

BIG LAKE CHURCH OF GOD PRESCHOOL & DAYCARE MINISTRY

6955 N. State Road 109
Columbia City, IN 46725
260-691-2487

HOW DID YOU HEAR ABOUT US? _____ Ad _____ Phone Book _____ Referred By: _____

SCHEDULING FOR DAYCARE

Please indicate the days and hours your child will be attending Daycare.

Monday	Tuesday	Wednesday	Thursday	Friday

FAMILY & SOCIAL HISTORY

Child's Full Name _____

DOB: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Guardian/Parent 1: _____

Relationship to child: _____ Age: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Texting: yes no

Employer: _____ Work Phone: _____

Email Address: _____

Guardian/Parent 2: _____

Relationship to child: _____ Age: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Texting: yes no

Employer: _____ Work Phone: _____

Email Address: _____

**Please provide any and all legal documentation of custody arrangements if it pertains to the billing, first contact, and/or limitations of any parental rights that would affect the care of the child while on daycare/preschool property.

Stepfather? _____ Age _____

Stepmother? _____ Age _____

List who has Custody of This Child: _____

Are There Restraining Orders or Visitation Arrangements With this Child? Please list & submit a copy of the court order: _____

If child is adopted: Age at adoption _____ Does child know he/she is adopted? _____

Indicate who is responsible for weekly fees: _____

BROTHERS & SISTERS OF CHILD

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

Other Members of the Household, (please include relationship and age)

EMERGENCY CONTACTS

Please list a **minimum of three persons** we can contact in an emergency, **excluding primary parents/guardians**. Each person must be at least 18 years of age.

Name: _____ Telephone: _____

Complete Address: _____

Relationship to the Child: _____ Will your child recognize this person? _____

Name: _____ Telephone: _____

Complete Address: _____

Relationship to the Child: _____ Will your child recognize this person? _____

Name: _____ Telephone: _____

Complete Address: _____

Relationship to the Child: _____ Will your child recognize this person? _____

AUTHORIZED FOR PICK UP

Please list a minimum of three persons who can pick up your child; must be at least 18 years of age, excluding parents. The Daycare must be notified ahead of time of your intentions. Please inform each person listed that he/she will need to show picture identification, (driver's license), before the child will be released.

Name: _____ Telephone: _____

Complete Address: _____

Relationship to the Child: _____ Will your child recognize this person? _____

Name: _____ Telephone: _____

Complete Address: _____

Relationship to the Child: _____ Will your child recognize this person? _____

Name: _____ Telephone: _____

Complete Address: _____

Relationship to the Child: _____ Will your child recognize this person? _____

UNAUTHORIZED FOR PICK UP

Your child will not be released to any person not on the authorization list without written permission. In some instances, there is a need to indicate specifically an unauthorized person. Please list.

Name: _____ Telephone: _____

Complete Address: _____

Relationship to the Child: _____ Will your child recognize this person? _____

Who has cared for child other than parents? (State whether adults or teenagers)

Has child had group play experience? _____ Where? _____

ALLERGIES/SPECIAL MEDICAL INFORMATION

Child's Pets: _____

Tell of any special problems your child has at home:

ENROLLMENT AGREEMENT

1. I understand the facility operates as a childcare ministry and not a state licensed child care center.
2. I understand non-denominational Christian principles are taught at Big Lake Church of God Preschool & Daycare.
3. I understand my child cannot attend when he/she is ill. If my child becomes ill, I am responsible for picking him/her up within 60 minutes after contacted. If I am unable to pick him/her up within 60 minutes, a person from the authorized list will be contacted.
4. I understand that credit will not be given for absences.
5. I understand a non-refundable registration fee of \$27.00 for Daycare (or) \$35.00 for Preschool, per child is due at registration day.
6. I understand if my child is not in attendance for a period of 30 days, re-registration is required.
7. I understand I must schedule the days and times of care for my child at the time of registration.
8. I understand tuition is due by each Friday for the week care is provided.
9. I understand that Big Lake Church of God Preschool & Daycare has no obligation to keep my child if my tuition payment is overdue.
10. I understand that Big Lake Church of God Preschool & Daycare operates between the hours of 6:00 AM. & 6:00 PM.
11. I understand I will be charged an additional fee for my child if I pick him/her up after 6:00 P.M.
12. I understand I must fill out enrollment forms for my child annually, or when requested. I am responsible to report changes as they occur during the year, (i.e. address, immunization records, etc.).
13. I understand policies and fees are subject to change with a minimum of two weeks, written notification.
14. I understand I must include a valid copy of my child's immunization chart and report updates within 5 days.
15. I understand that if I sign up my child for care during Christmas and Spring Breaks I will pay for that time accordingly, even if my child does not attend.
16. I understand that I am responsible for taking home my child's blanket each Friday for washing and returning it each Monday.
17. I understand that my child will be required to lay-down and rest if he/she is here during naptime for at least 2 hours.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

IMMUNIZATION INFORMATION

Please enclose a copy of your child's immunization chart.

