



PromiseTown Childcare Ministry & Preschool

317-875-8414 ext. 11

317-875-5171 (fax)

A Ministry of New Life Community Church

1500 W. 86th Street Indianapolis, IN. 46260

Rev. Andrew Hunt, III, Sr. Pastor

Application for Admission Forms

Date: _____

General Information

Child's Name:	Date of Birth:
Address:	Gender:
City, State, & Zip:	County:

Family Information

Name of Father ____ Guardian ____ <i>(please check one):</i>	
Address:	Home Telephone:
City, State, & Zip:	County:
Employer Name:	Occupation:
Address:	Work Telephone:
City, State, & Zip:	County:
Email:	Mobile Telephone:
Name of Mother ____ Guardian ____ <i>(please check one):</i>	
Address:	Home Telephone:
City, State, & Zip:	County:
Employer Name:	Occupation:
Address:	Work Telephone:
City, State, & Zip:	County:
Email:	Mobile Telephone:

Marital Status (please check one):

- Single
 Married
 Divorced
 Widowed
 Separated

Child's Name:	Date of Birth:
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Family Information (cont'd.)

Name of Step-Mother (if applicable):		
Home Telephone:	Mobile Telephone:	Work Telephone:
Name of Step-Father (if applicable):		
Home Telephone:	Mobile Telephone:	Work Telephone:

If applicable, legal custody is awarded to:

Child Pick-Up Authorization

Name:		Relationship:	
Home Telephone:	Mobile Telephone:	Work Telephone:	
Name:		Relationship:	
Home Telephone:	Mobile Telephone:	Work Telephone:	
Name:		Relationship:	
Home Telephone:	Mobile Telephone:	Work Telephone:	

In Case of Emergency (Name of responsible person(s) who live close enough to pick up child in case of emergency if parents cannot be reached)

Name:		Relationship:	
Home Telephone:	Mobile Telephone:	Work Telephone:	
Name:		Relationship:	
Home Telephone:	Mobile Telephone:	Work Telephone:	
Name:		Relationship:	
Home Telephone:	Mobile Telephone:	Work Telephone:	

Child's Name:	Date of Birth:
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Getting Acquainted With Your Child

By what name is your child called at home?: _____

Siblings:

Name	Age	School

Eating:

- Does your child have a good appetite?
- Does your child feed himself/herself?
- Are there any food dislikes?
- Are there any food allergies?
- Any difficulties with eating?

 Yes
 Yes
 Yes
 Yes
 Yes

 No
 No
 No
 No
 No

Please describe any of the above: _____

Sleeping:

What time does your child usually go to bed at night? _____

What time does your child usually wake up in the morning? _____

How long does your child take to go to sleep? _____

Does your child have a rest period to take naps? **Yes** or **No** *If yes, about what time?* _____

What is your child's rest preparation routine for rest? (ie: story time, special blanket, snack, etc.)

Child's Name:	Date of Birth:
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Getting Acquainted With Your Child (cont'd.)

Physical Needs (Toilet & Dressing):

Is your child toilet trained? Yes No

What terms does your child use? (ie: potty, toilet, restroom, etc.) _____

Does your child need to be reminded? Yes No

At what time intervals? _____

Does your child need help with getting dressed? Yes No

Your child needs help with the following: (Please circle all that apply.)

underwear shirt pants dress socks shoes coat hat

Fears:

Does your child have any fears? Yes No

If yes, please describe: _____

Special Information:

Does your child like to play?: (Please circle all that apply.)

indoors outdoors alone with other children with older children

Does your child have any special interests/hobbies? _____

Does your child have a pet? Yes No

If yes, please describe him/her: _____

Child's Name:	Date of Birth:
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Getting Acquainted With Your Child (cont'd.)

