



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 5, 2024 – July 26, 2025
 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/written in the classroom _____

Street Address: _____ City _____ State _____ Zip Code _____

Gender: F M Birthdate* ____/____/____

Age on August 1st: years ____ months ____ Indiana residents

Age on September 30th ____ 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 _____

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 _____

Health Record (please attach most recent physical/well check)

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, recent surgeries, hospitalization, injuries, or other illnesses/events.

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: _____ (please include copy of latest physical)

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

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 withdrawing 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 the 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?

GBT accepts vouchers from Child Care Development Fund CCDF. Below are the current gross income limits for adult and children family members. If you think you might qualify, reach out to the GBT office. Currently 150% of the federal poverty level. Click below to see if you qualify!

https://fireflyin.org/wp-content/uploads/2023/05/6157-CCDF-Assistance-Voucher_v1.3.27.23-Flyer.pdf

Enrollment 08/05/2024 through 7/26/2025

Desired Start Date: _____ **Is there an anticipated withdrawal 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 2024

Monday Tuesday Wednesday Thursday Friday

Approximate GBT arrival time _____ Approximate GBT Pick up time _____

Summer 2025 * must be enrolled in Fall 2024 session to be guaranteed enrollment for summer 2025.**

Monday Tuesday Wednesday Thursday Friday

Approximate GBT arrival time _____ Approximate GBT Pick up time _____

Please select a program based on 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, 2024 and independently toilet trained wiping self.)

_____ **Pre-K 4** (Must be age 4 by August 1, 2024 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 allowed to read the manual and ask questions about and understand the policies contained therein. Furthermore, I/we agree to abide by the policies outlined 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 _____

SAFE TRANSPORTATION OF FOOD RESPONSIBILITY

All food items must be brought in clean, insulated, sanitized containers, which keep cold foods at 41 degrees Fahrenheit or below OR hot food at 135 degrees Fahrenheit or above. Containers must be clearly labeled with the Child’s Name and Date of Preparation.

I, _____ (Printed Parent’s Name) will provide food for

_____ (Printed Child’s Name) I take full responsibility for the safety of my child’s food during preparation, storage, and transportation to the facility.

Parents Signature _____ Date _____

Food/Treat Acknowledgement

I/We, _____, the parent(s) / legal guardian(s) of _____ permit for my child to receive food/candy for rewards/treats from time to time. I also permit 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 with 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 on their personal social media accounts.

Signature _____ Date _____ Signature _____ Date _____

PARENT’S NOTICE

State Form 49444 (11-99)/BCD 0035

I understand that this Registered Childcare Ministry is not a licensed center under the laws of Indiana. However, I understand that this childcare 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 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 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 Childcare Ministry.

Fee Agreement

August 5, 2024– July 26, 2025

Infants (6 weeks - 18 months)

Registration Fee \$100.00

Curriculum & Supply Fee \$50.00

- \$260.00 for 5 days/ week \$220.00 for 4 days/ week \$190.00 for 3 days/ week

Toddlers (18 months - 36 months)

Registration Fee \$100.00

Curriculum & Supply Fee \$100.00

- \$240.00 for 5 days/ week \$205.00 for 4 days/ week \$175.00 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

- \$220.00 for 5 days/ week \$195.00 for 4 days/ week \$162.00 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

- \$205.00 for 5 days/ week \$188.00 for 4 days/ week \$157.00 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 must be enrolled for fall to qualify)

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 _____