



25365 Stateline Road  
 Lawrenceburg, IN 47025  
 PH: (812) 637-6830 FAX: (812) 637-1892  
 www.godsbrighttreasures.org

**FOR OFFICE USE ONLY\***

\*Early Entrance \_\_\_\_\_

- |                               |                          |                       |                          |
|-------------------------------|--------------------------|-----------------------|--------------------------|
| 1. Application Fee            | <input type="checkbox"/> | 8. Fall Schedule      | <input type="checkbox"/> |
| 2. Curriculum & Supply Fee    | <input type="checkbox"/> | 9. Fall Billing       | <input type="checkbox"/> |
| 3. Immunization History       | <input type="checkbox"/> | 10. Summer Schedule   | <input type="checkbox"/> |
| 4. Birth Certificate          | <input type="checkbox"/> | 11. Summer Billing    | <input type="checkbox"/> |
| 5. Tuition Express Form       | <input type="checkbox"/> | 12. Photos of Parents | <input type="checkbox"/> |
| 6. Procure Connect Invitation | <input type="checkbox"/> |                       |                          |
| 7. Door Code Assigned         | <input type="checkbox"/> |                       |                          |

**Educare & School Age August 7, 2023 – July 26, 2024  
 NEW STUDENT ENROLLMENT APPLICATION**

Please complete a separate application for each child you wish to enroll.

**❖ Application, Curriculum and Supply Fees will be collected after enrollment is offered.**

**STUDENT INFORMATION** (Please print)

Legal Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Preferred Name to be used in the classroom \_\_\_\_\_ Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Gender:  F  M Birthdate\* \_\_\_\_/\_\_\_\_/\_\_\_\_

Age on August 1<sup>st</sup>: \_\_\_\_ years \_\_\_\_ months \_\_\_\_ Indiana residents

Age on September 30<sup>th</sup> \_\_\_\_ Years \_\_\_\_ months \_\_\_\_ Ohio Residents

With whom does the student live?  Both Parents  One Parent  Parent & Step-parent  Guardian  Other, please explain

**PARENT / LEGAL GUARDIAN INFORMATION**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 (List address if different from above.) (List address if different from above.)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Father's Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Preferred Contact for Emergencies: \_\_\_\_\_ Preferred Contact for Emergencies: \_\_\_\_\_

\*\*\*\*\*

**GUARDIANSHIP:** (Circle One)

PARENTS    MOTHER    FATHER

DIVORCED: JOINT GUARDIANSHIP

OTHER: \_\_\_\_\_

RESTRICTIONS: \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Street Address \_\_\_\_\_

Day Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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## EMERGENCY & TRANSPORTATION INFORMATION

List the name and phone number of the primary person(s) who will be picking this child up from school on a normal basis if **other than parents**.

1. \_\_\_\_\_  
Daytime Phone Number                      Name                      Relationship
2. \_\_\_\_\_  
Daytime Phone Number                      Name                      Relationship

In Case of an **Emergency, and Parents cannot be contacted**, call one of the following (List in order of preference; may be one of the above.)

1. \_\_\_\_\_  
Daytime Phone Number                      Name                      Relationship
2. \_\_\_\_\_  
Daytime Phone Number                      Name                      Relationship
- 

## Consent for Treatment

In the event a child incurs a major injury while at God's Bright Treasures, 911 will be called. The EMT will decide whether they can administer treatment at GBT or the need to be transported to the nearest hospital for emergency care.

### Permission to Transport Child:

I give God's Bright Treasures Ministry, Inc. permission to have my child, \_\_\_\_\_  
Name of child

Transported by ambulance to \_\_\_\_\_ Hospital for emergency medical care.  
Name of Hospital

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Health Record

### Check health conditions that affect your child.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asthma (Mild / Moderate / Severe) | <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Diabetic disorder |
| <input type="checkbox"/> Allergies                         | <input type="checkbox"/> Tubes in the ear        | <input type="checkbox"/> Heart Condition   |
| <input type="checkbox"/> Bee Sting Allergy                 | <input type="checkbox"/> Hearing Loss            | <input type="checkbox"/> Visual Impairment |

Other: \_\_\_\_\_

**Medical Update:** Please inform us of your child's current health condition, such as allergies, asthma, vision problems, physical handicaps, and recent surgeries, hospitalization, injuries or other illnesses.