Additional Information:

Does your child regularly attend church/children's worship? Yes No

If yes, where? _____

Has your child ever been enrolled in a Childcare Program? Yes No

If yes, name of Program? _____

How long? _____

Has your child been regularly cared for by other adults? Yes No

If so, by whom? _____

Please provide any additional information we should know so that we can get to know you child better. _____

Signature of Parent/Legal Guardian

Date

Child's Name:	Date of Birth:
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Health Information

Condition of child's health (Parent's Opinion) _____

To your knowledge, does your child have any physical, emotional, or mental disability which may affect in any way his/her participation in the full Childcare Ministry? **Yes/No**

If yes, please explain:

Does applicant have any known allergies? **Yes/No**

If yes, please explain:

Child's Physician:	Telephone:
Address:	City, State, & Zip:
County:	

Child's Dentist:	Telephone:
Address:	City, State, & Zip:
County:	

***Please Note:** A History of Immunizations or Shot Record must accompany this application in order to secure your child's enrollment in the PromiseTown program.*

Notice: We understand that this Childcare Ministry is not licensed under the laws of Indiana. However, as a registered Childcare Ministry, we understand that this Childcare Ministry complies with the State rules concerning sanitation and fire safety, as well as overall building safety, nutrition, and child safety. I understand that it is also my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the Childcare Ministry. (This does not absolve a child care ministry from liability for injury to a child while the child is participating in the Childcare Ministry if the cause of injury is negligence or intentional wrongdoing on the part of the Childcare Ministry or an employee of the Ministry.)

Signature of Parent/Legal Guardian

Date

Print Name

Child's Name:	Date of Birth:
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Medical Information

To be completed by child's physician:

Does this child have any health conditions that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities, including sports? Yes No

If yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

Have you prescribed any medications or special routines which should be included in the ministry's plans for this child's activities? Yes No

If yes, please explain: _____

Allergies? _____

Chronic Health Conditions? _____

Additional Notes and/or Instructions: _____

Name of Physician (please print)

Telephone

Signature of Physician

Date

Child's Name:	Date of Birth:
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PromiseTown Childcare Ministry & Preschool Intake Agreement

By signing this agreement, I communicate my understanding of the following:

- 1) PromiseTown Childcare Ministry & Preschool (including Summer Camp) is open from 6:30 A.M. until 6:00 P.M. Late charges will be assessed at a rate of \$1.00 for each minute after 6:00 P.M. The amount is payable directly to the staff member who had to remain to provide care and is due when the child(ren) is/are picked up.
- 2) I understand that my child will only be released to parent(s) listed on the Application for Admission form unless another person(s) is named in writing.
- 3) I, or a designee, am required to bring my child into the appropriate PromiseTown Childcare Ministry & Preschool classroom and must sign in and sign out the time of arrival and departure.
- 4) I consent that in case of an accident/injury or illness of a serious nature, my child will be given emergency medical treatment.
- 5) I understand that a health examination is to be completed by a Health Care Professional, including immunizations and tuberculin testing for the current year is required for my child within one month of admission and that my child will be removed from the Ministry if a health form is not returned within the required time. In addition, I understand that the health examination shall be repeated yearly.
- 6) I understand that any non-prescription medications, such as Tylenol, Robitussin, Dimetap, etc. can be administered only with written consent and instruction accompanied by a doctor or parent/guardian's signature. Medication must be labeled with the child's name, date, amount to be given, and times to administer the medication.
- 7) I understand that PromiseTown Childcare Ministry & Preschool will notify parent(s) of any significant occurrences or problems which may affect my child, including exposure to communicable diseases.
- 8) I understand that PromiseTown Childcare Ministry & Preschool will be closed on New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after, and the period from Christmas Eve through New Year's Eve. If these holidays fall on a Saturday or Sunday, then either the Friday preceding (for Saturday holidays) or the following Monday (for Sunday holidays) will be designated as the holiday, with the exception of Good Friday. **I agree to pay tuition on the holiday observations mentioned above.**
- 9) I understand that it is the parent's responsibility to supply all of the day's bottles each day and that they should be properly sterilized at home each night. All bottles must be labeled with the child's name and date prepared. All baby food must also be labeled with the child's name.
- 10) I understand that parents are responsible for the diaper/pull-up supply for their child, if necessary each diaper will be labeled with the child's name.
- 11) I understand that breakfast will be served to my child upon arrival between 7:30 A.M. until 8:00 P.M.
- 12) I understand that my child's teacher will schedule one parent/teacher conference each year.

