already potty trained. Nap times will be logged. For their meals, we will put how much they ate instead of a detailed list of specific foods. If you have a copy of the lunch menu, this should work out fine! You will occasionally get pictures and/or videos of your child in daycare.

This app also allows you to directly message your child's teacher. We ask that if you need to provide an important message to the teacher regarding information about your child, please contact the office. Teachers may not be able to see or reply to messages right away. Teachers will most likely do their logging during nap if they do not have an assistant with them during class.

The cost for Brightwheel is \$4.00 per month for 3's and up. This would be billed at the beginning of every month.

Please sign your name accordingly below:

Child's Name: _____

I would like to sign up for brightwheel for \$4.00 per month: _____

I do not wish to sign up for Brightwheel at this time: _____



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**:



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.



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.