



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

<b>FOR OFFICE USE ONLY*</b>		*Early Entrance _____
1. Application Fee	<input type="checkbox"/>	
2. Curriculum & Supply Fee	<input type="checkbox"/>	
3. Immunization History	<input type="checkbox"/>	8. Fall Schedule <input type="checkbox"/>
4. Birth Certificate	<input type="checkbox"/>	9. Fall Billing <input type="checkbox"/>
5. Tuition Express Form	<input type="checkbox"/>	10. Summer Schedule <input type="checkbox"/>
6. Procare Connect Invitation	<input type="checkbox"/>	11. Summer Billing <input type="checkbox"/>
7. Door Code Assigned	<input type="checkbox"/>	12. Photos of Parents <input type="checkbox"/>

**Educare & School Age August 4, 2026 – July 31, 2027**  
**STUDENT ENROLLMENT APPLICATION**

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

**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 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) Guardian's Name \_\_\_\_\_

PARENTS MOTHER FATHER Street Address \_\_\_\_\_

DIVORCED: JOINT GUARDIANSHIP Day Phone \_\_\_\_\_

OTHER: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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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

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## 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 (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.

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**Home and Family**

Members of Household:

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

Are you a member of Dearborn Hills Church? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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 08/04/2026 through 7/31/2027

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 2026

Monday       Tuesday       Wednesday       Thursday       Friday

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

### Summer 2027 \*\*\* must be enrolled in Fall 2026 session to be guaranteed enrollment for summer 2027.

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, 2026, and independently toilet trained, wiping self.)

\_\_\_\_\_ **Pre-K 4** (Must be age 4 by August 1, 2026 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

# Fee Agreement

August 4, 2026– July 31, 2027

Enrollment Fee \$100.00      Re-Enrollment Fee \$50.00

**Infants (Rooms 5&6)**

\$297.00 for 5 days/ week      \$258.00 for 4 days/ week      \$220.00 for 3 days/ week

**Toddlers (Rooms 1,2,7, &8)**

\$282.00 for 5 days/ week      \$238.00 for 4 days/ week      \$206.00 for 3 days/ week

**Preschool 3 (Rooms 3 & 4) \*3 years old by 8/1/2026 and completely toilet trained with some assistance to wipe**

\$255.00 for 5 days/ week      \$222.00 for 4 days/ week      \$190.00 for 3 days/ week

**Pre-K 4 (Rooms 9 & 10) \*4 years old by 8/1/2026 and completely toilet trained without adult assistance**

\$233.00 for 5 days/ week      \$211.00 for 4 days/ week      \$179.00 for 3 days/ week

**School Age Before AND After School Care**

\$110.00 for 5 days/ week      \$94.00 for 4 days/ week      \$76.00 for 3 days/ week

**School Age Before or After School Care**

\$90.00 for 5 days/ week      \$80.00 for 4 days/ week      \$65.00 for 3 days/ week

**School Age Full Day Care (Summer, School Breaks & Closures must be enrolled for fall to qualify)**

\$225.00 for 5 days/ week      \$209.00 for 4 days/ week      \$181.00 for 3 days/ week

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

\*\*\* 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.

\*\*\*Members of Dearborn Hills Church 10% discount\_\_\_\_

\*\*\*Sibling Discount 10%\_\_\_\_

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

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

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

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

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

## Parent/Student Handbook Acknowledgement

I/We, \_\_\_\_\_, the parent(s)/legal guardian(s) of \_\_\_\_\_, acknowledge that I/we have received a digital copy of the **God's Bright Treasures Ministry, Inc. Parent Handbook**, available at [hiskids@godsbrighttreasures.org](mailto:hiskids@godsbrighttreasures.org), and have been given the opportunity to review the handbook and ask questions.

I/We understand and agree to follow the policies and procedures contained in the handbook.

I/We further understand that the Parent Handbook does not create a contract between God's Bright Treasures Ministry, Inc. and families. God's Bright Treasures Ministry, Inc. reserves the right to interpret, change, amend, or update policies at any time, as permitted by law.

Parent/Guardian Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

## Safe Transformation of Food Policy

All food brought from home must be in a **clean, insulated, and sanitized container** that maintains safe food temperatures:

Cold Food: **41°F or below**

Hot Foods: **135°F or above**

All containers and packages must be clearly labeled with:

**Child's full name**

**Date of preparation**

I, \_\_\_\_\_ (Printed Parent/Guardian Name), will provide food for \_\_\_\_\_ (Printed Child's Name), and accept full responsibility for my child's food during preparation, storage, and transportation to the facility.

Parent/Guardian Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

## Food/Treat Acknowledgement

I/We, \_\_\_\_\_, the parent(s)/legal guardian(s) of \_\_\_\_\_, give permission for my child to receive food or candy as occasional rewards and to participate in classroom celebrations, birthday snacks, and curriculum-based food activities.

All food provided for classroom use must be **store-bought and commercially sealed**.

Parent/Guardian Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

## Photo and Media Consent

From time to time, your child may appear in group photographs or videos shared through the parent communication app or on God's Bright Treasures Ministry, Inc. official social media pages.

Do you give consent for your child's image to be included in these materials?

YES  NO

Families are **not permitted to share or repost images containing other children** on personal social media accounts.

Parent/Guardian Signature:

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Date:

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Parent/Guardian Signature:

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Date:

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Name of Child Enrolled:

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## Parent's Notice

State Form 49444 (11-99) / BCD 0035

I understand that this Registered Child Care Ministry is **not a licensed childcare center** under Indiana law. However, I understand that this ministry must still comply with state rules regarding sanitation and fire and life safety for the primary use of the building.

I further understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is enrolled at this childcare ministry.

Parent/Guardian Signature:

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Date:

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Parent/Guardian Signature:

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Date:

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Name of Child(ren) Enrolled:

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This notice does not release the Child Care Ministry from liability for injury to a child if the injury is caused by **negligence or intentional wrongdoing** by the ministry or its employees.

## Notice Concerning Fire Protection Safety

Under Indiana law, a Registered Child Care Ministry may choose not to install certain fire safety protection systems that are required for licensed childcare centers, provided that parents or legal guardians are notified.

This notice is to inform you that **God's Bright Treasures Ministry, Inc. is a Registered Child Care Ministry and is not a licensed childcare center.** As such, it is not required to meet the same standards that apply to licensed childcare centers.

Specifically, this ministry has chosen not to install the fire warning systems required under, IC 12-17.2-6-5(c)(1)(A) and IC 12-17.2-6-5(c)(2)(A)

This means that the ministry does **not provide the same level of fire safety protection** as a licensed childcare center.

I/We, \_\_\_\_\_, the parent(s)/legal guardian(s) of \_\_\_\_\_, acknowledge that I/We have read and understand this notice concerning fire protection safety.

Parent/Guardian Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

## Acknowledgement of Discipline Policy

I/We, \_\_\_\_\_, the parent(s)/legal guardian(s) of \_\_\_\_\_, acknowledge that I have read and understood the Discipline Policy as published in the Parent Handbook for God's Bright Treasures Ministry, Inc.

Parent/Guardian Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_