I attest the immunization record for my child is accurate and true. I understand that I am responsible for reporting all immunization updates to Big Lake Church of God Preschool & Daycare within 5 days.

Parent/Guardian Signature: _____

Date: _____

REQUIRED ITEMS TO BE SENT WITH YOUR CHILD

INFANT CARE:

You must provide the following items for your infant each day:

1. Minimum of 5 diapers, wipes, ointments, etc. per day.
2. 2 full sets of clothing (including socks, shirt, and pants).
3. Formula, cereal, or baby food (clearly labeled with name on outside).
4. A Clean Bottle for Every Feeding – These will be sent home with your child each day for washing (clearly labeled with name on outside).

You must provide the following items for your infant each week:

1. Sheets will be laundered and provided. (One per day.)
(Please notify staff if you would like to provide and/or launder your child's sheets.).

TODDLER CARE:

You must provide the following items for your toddler:

1. One blanket and small pillow for naptime. (Blankets must be taken home each Friday and washed).
2. One full set of extra clothing to be kept here for accidents (including underwear, socks, shirt, and pants).
3. Minimum of 5 diapers or 5 pull-ups if potty-training with wipes, ointments, etc. per day.

PERSONAL INFORMATION

CHURCH

Big Lake Church of God Preschool/Daycare Ministry teaches non-denominational Christian teachings.

Is your family affiliated with a church? If yes, list church: _____

Does your child attend Sunday School or other organized church activities? _____

DISCIPLINE

Describe the method of discipline you have found the most effective with your child. _____

Describe how your child responds to discipline (complies, defiant, cries, etc.) _____

Does your child bite? _____ What discipline have you found to be effective? _____

EATING

Does your child enjoy eating? _____

What does your child enjoy about meal time? _____

Does your child feed himself/herself? _____

List your child's favorite foods? _____

List food/drinks you prefer your child not to have. _____

List any difficulties your child may have with eating. _____

FEARS

Describe any fears your child may have (storms, bugs, dogs, the dark, etc.) _____

What consoles or soothes your child when he/she is fearful? _____

MEDICAL INFORMATION

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Insurance Carrier: _____ Policy Number: _____

Address: _____ Telephone: _____

(Insurance information is used for the sole purpose of incurring medical treatment for your child.)

MEDICAL RELEASE

I will not hold Big Lake Church of God Preschool & Daycare Ministry responsible for any illness or injury to my child while under the care of the childcare ministry. I authorize Big Lake Church of God Preschool & Daycare Ministry to administer or release my child for appropriate medical attention needed as a result of the illness or injury. I authorize Big Lake Church of God Preschool & Daycare Ministry to dispense medication to my child when I indicate it needs to be done. I give my permission to the medical care provider, (i.e. physician, clinic, personnel, EMS personnel, emergency room personnel, etc.) to treat my child at the church, doctor's office, clinic, hospital, or to transport to the hospital by EMS, until I can be in attendance with my child.

Parent/Guardian Signature: _____ Date: _____

GENERAL HEALTH AND MEDICAL INFORMATION

List your child's allergies including prevention, detection, and treatment for each: _____

List any medications, food supplements, and vitamins your child takes on a regular basis: _____

List any history of hospitalization and/or chronic health problems: _____

List any communicable diseases your child has: _____

List any physical/emotional limitations your child has: _____

SLEEPING

What is your child's waking time? _____ Bed Time? _____

Does your child regularly nap? _____ What Time? _____ How Long? _____

SPECIAL INTERESTS

List the special interests or hobbies your child has: _____

List the special toys your child likes to play with: _____

List the family activities your child enjoys: _____

RESTROOM USE

Is your child toilet trained? _____ Are accidents common? _____

How does your child communicate he/she needs to use the restroom? _____

Does your child need reminded? _____ How often? _____

Does your child need help in the restroom? _____ Be specific: _____

Does your child need help with his/her clothing? _____ Be specific: _____

BEHAVIOR

Describe your child's temperament: _____

Does your child have any behavioral/emotional difficulties? _____ Please explain: _____

SPECIAL PERMISSIONS - Please sign according to need.

