

Grace Pointe Child Development Ministries

10951 E. County Road 100 S.

Indianapolis, IN 46231

317-837-3307

Dear Parents,

Thank you for inquiring into the childcare program at Grace Pointe Child Development Ministries. We consider it an honor and pleasure to serve your Family. We view our ministry as an extension of the home, enabling you to Provide for the family while your children develop emotionally, socially, and spiritually, in a safe environment.

Please read through the application packet thoroughly, including the Parent Handbook, before filling out paperwork. It is our goal to understand your Child to the greatest degree possible; as such, we require detailed input from You, the parent.

Your application packet includes the following forms:

- Application for Admission
- Child Information Sheet
- Parent Notice (yellow)
- Current Fee Schedule
- School Calendar
- Lunch Menu
- Emergency Information (pink)**

**MUST BE NOTARIZED BEFORE SIGNING

Your completed Application, Emergency Information, Parent Notice and copy Of your child's Immunization Records must be accompanied by the registration And book fees in order for the application to be processed.

We are excited to meet your family and learn specific goals for your child.

We do our best to, to give to your greatest investment—your child.

Sincerely,

Katie Haynes

Director

gpcdm@indygracepointe.org

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New Student Check List (Must be completed for enrollment)

Child's Name: _____ Age _____

Date Application Submitted: _____

Parents/Guardians Names: _____

Registration Paid: ____ Cash ____ Check ____ Credit ____

Master Card/Visa Etc. _____

TOTAL AMOUNT PAID: _____

Date Paid: _____

Date Attendance is to Begin: _____

Class Assignment: ____ Room _____ Teacher _____

1. ____ Application for Admission Completed
2. ____ Child Information Sheet Completed
3. ____ Emergency Information – **Notarized** & Complete
4. ____ Authorized Pick Up Information, Completed
5. ____ Parent Notice, Signed
6. ____ Immunization (Signed By Physician) Included

I _____ parent/guardian have read and understand the "Parent Handbook" / "Application Packet". I agree to abide by said Policies while enrolled at GPCDM. I understand I am obligated to update contact information as changes occur.

Parent Signature _____ Date _____

GPCDM Representative Signature _____ Date _____

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APPLICATION FOR ADMISSION

Child's Name: _____ Date of Birth: _____

Nickname (if applicable): _____

Address: _____
Street City State Zip

Father
Name: _____

Mother
Name: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Email: _____

Email: _____

Home Phone: _____

Home Phone: _____

Cell: _____

Cell: _____

Work Phone: _____

Work Phone: _____

Church Information

Attend Church Regularly: _____ Yes _____ No

_____ Yes _____ No

Church Name: _____

Would you like information about Grace Pointe Church of the Nazarene? _____ Yes _____ No

Authorized Pick Up (Note: Anyone picking up your child must have picture ID.)

Name: _____

Phone: _____

Relationship to Child: _____

Name: _____

Phone: _____

Relationship to Child: _____

Name: _____

Phone: _____

Relationship to Child: _____

Start Date? _____

Approximate time you plan to drop your child off in the morning: _____

Approximate time you plan to pick your child up in the evening: _____

Emergency Information

Family Physician: _____

Phone: _____

Address: _____

Family Dentist: _____

Phone: _____

Address: _____

Emergency Contact (Other Than Parents)

Name: _____

Phone: _____

Relationship to Child: _____

Name: _____

Phone: _____

Relationship to Child: _____

Name: _____

Phone: _____

Relationship to Child: _____

Medical Information

Does your child have health problems we need to be aware of? Yes No

Describe: _____

Does your child need regular medication? Yes No

Describe: _____

Does your child have food sensitivities? Yes No Require Benadryl? Yes No

Does your child have a doctor's prescription? (Required for administration)

List Sensitivities: _____

Does your child have any known allergies? Yes No Require and EpiPen? Yes No

List Allergies: _____

Are there special instructions in case of an allergic reaction? Yes No

Describe: _____

Does your child have any physical disabilities? Yes No

Describe: _____

Does your child have any social or development disabilities? Yes No

Describe: _____

Does your child have any speech, hear or visual problems? Yes No

Describe: _____

Are your child's immunizations up to date? Yes No (A current copy must be provided.)

