

ENROLLMENT FORM
NU Nation Church of Zion
Halo Early Learning Childcare & Preschool
9425 E. 30th Street
Indianapolis, IN 46229

Phone: (317) 777-8299

Fax: (317) 897-2010

PARENT/LEGAL GUARDIAN INFORMATION

Hours of Operation: 6am - 5:30pm

Last Name: _____ First Name: _____

Relation: _____ Last 4 digits SSN: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone Numbers: _____
Home Work Cell

Email Address: _____

Working Hours: _____

CHILD INFORMATION

Last Name: _____ First Name: _____

Sex: ____ Ethnicity: _____ Eye Color: _____ Hair Color: _____

Height: _____ Date of Birth: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician's Name: _____

Address: _____ Phone: _____

Insurance Provider: _____ Last Physical: _____

Food Allergies: _____

Does he/she play with other children from other families: _____

Does he/she usually get their own way with other children? _____ If not, how do they react? _____

Is the entire family together for any time during the day? _____

OTHER PERSONS AUTHORIZED TO PICK UP OR DROP OFF CHILD:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Mother's Signature _____ Date: _____

Father's Signature _____ Date: _____

DISCIPLINE STATEMENT

Dear parent:

We work with parents/guardians of children in our childcare and preschool to determine the cause of misbehavior and deal with the behavior positively.

We use strategies that allow the children to take responsibility for his/her actions. In addition, we focus on teaching children appropriate behavior. We do not use threats or bribes. We focus on teaching children how to interact socially and continually reinforce the limits in our facility.

We expect children in our childcare and preschool to respect others, respect the environment and to respect themselves.

Hitting, kicking, spitting, biting, hostile verbal behavior and other behaviors, which may cause harm to another child will not be permitted or tolerated. We **DO NOT** practice "time-out" as a form of discipline in our facility. We believe in giving the child the opportunity to calm down and to think about the misbehaving that has occurred. This also gives us the opportunity to incorporate a way the child can cope with whatever hostile behavior took place and procure a solution that works for everyone.

Each child will be dealt with individually. Consequences will occur immediately after the behavior. As a parent, we ask you not to punish your child at home for misbehavior shown while in our facility. Please trust that we will handle the matter in a timely fashion.

If your child continually misbehaves, we will call you to discuss the difficulty by telephone or make an appointment to discuss the difficulty with you. We will not discuss problems in front of your child or other children.

We will keep you posted on all happenings that are involved at the facility. If we are experiencing behavior difficulties with your child, we will let you know as soon as possible. We hope that together we can create a behavior management strategy, which will control the behavior.

In those instances when a behavior is very disruptive or harmful to the child or other children, we will discuss the issue with you. If an intervention can be made and will warrant success, the child can remain enrolled. If you will not seek appropriate assistance or we cannot effectively meet the needs of your child, you will be asked to make other arrangements. We will assist you to the best of our ability to help you find other arrangements.

****IMPORTANT NOTE:** Physical punishment will not be used, even if requested by the parent.

Parent Signature

Date

Child Care Agreement

I, _____, the legal guardian of
_____ agree to the following:

(Initial all that apply)

_____ Pay fee per day/per week of \$ _____/Weekly

_____ Day payment to be made is Monday (Prior to care).

_____ Volunteer to work _____ hours a week with the program.

_____ Follow the procedures in the program handbook.

_____ Obtain a Special Care plan, If applicable.

_____ Services to be provided as part of the child care fee (transportation, meals, etc.) are:

Meals and Quality Care

_____ Child's arrival time: Approx. 6am. Child's Departure time: approx. 5:30pm.

_____ Pay a late fee of, when applicable, \$ As outlined in the Parent Handbook.

_____ Obtain and provide records of health assessments/immunizations for my child according to the schedule recommended by the American academy of Pediatrics.

_____ Cooperate with staff in the follow-up of any medical, dental, and/or developmental needs of my child.

_____ Notify the staff when my child is ill or any family member has a reportable contagious disease.

_____ Complete a medication consent form when requesting medication administration by child care staff

_____ Provide the program staff with change of clothing and any other items necessary for my child's care. (linens, clothing, toothbrush).

_____ Provide information on how to contact me in an emergency situation, which I will update every 6 months at a minimum and when changes occur.

