



25365 Stateline Road  
Lawrenceburg, IN 47025  
Phone (812) 637-6830  
www.godsbrighttreasures.org

## Educare & School Age August 4, 2025 – July 26, 2026 ENROLLMENT APPLICATION

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

❖ **Application, Curriculum, and Supply Fees will not be collected until after enrollment is offered to your family.**

### 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, 2025 years \_\_\_\_ months \_\_\_\_ Indiana residents

Age on September 30, 2025 \_\_\_\_ 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

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

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

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. \_\_\_\_\_  
Name Address Phone Relationship

2. \_\_\_\_\_  
Name Address Phone 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. \_\_\_\_\_  
Name Address Phone Relationship

2. \_\_\_\_\_  
Name Address Phone 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 for your child 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 the 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.

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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 withdrawing from previous provider \_\_\_\_\_

How would you 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: \_\_\_\_\_

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 08/04/2025 through 7/25/2026

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. Unfortunately, we cannot accommodate rotating schedules.

### Fall 2025

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Approximate GBT arrival time \_\_\_\_\_

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

### Summer 2026 \*\*\* must be enrolled in Fall 2025 session to be guaranteed enrollment for summer 2026.

☐ 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, 2025 and independently toilet trained wiping self.)

\_\_\_\_\_ **Pre-K 4** (Must be age 4 by August 1, 2025 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](http://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 Policy

All food items from home must be in a clean, insulated, sanitized container, which keep cold foods at 41 degrees Fahrenheit or below OR hot food at 135 degrees Fahrenheit or above. All containers/packages from home 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 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 \_\_\_\_\_

### Acknowledgment of Discipline Policy

I \_\_\_\_\_ (Printed Name) parent/guardian of \_\_\_\_\_ (printed child's name) have read and understand the Discipline Policy as published in the Parent Handbook for God's Bright Treasures Ministry Inc.

Signature \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

## Notice Concerning Fire Protection Safety

Under Indiana law, a child care 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 the fire safety protections. The purpose of this notice is to advise you that this child care ministry does not have the same level of fire safety protection as a licensed child care center. As you have already been notified, the child care 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 the fire warning system required in IC 12-17.2-6-5(c)(1)(A) nor IC 12-17.2-6-5(c)(2)(A). This form is stating that the ministry does not have the same level of fire safety protection as a licensed child 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.

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.

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

# Fee Agreement

## August 4, 2025– July 25, 2026

### Infants (6 weeks - 18 months)

**Enrollment Fee \$100.00**

**Curriculum & Supply Fee \$50.00**

- ☐ \$275.00 for 5 days/ week    ☐ \$235.00 for 4 days/ week    ☐ \$200.00 for 3 days/ week

### Toddlers (18 months - 36 months)

**Enrollment Fee \$100.00**

**Curriculum & Supply Fee \$100.00**

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

### Preschool 3 (3 years old by 8/1/2025 and completely toilet trained with some assistance to wipe)

**Enrollment Fee \$100.00**

**Curriculum & Supply Fee \$100.00**

- ☐ \$235.00 for 5 days/ week    ☐ \$205.00 for 4 days/ week    ☐ \$175.00 for 3 days/ week

### Pre-K 4 (4 years old by 8/1/2025 and completely toilet trained without adult assistance)

**Enrollment Fee \$100.00**

**Curriculum & Supply Fee \$100.00**

- ☐ \$215.00 for 5 days/ week    ☐ \$195.00 for 4 days/ week    ☐ \$165.00 for 3 days/ week

### School Age Before AND After School Care

**Enrollment 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

**Enrollment 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)

**Enrollment Fee \$100.00**

**Supply Fee \$50.00**

- ☐ \$205.00 for 5 days/ week    ☐ \$190.00 for 4 days/ week    ☐ \$165.00 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.

\*\*\* **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 \_\_\_\_\_