

**Little Saints Child Care & Preschool Ministry**  
**CHILD INFORMATION**

Today's Date \_\_\_\_\_ Start Date \_\_\_\_\_

**Schedule: (Circle one)**

**Full Time   Part Time   Before/After School   Preschool or Pre-K   Drop-in Service**

**Schedule: Days \_\_\_\_\_ Drop Off \_\_\_\_\_ Pick Up \_\_\_\_\_**

**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: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employed By: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Father's Name: \_\_\_\_\_ SS/Driver lic # \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_

Home/Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Relationship to child \_\_\_\_\_

*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's name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

**Full Time Child Care**

Full time rates will apply if a child attends three or more days weekly.

_____	Infant (6 weeks to 13 Months)	\$175 per week
_____	Toddler (13 months to 24 months)	\$165 per week
_____	Two & 2 ½ - 3's	\$155 per week
_____	Three Year Old (completely potty trained)	\$145 per week
_____	Four/Five Year Old	\$135 per week
_____	Multi-Child Discount: 10 % for 2 children/ 15% for 2 or more children	

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

Due to the limited availability in the classrooms, parents must choose part time days (ex: Monday/Wednesday). If an extra day is needed, arrangements in advance must be made and will be based on availability of space for that date. Please call 574-825-9683. Discounts will not be given for children attending part time.

_____	Infant	\$50 per day
_____	Toddler	\$47 per day
_____	Two Year Old	\$37 per day
_____	Three Year Old (completely potty trained)	\$35 per day
_____	Four/Five Year Old	\$32 per day

**Drop-in-Service hourly rate is only available for drop in status, 5 hours or less a day, if over 5 hours, daily rate will apply.**

_____	Infant/Toddler	\$ 6 per hour
_____	Two's-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 not 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 June 1, 2017

*Little Saints Child Care Ministry and Preschool  
Tuition Contract*

**Child's name:** \_\_\_\_\_

**Start Date** \_\_\_\_\_

**Birthdate** \_\_\_\_\_

**School Attending/ Grade:** \_\_\_\_\_

**School age child care for children in Kindergarten through 5<sup>th</sup> grade**

These rates are during the school year for children attending three or more days a week. These rates include 2 hour delays and early releases from school. Additional charge will apply for school cancellations.

_____	Before and after school	\$66 per week
_____	Before school only	\$45 per week
_____	After school only	\$45 per week
_____	Daily rate- care over 5 1/2 hours	\$35 per day
_____	Daily Rate- (2-3 days per week)	\$25 per day
_____	Hourly Rate- Care for 5 hours and under	\$ 6 per hour
_____	Weeks off School (Spring Break, Christmas )	\$95.00 per week

Daily rate is for children in Kindergarten through 5<sup>th</sup> grade only. Availability is limited; please call the child care office in advance for availability, 574-825-9683.

**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 \$15 (\$25 for two or more children) charged on the first invoice.
3. Weekly tuition is due in advance per the above checked schedule. This includes daily rate attendance.
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 not 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 June 1, 2017

*Little Saints Child Care & Preschool Ministry*  
708 West Wayne Street  
Middlebury, 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 \_\_\_\_\_

*Little Saints Child Care & Preschool Ministry*  
708 West Wayne Street  
Middlebury, IN 46540  
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**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 \_\_\_\_\_