_____ Agree to discuss my concerns with Patricia Jones/James Hall - Director.

_____ Notify a teacher and sign my child in and out every time my child arrives and departs with me or an authorized person.

_____ Clock my child in and out according to CCDF policies outlined in the parent handbook.

_____ Pay any copayments stipulated by CCDF and any late fees accordingly as outlined in the parent handbook.

_____ Give a two week notice when deciding to terminate child care services or I will be responsible for paying the tuition for the two weeks with late fees if applicable.

Legal Guardian

Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Emergency Plan

CPR/First Aid

A staff member with CPR and First Aid Certification will be on site at all times that children and staff are present. All staff members are required to complete these training's.

In Case of a Medical Emergency (Child):

Parents will immediately be notified in case of a medical emergency. A copy of each child's record is kept on hand in the ministry office. Every effort will be made to contact the child's parent or guardian before calling the emergency contacts listed in the application. These alternate contacts will be called if the child's parent or guardian cannot be reached. If necessary we will transport the child to the hospital of choice via ambulance.

In Case of Child Illness:

Parents will immediately be notified in the case of a child illness. A copy of each child's record is kept on hand in the ministry office and in each child's classroom. Every effort will be made to contact the child's parents or guardian in the case of a child illness. If necessary, alternate contacts will be called.

Caregiver Illness or Death:

In the event of a serious illness, serious injury or death of a provider, the ministry director or board will notify the parents.

Fire Drills:

In an attempt to prepare ourselves for the worst, we schedule monthly fire drills. These drills keep the ministry up to code with the local Fire Marshal and train the children how to best escape from a fire.

Evacuation Plan:

If our building must be evacuated due to fire or other hazard, we will exit the building using the nearest accessible door and will meet in the playground area in the rear of the building. Once all children have been accounted for and we are cleared to re-enter, we will notify parents of the situation via telephone.

If our building catches fire or is otherwise damaged during operating hours, we will contact a parent, guardian or emergency contact. If a family member cannot be reached, children will be moved to a safe location and a notice will be posted. In the case of a temporary evacuation, the preschool program will be moved to Nu Nation Church of Zion; 9425 E 30th Street Suite A; (317) 777-8299.

My signature below certifies that I have read and understand the Emergency Plan for the child's care.

Furthermore, my signature certifies that I agree to abide by all the Emergency policies adopted by the child care. I also understand that failure to abide by these policies could result in the termination of care for my child/children.

Parent's Signature

Date

Printed Name

Child's Name

Safe Conditions Policy

The following steps will be taken to ensure that your child is safe while at our child care program.

- Children will be actively supervised with the required number of qualified adults (adults who have completed a comprehensive criminal history check, drug screen and negative TB test and have completed all required trainings) such as, but not limited to, Child Abuse Detection, First aid, Universal Precaution and CPR.
- Our child care will not care for children in areas that are being remodeled, repaired, or painted. The administrator or director will be responsible for maintaining all interior and exterior surfaces, including walls, floors, ceilings, equipment, toys, furnishings, and cribs, in safe condition, free of sharp points or jagged edges, splinters, protruding nails or wires, loose parts, rusty parts, or materials containing poisonous substances.
- Our facility doors will remain locked at all times and all who enter must ring the doorbell to gain entrance. All authorized persons must show a state or agency issued picture identification upon picking up children for their first time or at any time a staff person requests it.

The child care will take the following steps to maintain the child care:

1. Clean the child care daily.
2. Keep the child care in a sanitary condition at all times.
3. Sanitize toys, furniture, and other equipment used by children, weekly or sometimes daily, and when they become soiled or contaminated.
4. Wash all soiled items prior to sanitization.
5. Infant sheets will be laundered daily.

6. Children will wash their hands after using the restroom, blowing their noses, before all meals and snacks, entering from outside and all other times deemed necessary.
7. All outlets will be covered with safety covers when not in use.
8. All harmful and hazardous chemicals will be stored away from children's reach.
9. All staff purses and personal items will be stored away from children's reach.
10. Children will remain in sight and sound of an adult at all times.
11. The outside play area equipment will be maintained and kept clean at all times.
12. The outside play area will be enclosed by fencing and gates.
13. Outside play areas will be free from standing water and during inclement weather children will be taken inside or remain inside.