Daycare Information

Has your child been in child care before? Yes No

Was it a positive experience? Yes No

Describe: _____

Why are you looking for child care?

Describe: _____

Please read and initial the following information.

- I understand that GPCDM operates as a ministry of Grace Pointe Church of the Nazarene and that all children enrolled at GPCDM will receive basic Bible teaching as part of the curriculum.
_____ Father _____ Mother
- I understand that GPCDM is open from 6:15 a.m. to 6:00 p.m. I also understand and agree that if my child is picked up after 6:00 p.m., my account will be charged \$1.00 per minute for the first ten minutes and \$2.00 per minute thereafter. These fees will only be waived in the event of a true emergency as determined by the Director.
_____ Father _____ Mother
- I understand that GPCDM has the right to deny admittance to any child whose needs cannot be met by the ministry program and that I, likewise, have the right to withdraw my child whose needs are not being met. In the event that the child is to be withdrawn, I will give GPCDM a two weeks notice of such intent.
_____ Father _____ Mother
- After carefully reading and reviewing the Parent Handbook, I agree to fully accept the policies of GPCDM. I understand that GPCDM reserves the right to adjust its policies as necessary in between Handbook editions.
_____ Father _____ Mother
- In case of serious injury or illness, I grant our permission to GPCDM for emergency medical treatment to be given to our child.
_____ Father _____ Mother
- I hereby give our permission for our child to take part in all activities with GPCDM, including supervised play, all sponsored field trips and educational or play excursions away from the premises by automobile, van, bus or by walking.
_____ Father _____ Mother
- I agree to fully accept all the applicable fees in regards to care of my child and hereby agree to make my payments on or before the due dates.
_____ Father _____ Mother
- I agree to provide GPCDM with a current copy of the required immunizations against the following: Diphtheria, Whooping Cough, Tetanus, Measles, Rubella and Poliomyelitis.
_____ Father _____ Mother
- I agree to allow GPCDM to display photographs of my child for promotional or advertising materials at no cost to GPCDM.
_____ Father _____ Mother
- I agree that I will be provided with one coat bag. If I misplace my coat bag and am unable to find it within one week, GPCDM will charge my account \$15.00 non-refundable fee for a replacement bag.
_____ Father _____ Mother

I certify that all of the information on this form is correct and accurate to the best of my knowledge. I promise that I will notify GPCDM if any or all of the information changes in the future.

Father's Signature

Date

Mother's Signature

Date

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CHILD INFORMATION SHEET

Name of Child: _____ Birthdate: _____

Nickname: _____

Names/Ages of Siblings: _____

Other Family Members Living in the Home: _____

By nature is your child friendly? Aggressive _____ Shy _____ Withdrawn _____ Other _____

Does your child show independence or dependence?

How does your child show his/her feelings?

Is your child destructive? _____ Yes _____ No _____ At Times _____ If so, in what way?

Does your child share his/her things willingly?

What is your child's attitude towards discipline?

How does your child react to other children?

How does your child react to adults?

How does your child react to new situations?

What are your child's insecurities?

Do you feel your child will adjust easily to day care?

What concerns do you have?

Does your child need help in any of the following areas? (Check all that apply)

___ getting dressed ___ washing up ___ feeding self



PARENT'S NOTICE

State Form 49444 (R / 1-09) / BCC 0035

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire 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 day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

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

Name of facility

Grace Pointe Child Development Ministries

Address of facility (number and street, city, state, and ZIP code)

10951 E. CR 100 S.
Indianapolis, IN 46231

County

Hendricks

EMERGENCY INFORMATION

I, _____, give permission to the doctors at Hendricks Regional Health, I U Health West Hospital, or my family doctor, _____ at _____, to give treatment to my child, _____, in the event I cannot be reached during an emergency.

