Little Saints Child Care & Preschool Ministry CHILD INFORMATION

Schedule: (Circle one) Full Time Part Time Before/After School Preschool or Pre-K Drop-in Service Schedule: Days Drop Off Pick Up	Today's Date	Star	t Date	
Important: Part Time schedules must be followed. Please call at least 24 hours ahead for drop in Service-drop in service is based upon if we have space available. Child's Name: Age: Date of Birth Mother's Name: SS/Drivers lic # Email:				K Drop-in Service
Service- <u>drop in service is based upon if we have space available.</u> Child's Name:Age: Date of Birth Mother's Name:SS/Drivers lic # Email: CityZip Home/Cell Phone #: Work Phone # Father's Name:SS/Driver lic # Email: CityZip Address:CityZip Home/Cell Phone #: Work Phone # Fick-Up Permission & Emergency Contacts I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any change. Person to contact in case of emergency: Work Phone # Relationship to child Work Phone # Person to contact in case of emergency:	Schedule: Days	Dro	p OffPi	ck Up
Mother's Name:				s ancau for urop in
Email:	Child's Name:	_Age:	Date of Birth	
Address: City Zip Employed By: City Zip Home/Cell Phone #: Work Phone #	Email:			
Employed By: City Zip Home/Cell Phone #: Work Phone # Father's Name: SS/Driver lic # Email:	Address:		City	Zip
Home/Cell Phone #: Work Phone # Father's Name: SS/Driver lic # Email: City Address: City Employed By: City Home/Cell Phone #: Work Phone # Pick-Up Permission & Emergency Contacts I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any change. Person to contact in case of emergency: Zip Address: City Zip Home/Cell Phone # Work Phone # Work Phone # Relationship to child City Zip Home/Cell Phone # Work Phone # Zip Home/Cell Phone #<	Employed By:		City	Zip
Email:	Home/Cell Phone #:		Work Phone #	
Address: City Zip Employed By: City Zip Home/Cell Phone #: Work Phone #				
Employed By: City Zip Home/Cell Phone #: Work Phone # Pick-Up Permission & Emergency Contacts I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any change. Person to contact in case of emergency:	Address:		City	Zip
Pick-Up Permission & Emergency Contacts I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any change. Person to contact in case of emergency:	Employed By:		City	Zip
Pick-Up Permission & Emergency Contacts I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any change. Person to contact in case of emergency:	Home/Cell Phone #:		Work Phone #	r
is the responsibility of the parents to notify the center, in writing, of any change. Person to contact in case of emergency:	Pick-Up Permi	ssion & I	Emergency Co	ntacts
Address: City Zip Home/Cell Phone # Work Phone # Relationship to child Person to contact in case of emergency: City Zip Address: City Zip Home/Cell Phone # Work Phone # Relationship to child Person to contact in case of emergency: Address: City Zip Home/Cell Phone # City Zip Zip Home/Cell Phone # Work Phone # Zip Zip Home/Cell Phone # Work Phone # Zip Zip				
Address: City Zip Home/Cell Phone # Work Phone # Relationship to child Person to contact in case of emergency: City Zip Address: City Zip Home/Cell Phone # Work Phone # Relationship to child Person to contact in case of emergency: Address: City Zip Home/Cell Phone # City Zip Zip Home/Cell Phone # Work Phone # Zip Zip Home/Cell Phone # Work Phone # Zip Zip	Person to contact in case of emergency:			
Home/Cell Phone # Work Phone # Relationship to child Person to contact in case of emergency: Address: CityZip Home/Cell Phone #Work Phone # Relationship to child Person to contact in case of emergency:	Address:	Cit	V	Zip
Relationship to child	Home/Cell Phone #		Work Phone #	= 1
Address: City Zip Home/Cell Phone # Work Phone # Work Phone # Relationship to child City Zip Person to contact in case of emergency:				
Home/Cell Phone #Work Phone # Relationship to child Person to contact in case of emergency: Address: Zip Home/Cell Phone #Work Phone #	Person to contact in case of emergency:			
Home/Cell Phone #Work Phone # Relationship to child Person to contact in case of emergency: Address: Zip Home/Cell Phone #Work Phone #	Address:	Cit	V	Zip
Relationship to child Person to contact in case of emergency: Address:	Home/Cell Phone #		Work Phone #	1
Address: City Zip Home/Cell Phone # Work Phone #				
Address: City Zip Home/Cell Phone # Work Phone #	Person to contact in case of emergency:			
Home/Cell Phone # Work Phone #	Address:	Cit	V	Zip
	Home/Cell Phone #		Work Phone #	r
			· · · · · · · · · · · · · · · · ·	

ATTENTION: If additional contacts need to be listed, please use the back of this form. Important medical (ex: allergies, medications) or other information: food allergies/medications must have a written/signed doctor's note for the child's file.

Little Saints Child Care Ministry and Preschool Tuition Contract

Child/ren nam	e:	
Birthdates:		
Full Time Ch	ild Care	
Full time rates	will apply if a child attends four or five days per week.	
	Infant (6 weeks to 12 months)	\$155 per week
	Toddler (13 months to 24 months)	\$145 per week
	Two Years Old	\$135 per week
	Three Years Old	\$130 per week
	Four/Five Years Old	\$125 per week
	Multi-Child Discount- \$10.00 off per week	-

Part Time child/ren for children ages 6 weeks to 5 years and not in school

Due to limited availability in the classrooms, parents must choose their part time days, either 2 or 3 days per week (ex: Monday/Friday etc). If an extra day is needed, arrangements must be made in advance and is based on availability, additional charges will apply. Please call 574-825-9683. Discounts will not be given for children attending part time.