- Transportation

We provide transportation at this facility. Please see the facility's Transportation Policy posted on the Parent Board and in the Parent Handbook.

Signature

Date

TRANSPORTATION POLICY

Procedure and Practices, including responsible person(s):

- A consent for Child Care Program Activities form will be filled out to each child being transported.
- Smoking is prohibited in vehicles used to transport children.
- Children will be transported properly in a seat belt, car seat, or booster seat according to current Indiana regulations.

Age Groups of Transported Children

Children ages Infants to 12 years old will be transported

Parents may be required to supply a booster or car seat as needed for their child if field trips involving use of transportation are a part of the program. Staff will be sure that car seats, booster seats and seat belts are used properly and each child is properly secured before setting the vehicle in motion. Staff will assist with releasing children from their transportation safety restraints, when needed. All adults in the vehicle will use proper restraining devices according to the vehicle manufacturer's recommendations.

- The number of passengers in the vehicle will not exceed the manufacturer's stated capacity for the vehicle.
- Children will be prohibited from eating, drinking, standing, or other dangerous or distractive activities during transportation.
- Children will never be left unattended in a vehicle, even for brief periods. All children will be accompanied by an adult to/from the vehicle to insure safety.
- All children will be accounted for before leaving the facility and again before returning.

- Children with special needs will have their transportation plans addressed in the Special Care Plan. A staff member who is familiar with the child's special needs will accompany the child during transportation.
- All travel routes will be planned in advance.
- **Parent contact information and child(ren) emergency contact information will be on the vehicle and accessible to the driver. Children must be signed in at pick-up and signed out at drop-off by the parent or authorized person. Only authorized individuals will be able to accompany or receive children at pick-up and drop-off. In the event that no one is home at the time of drop-off, the driver will make efforts to contact the parent and/or emergency contact. If an authorized person is not present in a timely manner the child(ren) will be returned to the child care facility and the parent or authorized individual will be responsible for pick-up. If pick-up is after closing hours, a late charge may be assessed to the parent. If the child is not pick-up by an authorized person within 1 hour after closing the child care may contact Child Protective Services.**

Vehicle Requirements

- Only insured, licensed, well-maintained vehicles will be used to transport children. 18 passenger vans are not permitted.
- A back up vehicle will be available if needed and can be dispatched immediately in case of an emergency.
- A first aid kit and list of emergency contacts for all children and adults will be in the vehicle during transportation of children.
- A cell phone will be available in case of emergency.

Driver Qualifications

- Drivers will be legally-licensed and shall not be under the influence of any chemical substance that may alter their ability to drive safely.
- Drivers will meet staff qualifications including a criminal history check.
- Drivers will be first aid and CPR certified whether another staff member is present or not.
- **Drivers and all staff assisting with transportation will obey all traffic regulations and Indiana State Laws.**
- **The driver may be included in the child: staff ratio when all caregiver requirements are met.**
- The driver will be familiar with the planned route ahead of time.
- To prevent distractions the driver is not permitted to talk on a cell phone or play loud music.
 - In the event of an emergency and at the discretion of the childcare director a qualified staff may take a child to the hospital or Emergency Room in their own vehicle. There may be other instances when at the director's discretion a qualified staff may transport a child.

The Childcare Director is responsible for collecting background checks, driving histories and updating this information yearly for those who are transporting children.

The Childcare director is responsible for ensuring the safety of the vehicle and proof of insurance for the vehicle.

When the policy applies:

This policy is in force anytime children are transported by the child care program. Staff will adhere to the policy guidelines even if no children are present when using a vehicle owned by the child care facility. Communication plan for staff and parents:

- The Director will cover policies, plans, and procedures with all new staff (paid and volunteer) during orientation training. They will sign that they have read, understand and agree to abide by the content of the policies
- During enrollment, this policy will be reviewed by the Director or Assistant Director with the parents. Parents will sign that they have read, understand, and agree to abide by the content of the policies.
- A copy of all policies will be available during all hours of operation to staff and parents on the Parent's Board, the Parent's Handbook and in the policy handbook located in the Director's office.
- Parents may receive a copy of the policy at any time upon request. A summary of this policy will be included in the parent handbook.
- Parents and staff will receive written notification of any updates.
- Parents will sign a Consent for Child Care Program activities form for all outings where transportation is required.