Current Address: _____ Phone: _____

Child's Religious Background: _____ Child's DOB: _____

Known Allergies or Medical Conditions: _____

Responsible Party: _____ Relationship to Child: _____

Insured Party's SSN: _____

Hospital Insurance Information: _____

Nearest Relative (not living with child): _____ Phone: _____

Address: _____

Family Physician: _____ Phone: _____

Address: _____

Family Dentist: _____ Phone: _____

Address _____

Signature of Responsible Party:

COUNTY OF: _____

The foregoing document was subscribed and sworn to before me on _____ (Date)

My commission expires: _____

NOTE: THIS FORM IS INVALID WITHOUT NOTARIZATION

AUTHORIZED PICK UP INFORMATION

Child's Name: _____

Name: _____
Phone: _____

Relationship: _____

Name: _____
Phone: _____

Relationship: _____

Name: _____
Phone: _____

Relationship: _____

Name: _____
Phone: _____

Relationship: _____

Name: _____
Phone: _____

Relationship: _____

Name: _____
Phone: _____

Relationship: _____

Name: _____
Phone: _____

Relationship: _____

A child may not leave church premises until released to a responsible adult by the teacher. Your child will be released **ONLY TO THOSE WHOM YOU AUTHORIZE** on your application.

If Neither Father Nor Mother Can Be Contacted, Call:

Name: _____

Phone: _____

Child's Doctor: _____

Phone: _____

Child's Dentist: _____

Phone: _____

Allergies: _____

Medical Conditions: _____

Parent Signature

Date

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Fee Schedule: 8/1/22-7/31/23

FULL TIME, 5 DAYS PER WEEK

Infants (6 weeks to approx. 14 months)	\$237.44
1 Year-Old Classroom (Toddlers)	\$218.40
2's In Waiting Classroom (approx. 18-30 mths)	\$210.56
2 Year-Old Classroom	\$210.56
3 Year-Old Classroom	\$199.36
4 Year-Old Classroom	\$187.04

NON-REFUNDABLE BOOK/SUPPLY FEES

2's In Waiting Classroom Supplies Fee	\$40
2 Year-Old Classroom Curriculum	\$60
3 Year-Old Classroom Curriculum	\$75
4 Year-Old Classroom Curriculum	\$100

NON-REFUNDABLE REGISTRATION FEE

New Registration	\$100
Maximum per family (per year)	\$150
Registration Renewal (Returning Students)	\$75

REGISTRATION FEE:

Registration fee includes two key cards and child coat bag. Replacement cost for lost items are \$15 and \$10 respectively.

TUITION: Tuition includes class supplies, morning and afternoon snack.

VACATIONS:

After 90 days of attendance all families with accounts in good standing (\$0 balance) are eligible for one week's vacation per yr (enrollment date, not calendar yr). Accounts with a balance do *not* qualify. In addition, all families with accounts in good standing (\$0 balance) are eligible for a tuition free week when the child care is closed for the Christmas holiday. Accounts with a balance do *not* qualify.

DISCOUNTS:

Families with 2 or more children receive a 10% discount off regular tuition rate of all except youngest child.

CLASSROOM PLACEMENT:

Students will be placed in classes based on their age by Sept 1, to coincide with public school system.

Parents may not request a particular classroom/teacher.

*5 yr old students who are not enrolled in kindergarten can enroll and be billed at the K4 rate.

IMMUNIZATION UPDATE CHECKLIST

Child's Name _____

DOB _____

Hepatitis B vaccine:

- _____ First dose at birth to 2 months
- _____ Second dose at 1 to 4 months
- _____ Third dose at 6 to 18 months

Hepatitis A vaccine:

- _____ First dose at 12 months
- _____ Second dose at 18 months

Hib vaccine:

- _____ First dose at 2 months
- _____ Second dose at 4 months
- _____ Third dose at 6 months
- _____ Fourth dose at 12 to 15 months

Influenza vaccine:

- _____ First dose at 6 months
(requires a booster one month after initial vaccine)
- _____ Annually until 5 years
(then yearly if indicated or desired, according to risks)

Polio vaccine: (IPV)