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Child's Name:	Date of Birth:
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PromiseTown Childcare Ministry & Preschool
Intake Agreement (cont'd.)

- 13) I understand that child training and discipline are handled with kindness and understanding and in accordance with Christian principles as set forth in the Bible. Children are informed of inappropriate behavior and what is expected. Disciplinary issues will be addressed with parents and documented in the child's file.
- 14) I am giving permission for my child to be transported by PromiseTown Childcare Ministry & Preschool on field trips, providing he/she is at least two (2) years of age, with proper supervision and consent forms.
- 15) I agree that the tuition for my child upon enrollment in the ministry has been determined as \$_____ per day with the number of days as _____ per week for part-time each week, or as \$_____ per week for full-time care. There will be a late fee of \$5.00, if arrangements for payment have not been made by the second day of attendance.
- 16) There is an annual curriculum fee due on September 1st each year or upon enrollment.
- 17) I agree to pay a \$33.00 fee for all returned checks. I understand that in the event of a returned check, PromiseTown reserves the right to require all future payments to be made in cash.
- 18) I understand that should fees become two (2) weeks delinquent, the account must be caught-up to date by being paid in full, or my child will forfeit his/her enrollment at PromiseTown.
- 19) I agree that if it becomes necessary to enforce collection of balance due, or any part thereof, I am to pay all collection agency fees, court costs, attorney fees, etc.
- 20) I understand that this agreement is subject to change with a two (2) week written notice from PromiseTown.
- 21) I understand that the parent(s) or Director reserves the right to terminate this agreement for any reason, giving a two-week notice.
- 22) A registration fee of **\$75.00 for the Childcare Ministry and Preschool Programs** must accompany this application and is non-refundable.
 - a. The registration fee is **\$50.00 for the Summer Camp Program** and is non-refundable.

After carefully reading this Intake Agreement, I agree to fully accept the terms listed herein:

_____	_____
Signature of Parent/Guardian	Date
_____	_____
Signature of Parent/Guardian	Date
_____	_____
Form Received by	Date

Child's Name: _____	Date of Birth: _____
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Non-Prescription Medication

Date: _____

Child's Physician Name: _____

Parent/Guardian Name: _____

The above mentioned child is/will be attending PromiseTown Childcare Ministry & Preschool. The ministry is requesting the following information be provided to them, along with your signature, so they can properly care for the child. Please fill in the requested information and sign on the line provided. If you have any questions regarding this information or how it will be used, feel free to contact the PromiseTown office.

Child's Age: _____ Child's weight (in lbs.): _____

To soothe a diaper rash, please use: _____

When child is congested, please do not allow him/her to have: _____

I am recommending that the following non-prescription medication may be given:

For colds: _____

For coughs: _____

For Fever: _____

Other: _____

Signature of Parent/Legal Guardian

Date

Child's Name:	Date of Birth:
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Exclusion Policy for Sick Child

- 1) If a child is too sick to participate in class he/she is sent to the PromiseTown office. A sick child is a child with a fever of over 100.6 degrees, vomiting, diarrhea, and/or significant behavioral changes.
- 2) **The parent is notified and asked to take the child home immediately.**
- 3) The sick child may be kept in the PromiseTown office or another location away from the other children.
- 4) The teacher must disinfect the area and items where the sick child has been in contact.
- 5) The child's illness is recorded in his/her record.
- 6) If the child is deemed contagious, a doctor's statement will be required in order for the child to return to PromiseTown.