Reviewed by: Patricia Jones/James Hall, Director

Parents and staff will be notified of any upcoming policy review.

Parent Signature

Date

*This format is adapted from and used with permission of: National Training Institute for Child Care Health Consultants, UNC, 2000.

References:

- Indiana Bureau of Motor Vehicles: www.in.gov/bmv or 317-233-6000
- National Highway Traffic Safety Administration: www.nhsta.dot.gov or 888-327-4236
- Caring for Our children - <http://nrc.uchsc.edu>
- Model Child Care Health Policies - <http://www.ecels-healthychildcarepa.org>

Authorization and Waiver to Transport Child

Authorization is Valid: _____

Child's First Name: _____

Child's Last Name: _____

Child's Date of Birth: _____

My child requires a booster seat: (circle one) Yes No

(All children under 6 years of age are required to be in a booster seat)

I authorize **Halo Early Learning Childcare and Preschool** to transport my minor child in a company Bus or Van, driven by an individual authorized by Halo Early Learning Childcare and Preschool.

I understand my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or staff or volunteer.

I understand participation in the identified event is not a requirement for participation in the program.

I have read, understand, and discuss with my child: (Please initial each statement)

_____ 1. My child will travel in a motor vehicle driven by an adult and my child is to wear their seatbelt during travel;

_____ 2. My child is expected to listen to supervising staff/drivers, respect staff and other children, the vehicles they ride in, and the people they travel with during the trip.

_____ 3. Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects.

_____ 4. My child is to remain in their seat and not be disruptive to the driver of the vehicle.

_____ 5. I recognize and participate in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss.

I hereby attest and verify I have been advised of the potential risks, and I have full knowledge of the risks involved in this activity, and I assume any expenses incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. _____

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge. Halo Early Learning Childcare and Preschool, Nu Nation Church of Zion, Inc, and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's

behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. _____

I have read this entire waiver and authorization form, I fully understand its terms and conditions, and I agree to be legally bound by its terms.

Parent/Guardian Name: _____

Parent/Guardian Signature

Date

TRANSPORTATION AND FIELD TRIP AUTHORIZATION FORM

FAMILY: _____

CHILDREN :

AGE:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

☐ My child care provided is ALLOWED to transport my child(ren) in a vehicle.

☐ My child care provider is NOT ALLOWED to transport my child(ren) in a vehicle.

☐ I give permission for my child(ren) to walk to and or participate in activities under supervision of my provider away from the child care facility.

☐ I DO NOT give permission for my child(ren) to walk to and/or participate in activities under the supervision of my provider away from the child care facility.

☐ I give permission for my school-age child _____, to participate in the following activities:

All activities away from the facility. I understand my child will not be under the supervision of my child care provider during this time

(i.e walk home, walk to a friend/neighbor/relative's home, walk to school, let his or herself in my home with their own key, etc.)

OTHER INFO:

Parent Signature

Date

Provider's Signature

Date

MEDICATION ORDER FORM

All medications, medicinal products, physician's sample medications, and medicinal skin camp products given or used at a child camp center/school must include the exact name of the medication dosage to be given and the reason for use. (If used for fever, the degree of temperature must be stated). A physician's order is valid for one year. A parent's signature is required to administer medication.

1. _____ may have _____
(Name of Child) (Name of Medication)
_____, every _____ for _____
(Dosage) (Frequency) (Reason)

(Date) (Physician's Signature) (Parent's Signature)
2. _____ may have _____
(Name of Child) (Name of Medication)
_____, every _____ for _____
(Dosage) (Frequency) (Reason)

(Date) (Physician's Signature) (Parent's Signature)
3. _____ may have _____
(Name of Child) (Name of Medication)
_____, every _____ for _____
(Dosage) (Frequency) (Reason)

(Date) (Physician's Signature) (Parent's Signature)

Halo Early Learning Childcare & Preschool.
9425 E 30th Street; Indianapolis, IN 46229
Indianapolis, IN 46229
(317) 777-8299

Halo Early Learning Childcare and Preschool

CHILD & ADULT FOOD PROGRAM ADMINISTER BY THE INDIANA DEPARTMENT OF EDUCATION

I understand that this program reimburses the Halo Early Learning Childcare and Preschool for serving nutritious well-balanced meals to child care children.