I give permission for my child, _____, to take a routine field trip in the general area of Big Lake Church of God Preschool & Daycare Ministry. I understand my child will have appropriate supervision and first aid supplies available.

Parent/Guardian Signature: _____ Date: _____

I give permission for my child, _____, who attends kindergarten at Wolf Lake Elementary or Northern Heights Elementary, to be transported to/from school by the Daycare Director or the Director's designee of Big Lake Church of God Preschool & Daycare Ministry. I understand the staff member must be 21 years of age. Big Lake Church of God Preschool & Daycare will not seat children under 12 years old where an air bag exists. All children that are transported will be safely buckled in transportation. I will not hold the staff member responsible for any injury resulting from transporting to and from school.

Parent/Guardian Signature: _____ Date: _____

I give permission for my child, _____, to be transported to Wolf Lake Elementary or Northern Heights Elementary if he/she misses the bus. I understand that the staff member must be 21 years of age. Big Lake Church of God Preschool & Daycare will not seat children under 12 years old where an air bag exists. I will not hold the staff member responsible for any injury resulting from transporting to school.

Parent/Guardian Signature: _____ Date: _____

Big Lake Church of God Preschool & Daycare Ministry periodically gets the privilege of writing articles, giving interviews, or getting pictures/video taken of various events. To be able to include your child in any public press release, we need your written authorization.

I give Big Lake Church of God Preschool & Daycare Ministry permission to release my child's photo to the public press. I understand this could be a newspaper photo, video clip, etc.

Child's Name: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

I understand, that effective July 1, 2005: All parents who will need their children to be transported to or from kindergarten will be required to provide a booster seat for their child. This also applies to all preschoolers for any field trips that will be taken. I understand that I will be given sufficient notice as to when field trips take place so I can provide the booster seat necessary for my child. This is Indiana Law, and no exceptions will be made should I forget to provide one.

Parent/Guardian Signature _____ Date _____

FOR PRESCHOOL ONLY:

Please indicate your preference for Fall/Spring Classes:

2 DAY CLASS

(3-4 years old)

_____ T & TH

9:00-11:30 AM

\$64/month

3 DAY CLASS

(4-5 years old)

_____ M/W/F

9-11:30 AM

\$91/month

5 DAY CLASS

(4 years old by July 1st)

_____ M/T/W/TH/F

12:30-3:00 PM

\$128/month

NOTICE

I understand that this Daycare Ministry is not licensed under the laws of Indiana. However, I understand that this Daycare complies with the State rules concerning sanitation and fire safety in Daycare Ministries. 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 this Daycare.

Signature of Parent/Guardian

Name of Child

This notice does not absolve a Daycare Ministry from liability for injury to a child while the child is at the Daycare if the cause of the injury is negligence or intentional wrongdoing on the part of the Daycare. The parent or guardian of a child shall, when that child is enrolled at the Daycare, provide the Daycare with proof that the child has received the required immunizations against the following:

**DIPHTHERIA, WHOOPING COUGH, TETANUS
MEASLES, RUBELLA, POLIOMYELITIS,
PREVNAR, & VARICELLA**

Signature of Parent/Guardian

Date

NOTICE CONCERNING FIRE SAFETY PROTECTION

Big Lake Daycare/Preschool Ministry
6955 N SR 109
Columbia City, IN 46725

_____, 2020

Dear Parent (s) or Legal Guardian (s)

Under Indiana law, a childcare ministry may choose not to provide certain fire safety protections if the parent (s) or legal guardian (s) of each child is/are notified about the absence of fire safety protections. The purpose of this notice is to advise you that this childcare ministry does not have the same level of fire safety protection as a licensed childcare center. As you have already been notified, the childcare ministry does not have to comply with the same sanitation, life and fire safety rules as a licensed day care center. The reason you are being given this notice is that this child care ministry has chosen not to provide any form of fire warning system, such as smoke detectors or fire alarms, as is required for a licensed day care center.

I/We, the parent (s) or legal guardian (s) of _____,
acknowledge that I/we have read and understood the above notice concerning fire safety
protection.