Staff Exclusion Policy

- 1) If a teacher becomes ill, a substitute will called in the classroom.
- 2) The teacher will be asked to leave the classroom as soon as adequate staff can be provided.
- 3) The teacher is sent home, and, if necessary, will need a doctor's statement that he/she is not contagious before returning to PromiseTown.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Form Received by

Date

Child's Name:	Date of Birth:
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Authorization/Parent Release for Emergency Medical Care

_____ Parent(s) _____ Guardian(s) (Please check one.)

Name:	Telephone:
Address:	Telephone (Mobile):
City, State, & Zip:	County:

Name:	Telephone:
Address:	Telephone (Mobile):
City, State, & Zip:	County:

**LEAVE THIS AREA BLANK:
This will be completed by PromiseTown at the time of an emergency.**

We hereby appoint (21 years of age or older):

Name: _____ Telephone: _____

Address: _____

City: _____ State/Zip: _____

Relationship: _____

_____ date

_____ date

The adult, who during my/our absence, shall be authorized to consent for all medical and/or surgical treatment and/or medical procedures, (including by way of illustration and not limitation, administration of anesthesia, blood transfusions, diagnostic tests, etc.) which may be required during our absence. Without any matter limiting the foregoing appointment and authorization, if circumstances permit, I/we would like to have our doctor consulted in connection with such medical and/or surgical treatment and/or special procedures.

_____ Signature of Parent/Guardian

_____ Date

_____ Signature of Parent/Guardian

_____ Date

The Health Care Facility, its officer and personnel and any physician providing medical or surgical services to the about named child may rely upon the same force and effect as if personally executed by me/us.

The consent and authorization shall include and extend to all matters for which consent or authorization is required under the policies of the Health Care Facility. In consideration of the services that are rendered to the above named child, pursuant hereto, we agree to pay for all such services. This authorization shall be effective upon the above signature(s) and date unless revoked by me/us in writing.

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Child's Name: _____	Date of Birth: _____
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Authorization/Parent Release for Emergency Medical Care
(cont'd.)

Child's Physician Name Telephone Number

Family Physician Name Telephone Number

Child's Allergies: _____

Child's Medications: _____

Insurance Company Name: _____

Insurance Policy Number: _____

In the event on parent executes this form, please state the reason why the other parent signature cannot be obtained:

THIS SECTION IS TO BE COMPLETED BY NOTARY PUBLIC

STATE OF INDIANA)
)SS:
)

COUNTY OF _____
(County in which notarization takes place)

Before me the undersigned, A Notary Public for _____
(Officer's county of residence)

County, State of Indiana, personally appeared _____
(Name of Person(s))

and acknowledged the execution of this instrument this _____

day of _____ 20_____

(Signature of Parent/Legal Guardian)

(Date)

(Signature of Parent/Legal Guardian)

(Date)

(Seal) Notary Public Signature

Notary Public Printed Name

My Commission Expires: _____

Child's Name:	Date of Birth:
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Application for Admission

Office Use Only:

Start Date: _____

- Part-Time Full-Time
- Mon
 - Tue
 - Wed
 - Thu
 - Fri

- Childcare
- Asher (Nursery) Joseph (1's) Benjamin (2's) Levi (3's)

- Preschool
- Judah (4-5's)

- Summer Camp
Age Group: _____

OFFICE USE ONLY:

- \$75.00 Registration Fee (Childcare/Preschool) received Date paid: _____
- \$50.00 Registration Fee (Summer Camp) received Date paid: _____
- Check # _____ Cash (Amount) _____
- Curriculum Fee received Date paid: _____
- Check # _____ Cash (Amount) _____



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A Ministry of New Life Community Church

1500 W. 86th Street Indianapolis, IN. 46260

Rev. Andrew Hunt, III, Sr. Pastor

Application for Admission Forms Checklist

Office Use Only:

- Parent Notice Form 49444
- Application for Admission
- Getting Acquainted With Your Child
- Health Information
- Medical Information *(To be completed by child's physician)*
- Intake Agreement
- Non-Prescription Medication Authorization
- Exclusion Policy for Sick Child/Staff
- Authorization/ Parent Release for Emergency Care *(This form must be notarized)*
- Child Immunization Records

Forms Received and Reviewed by, title

Date