I also understand that my child(ren) will receive meals at no extra charge to me when they are in attendance during any of the scheduled meal services.

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN SIGNATURE

PRINTED NAME

PRINTED NAME

DATE

DATE



Parent's Notice

I understand that this childcare ministry is not licensed under the laws of Indiana. However, I understand that this childcare ministry complies with the state rules concerning sanitation and fire safety for the primary use of 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 childcare ministry.

Signature of Parent or Guardian

Name(s) of Children Enrolled

This notice does not absolve a childcare ministry from liability for injury to a child while the child is at the childcare ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the childcare ministry or an employee of the childcare ministry.

Name of Facility:

Halo Early Learning Childcare and Preschool

Address of Facility:

9425 E 30th Street; Indianapolis, IN 46229
Marion County

EMERGENCY CONTACT INFORMATION

FULL NAME OF CHILD: _____

PARENT'S FULL NAME: _____

WORK PHONE: _____ HOME PHONE: _____

ALTERNATE EMERGENCY NUMBER: (Cell) _____

1. NAME OF PERSON, OTHER THAN PROVIDER AUTHORIZED TO ACT FOR PARENT IN CASE OF EMERGENCY IF YOU ARE UNREACHABLE:

FULL NAME OF CHILD: _____

PARENT'S FULL NAME: _____

WORK PHONE: _____ HOME PHONE: _____

ALTERNATE EMERGENCY NUMBER: (Cell) _____

2. NAME OF PERSON, OTHER THAN PROVIDER AUTHORIZED TO ACT FOR PARENT IN CASE OF EMERGENCY IF YOU ARE UNREACHABLE:

FULL NAME OF CHILD: _____

PARENT'S FULL NAME: _____

WORK PHONE: _____ HOME PHONE: _____

ALTERNATE EMERGENCY NUMBER: (Cell) _____

PHYSICIAN'S NAME: _____ ADDRESS: _____

PHONE: _____ INSURANCE PROVIDER: _____

PREFERRED CLINIC OR HOSPITAL: _____

2ND CHOICE: _____

PROCEDURE: THE PROVIDER WILL TRY TO CONTACT PARENT(S). IF EITHER IS NOT AVAILABLE WE WILL TRY TO CALL OTHER EMERGENCY CONTACT(S). IF THEY ARE NOT AVAILABLE, PROVIDER FOR MEDICAL HELP, SUCH AS CALLING FOR AN AMBULANCE/DRIVE CHILD TO CLINIC OR HOSPITAL/FIND EMERGENCY HELP FOR THE REMAINING CHILD CARE CHILDREN.

MOTHER'S SIGNATURE

FATHER'S SIGNATURE

PRINTED NAME

DATE

PRINTED NAME

DATE

Halo Early Learning Childcare & Preschool

Acknowledgement

I, _____ acknowledge that I have received a Parent Handbook from Halo Early Learning Childcare & Preschool on this date _____.

Signature



Halo Early Learning Childcare & Preschool

Background Information

9425 E 30th Street; Indianapolis, IN 46229

Address of childcare facility

Other children in family:

<u>Name</u>	<u>Date of Birth</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Data of Child:

Describe your child's play experiences: (Circle one)

Indoor:	Excellent	Good	Fair	Poor
Outdoor:	Excellent	Good	Fair	Poor

Favorite Toy and/or Game: _____

Likes and Dislikes: _____

Behavior Habits: _____

Disciplinary Measures: _____

Allergies: _____ Medicines: _____

Foods: _____ Other: _____

Any Special Fears or Problems: _____

Experiences with Others: _____

What are some of the ways in which your child plays at home: _____

EMERGENCY AUTHORIZATION

State law requires that we have written authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this page will provide us with the authorization.

Our policy, in the event of a medical emergency, is to contact you first. If we cannot contact you, we will try to contact any others that you may designate. In the event that we are unable to contact you or your designated representative(s), or if a medical emergency warrants immediate response, we will act, on behalf and in the best interests of the child.

Please sign here: _____
Signature Date

OFFICE USE ONLY

Tuition: \$ _____/weekly

ENROLLMENT DATE: _____

PROGRAM: _____