 Infant	\$45 per day
 Toddler	\$42 per day
 Two Years Old	\$32 per day
 Three Years Old	\$30 per day
 Four/Five Years Old	\$27 per day
	÷ •

<u>Drop-in Service</u> hourly rate is only available for 5 hours or less, if over 5 hours, daily rate will apply.

 Infant/Toddler	\$ 6 per hour
 Two's to Fives	\$ 5 per hour

I understand and agree to the following:

- 1. There is an initial, non-refundable enrollment fee of \$30 per child due with this contract. If I withdraw my child/ren, I understand that there will be a re-enrollment fee.
- 2. I understand there will be an annual supply fee of \$20 (\$30 for two or more children) charged on the first invoice.
- 3. Weekly tuition is due in advance per the above checked schedule.
- 4. A late fee will be added to my bill if weekly payment is not received by Friday at 5:30pm.
- 5. If my bill is more than one week past due my child/ren will not be able to attend until tuition and late charges are paid.
- 6. I will pay the agreed upon tuition whether my child/ren is/are present or not. This includes family vacations, medical leave, illness, school cancellations, etc.
- 7. I understand I will receive one free week per year. This is to be taken a full week at a time and my child/ren will not attend during that week.
- 8. A late charge of \$1.00 per minute per child will be charged for pick up after 5:30pm.
- 9. I will be responsible for any and all fees, charges, or expenses that Little Saints would have to pay in order to collect any bad debt.
- 10. I must give at least two weeks' notice prior to withdrawing my child/ren.
- 11. If I am receiving CCDF (Vouchers), I understand that I am responsible to pay the amount that is <u>not</u> covered by CCDF. In the event that I do not bring my child the hours required by CCDF or if I lose CCDF I am responsible for the entire amount due.

Parent signature:	
Date:	
Authorized Little Saints Representative:	
Date:	
Rates are effective November 13, 2013	

Líttle Saints Child Care & Preschool Ministry 708 West Wayne Street Míddlebury, IN 46540 574-825-9683

Ministry Waiver

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation & fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry. This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

Notice Concerning Fire Safety Protection

Under Indiana Law, a child care ministry may choose not to provide certain fire safety protections if the parent(s) or legal guardian(s) of each child is notified about the absence of the fire protection safety protections. The purpose of this notice is to advise you that this child care ministry does not have the same level of fire safety protection as a licensed center. As you have already been notified, the child care ministry does not comply with the same sanitation, life and fire safety rules as a licensed center. The reason you are given this notice is that the child care ministry has chosen not to provide a fire warning system, such as fire alarms, as is required for a licensed day care center. However, we do use active smoke detectors, have fire extinguishers if needed, and conduct monthly fire drills (as of March 2005).

Discipline/Guidance Policy

It is very important that a child's development is nurtured through caring, patience and understanding. However, while caring for your children, I may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal and other behaviors which will hurt other children are not permitted.

In response to these behaviors, I will NOT use the following:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, I WILL use the following:

- Respect for the child
- Establish clear rules •
- Be consistent in enforcing rules
- Use positive language to explain desired behavior •
- Speak calmly while bending down to your child's eye level
- Give clear choices •
- Redirect your child to a safe area for a "time out" no longer than one minute per year of the child's age. If your child's behavior is very disruptive or harmful to himself or other children, I will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled in the program. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

I, the parent or legal guardian of , acknowledge that I have read and understood the above notice concerning the Ministry, Fire Safety Protection, and Discipline/Guidance Policy.

Parent/Guardian Signature_____ Date_

Líttle Saínts Child Care & Preschool Mínístry 708 West Wayne Street Míddlebury, IN 46540 574-825-9683

Permission To Participate In Little Saints Child Care Activities

_____ I hereby grant permission for my child to use all of the play equipment and participation in all of the (initial) daily activities of the day care.

_____ I hereby grant permission for my child to leave the day care premises under the supervision of a (initial) Little Saints staff member for neighborhood walks.
_____ I hereby grant permission for the Director, or any authorized staff member to take whatever steps (initial) that may be necessary to obtain emergency medical care if warranted.
_____ I understand that in case of an accident in which a student requires medical attention, Little Saints (initial) will not be held liable for any medical expenses incurred to the family as a result of the accident.

Photo Release

I understand that Little Saints Child Care Ministry and Preschool may take pictures of the children playing from time to time for use on their cubbies or for use with a project. I understand that pictures are sometimes used to help show parents what their children are doing during the day. I acknowledge that photos may be displayed in the room from time to time and could possibly include my child. I also acknowledge that it is possible that a particular picture that includes my child might be sent home with another child to show their parent(s) what they are doing. I agree to give permission for Little Saints Child Care Ministry to take photographs or video images of my child. I agree to allow these photographs to be displayed in my child's room, on room or center bulletin boards, or to be used as mentioned above. I further agree to allow the center to use these photographs or video images in limited promotional or training applications.

Please initial all applicable boxes below:

_____I DO grant permission to use photos/videos of my child within the facility.

_____I DO grant permission to use images on Little Saints/St. Paul's Website/Facebook page.

_____I DO NOT grant permission to use photos/videos of my child within the facility.

_____I DO NOT grant permission use images on Little Saints/ St. Paul's Website/Facebook page.

Child's Name_____

By signing below and initialing above, I grant permission/do not grant permission for my child to participate in activities and to be photographed during care at Little Saints Child Care & Preschool Ministry.

Parent/Guardian Signature	Date