Date

Signature

Date: _____

Child's Name: _____

Parents and/or Guardians: _____

By providing your signature below, you are agreeing that you have read and understand the Big Lake Church of God Preschool/Daycare Ministry handbook and its content. You are also agreeing that you fully understand Big Lake Church of God Preschool/Daycare Ministry policies and are willing to abide by such policies, including but not limited to:

- Health and Safety
- Discipline Policy
- Evacuation Policy
- Illness and Medication Administration Policy
- Fire/Tornado Evacuation Policies
- Tuition

Parent Signature: _____

Date: _____

**Big Lake Church of God Preschool/Daycare Ministry
Child Medical Record and Physical Examination**

Child's Name _____ Date of Birth _____

Parent/Caregiver's Name _____

Medical History

Note previous illnesses and date of onset/occurrence:

Allergies: _____	Asthma: _____	Seizures: _____
Eczema: _____	Diabetes: _____	Hepatitis: _____
Kidney Disease: _____	Strep Infection: _____	Frequent Colds: _____
Tuberculosis: _____	Other: _____	

Chicken Pox (Date of Vaccine or Disease Required): _____

Allergies (Food or Otherwise): _____

Routine Medications, Dosage and Reason: _____

Note and list date(s) of operations, hospitalization(s) or serious accidents: _____

Physician's Examination Report

Child's Height: _____

Child's Weight: _____

Scalp & Hair: _____	Chest: _____	Eyes: _____
Ears: _____	Heart: _____	Hearing: _____
Nose: _____	Lungs: _____	Speech: _____
Throat: _____	Abdomen: _____	Nutrition: _____
Other: _____		

Physician's Name: _____

Physician's Signature: _____

Office Address: _____

Office Telephone: _____ Date: _____

Date: _____

Child's Name: _____

Parent or Guardian Signature: _____

By providing your signature above, you are agreeing that you have read and understand the Big Lake Church of God Preschool/Daycare Ministry Discipline Policy, as written below and in our Parent Handbook.

Discipline Policies: If you have any questions or concerns please feel free to talk to the Director. We believe that every child needs to have some definite rules and structure in order to develop to their potential. Each child is allowed a reasonable amount of play-time to use as he/she likes, and will be encouraged to participate in group activities. For children who persist with activities that are either destructive or harmful to others or themselves, we will use redirection and/or quiet time alone.

According to state directives, we also abide by the following: Any person, while on childcare premises, shall not engage in or direct any of the following actions toward children: 1)Inflict corporal punishment in any manner upon a child's body. 2)Hit, spank, beat, shake, pinch, or any other measure that produces physical discomfort or use cruel, harsh, unusual, humiliating, or frightening methods of discipline, including threatening the use of physical punishment. 3)Place in a locked or dark room, 4)Humiliate in public or private, yell or use abusive or profane language. Caregivers shall not associate disciplinary action or rewards with rest or with food or use food as a reward. Caregivers shall not associate disciplinary action or humiliate a child in regard to toileting. 5)Caregivers shall not use time out for any child less than three (3) years of age; use time out for any purpose other than to enable the child to regain control. Caregivers will not physically restrain children except when it is necessary to ensure their own safety or that of others; and only for as long as is necessary for control of the situation; and use punishment to correct unacceptable behavior.

- o The basic rule for Big Lake Church of God Daycare is:
Treat others as you would want to be treated.

BIG LAKE CHURCH OF GOD PRESCHOOL AND DAYCARE MINISTRY

SAFE TRANSPORTATION OF FOOD RESPONSIBILITY

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food at 41° F or below and hot food at 135° F or above. Containers must be clearly labeled with the child's name and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

PARENT AGREEMENT

I, _____ (Parent's Name) will
provide breakfast for _____ (Child's Name).

I take full responsibility for the safety of my child's food during preparation, storage, and transportation to the facility.

(Parent's Signature): _____

(Date): _____

BIG LAKE CHURCH OF GOD DAYCARE MINISTRY

Dear Parent:

Providing your infant with a safe environment in which to grow and learn is of extreme importance to us. To that end, our child care facility has implemented policies and procedures to create a safe sleep environment for your infant.

We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Safety Commission for safe sleep environments to reduce the risk of sudden infant death syndrome (SIDS). SIDS is "the sudden death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history".

Our written policy is as follows:

- All infants will be placed on their backs in safety-approved cribs unless an alternate sleep position is needed for a medical reason and a written note from the infant's health professional is provided.
- Infants will not sleep on water beds, sofas, soft mattresses or other soft surfaces.
- Soft materials such as pillows, quilts, comforters, sheepskins, stuffed toys and loose bedding will not be placed in infants' sleep environments.
- Infants will not share a safety-approved crib with other children.
- Infants will remain lightly clothed and comfortable while sleeping.
- Supervised "tummy time" will be observed while infant is awake.
- No smoking will be allowed in infants' environments.