Allergies: \_\_\_\_\_  
List all allergies and any special precautions and treatment indicated for these allergies: (e.g., food, medication or environmental allergies).

Chronic: \_\_\_\_\_  
List any chronic physical problems and any history of hospitalization

Other: \_\_\_\_\_

Does your child require a special diet due to medical reasons? Yes No Explain: \_\_\_\_\_

Does your child require the use of an inhaler or nebulizer treatment on a regular basis? Yes No  
Explain: \_\_\_\_\_

\*\*\*\*\*

**Medications:** Please list your child's current medications and reasons for taking them.

|    | Medication | Dose  | Frequency | Reason |
|----|------------|-------|-----------|--------|
| 1. | _____      | _____ | _____     | _____  |
| 2. | _____      | _____ | _____     | _____  |

Parents are responsible for providing medication. GBT does not provide any medication for children.

\*\*\*\*\*

**Date of most recent physical exam:** \_\_\_\_\_

All immunizations must be up to date. Indiana State Child Care Guidelines prevent us from providing service if these requirements are not met. Your child will be excluded from service until the requirement is met. In order to preserve your child's place in the classroom, normal tuition rates will apply during their exclusion.

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### Development Record

#### Language Development & Learning Needs (skip this section for Infants)

Is English your child's primary language? Yes No If no, what was the first language spoken? \_\_\_\_\_

When speaking, my child uses? Complete sentences \_\_\_ Phrases \_\_\_ 1 or 2 words \_\_\_ Sounds \_\_\_

Can your child be understood by Parents? \_\_\_ Siblings? \_\_\_ Playmates? \_\_\_ Strangers? \_\_\_

Does your child receive speech therapy? No Yes Where? \_\_\_\_\_

Has your child been diagnosed with a learning difficulty? \_\_\_\_\_

Does your child use hearing aids? No Yes

#### Education, Social and Development History

Is this your child's first experience within an educational or childcare setting? Yes No

Has your child attended GBT before? Yes No # years at GBT \_\_\_\_\_

Other childcare centers/schools attended \_\_\_\_\_ Number of years \_\_\_\_\_

Reason for withdraw from previous provider \_\_\_\_\_

How would you generally characterize your child? Outgoing \_\_\_ Friendly \_\_\_

Happy \_\_\_ Solemn \_\_\_ Shy \_\_\_ Boisterous \_\_\_ Other \_\_\_\_\_

Favorite play materials \_\_\_\_\_

Special interests \_\_\_\_\_

Favorite foods \_\_\_\_\_

Does the child have any special fears? Please explain and include any details that may help us fully understand:

\_\_\_\_\_

Was the child born prematurely or in any other unusual circumstance? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Is the child using diapers/pullups during the day? \_\_\_\_\_ For nap? \_\_\_\_\_ At night? \_\_\_\_\_

Sleep Habits \_\_\_\_\_

**\*\*\*Please see additional questionnaire for Infants.**

\*\*\*\*\*

**Home and Family**

Members of Household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does your family have a home church? Yes No If yes, where? \_\_\_\_\_

Do you or your family members have talents, careers or interests to be shared with our children?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# Enrollment 08/07/2023 through 7/26/2024

Desired Start Date: \_\_\_\_\_ Is there an anticipated withdraw date? \_\_\_\_\_

**Attendance** - Please indicate the days you wish your child to attend GBT. There is a 3 day minimum. Days must be the same each week. Rotating schedules are not offered.

## Fall 2023 Attendance

Monday       Tuesday       Wednesday       Thursday       Friday

Approximate GBT arrival time \_\_\_\_\_      Approximate GBT Pick up time \_\_\_\_\_

## Summer 2024 Attendance (if different than Fall)

Monday       Tuesday       Wednesday       Thursday       Friday

Approximate GBT arrival time \_\_\_\_\_      Approximate GBT Pick up time \_\_\_\_\_

**Please select a program based upon your child's age:**

\_\_\_\_\_ **Infants** (6 weeks to 18 months old)

\_\_\_\_\_ **Toddlers** (18-36 months old)    Is your child toilet trained? \_\_\_\_\_ Yes \_\_\_\_\_ Not Yet

\_\_\_\_\_ **Preschool 3** (Must be age 3 by August 1, 2023 and independently toilet trained wiping self.)

\_\_\_\_\_ **Pre-K 4** (Must be age 4 by August 1, 2023 and independently toilet trained wiping self.)