Since the start of the 1994 national campaign that provided guidelines for parents, health professionals and other caregivers to place infants on their backs to sleep, the number of infants dying of SIDS has decreased by 42%.

Again, safety of your infant is paramount to us. By signing below, you, as the parent, understand and comply with the policies of the child care facility which your child will be attending.

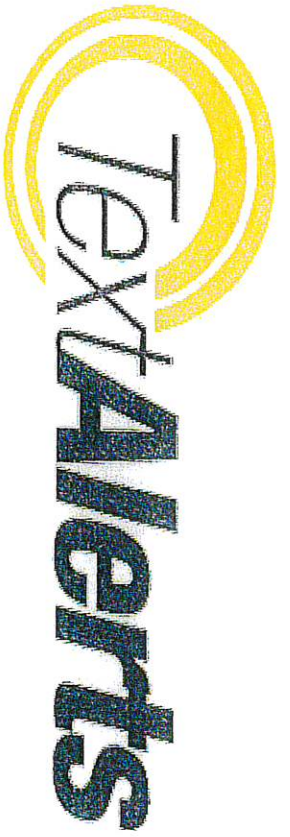
Signature of Director of Child Care

Date

Signature of Parent

Date

REDUCING the RISK of SIDS in CHILD CARE



Would you like to be added
to the Preschool/Daycare
TEXT ALERTS LIST?

If you would appreciate receiving texts regarding
Preschool and /or Daycare closures and delays and other
major announcements, please fill out this form and return
it to the Director's Office or your child's teacher as soon as
possible.

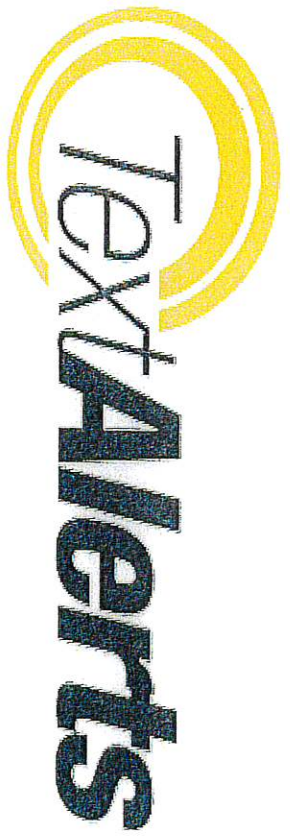
NAME: _____

CELL PHONE NUMBER: _ (_____) _____

I would like to receive alerts for:

- Daycare
- Preschool
- Daycare and Preschool

Numbers will be for staff use only and will not be given out.



Would you like to be added
to the Preschool/Daycare
TEXT ALERTS LIST?

If you would appreciate receiving texts regarding
Preschool and /or Daycare closures and delays and other
major announcements, please fill out this form and return
it to the Director's Office or your child's teacher as soon as
possible.

NAME: _____

CELL PHONE NUMBER: _ (_____) _____

I would like to receive alerts for:

- Daycare
- Preschool
- Daycare and Preschool

Numbers will be for staff use only and will not be given out.

CHILD INFORMATION SHEET

CHILD'S NAME: _____
DATE OF BIRTH: _____
ADDRESS: _____
CITY, STATE _____
HOME #: _____
ALLERGIES: _____
SIBLINGS: _____

GUARDIAN #1//MOM'S INFORMATION

NAME: _____
EMPLOYER: _____
WORK #: _____
CELL #: _____

GUARDIAN #2//DAD'S INFORMATION

NAME: _____
EMPLOYER: _____
WORK #: _____
CELL #: _____

EMERGENCY CONTACTS(not listed above)

Name: _____ Phone: _____
Relationship _____
Name: _____ Phone: _____
Relationship _____
Name: _____ Phone: _____
Relationship _____

**Please complete both sides of the card.*

APPROVED PICKUPS(not listed above)

Name: _____ Phone: _____
Relationship _____
Name: _____ Phone: _____
Relationship _____
Name: _____ Phone: _____
Relationship _____

UNAUTHORIZED PICKUPS

DOCTOR'S INFORMATION

Name: _____ Phone: _____

OTHER IMPORTANT INFORMATION