\_\_\_\_\_ **School Age**    \* Please indicate the grade that your child will be entering in the Fall:

Kindergarten       First       Second       Third       Fourth

**What school** will your child attend?       Bright Elementary       North Dearborn Elementary

Enrollment needed for the school year?     Before School     After School     Before & After School

**Parent / Student Handbook Acknowledgement**

I/We, \_\_\_\_\_, the parent(s) / legal guardian(s) of \_\_\_\_\_, acknowledge that I/we have received a digital copy of God’s Bright Treasures Ministry, Inc.’s Parent Handbook viewable at godsbrighttreasures.org and have been given the opportunity to read the manual and ask questions about and understand the policies contained therein. Furthermore, I/we agree to abide by the policies set forth in the manual. I/We understand that the policies described in the Parent Handbook are not conditions of enrollment, and the language does not create a contract between GBT and the parents. GBT reserves the right to alter, amend, or otherwise modify these guidelines, in its sole discretion, without prior notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Food/Treat Acknowledgement**

I/We, \_\_\_\_\_, the parent(s) / legal guardian(s) of \_\_\_\_\_ give permission for my child to receive food/candy for rewards/treats from time to time. I also give permission for my child to participate in classroom parties, birthday snacks and curriculum food activities. All items will be store bought and in commercially sealed packages.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo Consent**

From time to time, your child could potentially be in a group picture that will be shared to the other children in the picture’s parent communication app. We also sometimes, post videos and pictures to the God’s Bright Treasures Facebook page. Do you consent for your child’s picture to be included in the sharing of these photos/videos?

**Families are prohibited from sharing pictures containing other children to their personal social media accounts.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT’S NOTICE**

State Form 49444 (11-99)/BCD 0035

I understand that this Registered Child Care Ministry is not licensed center under the laws of Indiana. However, I understand that this child care ministry must comply with the state rules concerning sanitation and fire and life 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 child care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

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

# Fee Agreement

## August 7, 2023– July 26, 2024

### Infants (6 weeks - 18 months)

**Registration Fee \$100.00**

**Curriculum & Supply Fee \$50.00**

- \$236.00 for 5 days/ week     \$198.00 for 4 days/ week     \$171.00 for 3 days/ week

### Toddlers (18 months - 36 months)

**Registration Fee \$100.00**

**Curriculum & Supply Fee \$100.00**

- \$220.00 for 5 days/ week     \$193.00 for 4 days/ week     \$160.00 for 3 days/ week

### Preschool 3 (3 years old by 8/1/2023 and completely toilet trained with some assistance to wipe)

**Registration Fee \$100.00**

**Curriculum & Supply Fee \$100.00**

- \$201.00 for 5 days/ week     \$183.00 for 4 days/ week     \$151.00 for 3 days/ week

### Pre-K 4 (4 years old by 8/1/2023 and completely toilet trained without adult assistance)

**Registration Fee \$100.00**

**Curriculum & Supply Fee \$100.00**

- \$190.00 for 5 days/ week     \$175.00 for 4 days/ week     \$140.00 for 3 days/ week

### School Age Before AND After School Care

**Registration Fee \$100.00**

**Supply Fee \$50.00**

- \$100.00 for 5 days/ week     \$84.00 for 4 days/ week     \$66.00 for 3 days/ week

### School Age Before or After School Care

**Registration Fee \$100.00**

**Supply Fee \$50.00**

- \$80.00 for 5 days/ week     \$68.00 for 4 days/ week     \$54.00 for 3 days/ week

### School Age Full Day Care (Summer, School Breaks & Closures)

**Registration Fee \$100.00**

**Supply Fee \$50.00**

- \$190.00 for 5 days/ week     \$175.00 for 4 days/ week     \$140.00 for 3 days/ week

\*\*\* If choosing less than 5 days, it must be the same 3 or 4 days of attendance weekly. Days cannot rotate.

\*\*\* **Switching days of attendance is not permitted under any circumstance.**

\*\*\* Drop in care for children not currently enrolled is one and a half times the daily rate for that child's age group and availability is based on that day's enrollment/attendance.

\*\*\* Additional days can be added as enrollment/attendance allows and are charged at the normal daily rate for your child's attendance.

\*\*\* All fees are subject to change.

### Person(s) Financially Responsible for the account:

Full Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone: \_\_\_\_\_ Employer \_\_\_\_\_

E-Mail Address for financial statements \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_