- _____ First dose at 2 months
- _____ Second dose at 4 months
- _____ Third dose at 6 to 18 months
- _____ Fourth dose at 4 to 6 years

MMR vaccine:

- _____ First dose at 12 to 15 months
- _____ Second dose at 4 to 6 years

DTaP vaccine:

- _____ First dose at 2 months
- _____ Second dose at 4 months
- _____ Third dose at 6 months
- _____ Fourth dose at 15 to 18 months
- _____ Fifth dose at 4 to 6 years
- _____ DTaP is recommended at 11 years

Varicella vaccine:

- _____ First dose at 12 to 15 months
- _____ Second dose at 4 to 6 years

Pneumococcal vaccine: (Pevnar)

- _____ First dose at 2 months
- _____ Second dose at 4 months
- _____ Third dose at 6 months
- _____ Fourth dose at 12 to 18 months

Rotavirus vaccine: (Rota Teq)

- _____ First dose at 2 months
- _____ Second dose at 4 months
- _____ Third dose at 6 months

Meningococcal vaccine:

- _____ Single dose at 11 years

Pentacel = DTaP, Hib, IPV



2022-2023 Calendar

10951 E. County Rd 100 S.

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gpcdm@indygracepointe.org



2022

Assimilation Week.....	Aug 1-5
2022-2023 Curriculum Begins.....	Aug 8
Labor Day- CLOSED.....	Sept 5
Fall Pictures.....	Oct 13
Fall Party (see teacher for details)	Oct 28
Thanksgiving Break- CLOSED (Regular charges for the week)	Nov 24&25
Christmas Party (see teacher for details)	Dec ??
Christmas Program (2's Bea/Norma, 3's Brittany/Maddy, K4 Brooke/Wendy)	Dec 15
Christmas Break- CLOSED (NO tuition if Acct is at \$0 bal Dec 24)	Dec 26-Jan 2

2023

Valentine's Day Party (See teacher for details).....	Feb 14
President's Day – CLOSED.....	Feb 20
Easter Party (see teacher for details).....	Apr 6
Good Friday – CLOSED.....	Apr 7
Memorial Day-CLOSED.....	May 29
Summer Program Begins (tentative date).....	May 31
School Age Summer Program/ (completed) Kdg-5 th (tentative dates).....	May31-July 21
July 3-7 CLOSED (week of July 4 th)	July 3-7
Assimilation Week.....	July 31-August 4
2022-2023 Curriculum Begins	Aug 7

When you shop using amazonsmile.com the day care receives 5% of your purchase price as a donation.

VACATION LOG

Child's Name: _____ Enrollment Date: _____

Enrollment Date to Anniversary Date: _____

Vacation Week #1 _____

Vacation Week #2 _____

Enrollment Date to Anniversary Date: _____

Vacation Week #1 _____

Vacation Week #2 _____

Enrollment Date to Anniversary Date: _____

Vacation Week #1 _____

Vacation Week #2 _____

Enrollment Date to Anniversary Date: _____

Vacation Week #1 _____

Vacation Week #2 _____

Enrollment Date to Anniversary Date: _____

Vacation Week #1 _____

Vacation Week #2 _____

Parent Vacation Request

Child's Name: _____ Date Submitted to Office: _____

Vacation Week Requested: _____ (must be a Mon-Fri wk, no partial wks)

Enrollment Anniversary Date: _____ (date enrollment began at GPCDM)

Parent Signature: _____ Date: _____

Vacation Week (Policies)

New students must attend for at least 3 months in order to be eligible for one vacation week. Vacation is from enrollment date to anniversary date, not calendar year. Vacation is not rolled over if not used.

Vacation must be taken one week at a time. It is recommended that the office be notified two weeks in advance in order to assure proper credit to your account. If a child is in attendance, there is no option to count that week as a vacation and not pay the tuition. There is a "forced" vacation week the week between Christmas and New Years.

Parent Vacation Request

Child's Name: _____ Date Submitted to Office: _____

Vacation Week Requested: _____ (must be a Mon-Fri wk, no partial wks)

Enrollment Anniversary Date: _____ (date enrollment began at GPCDM)

Parent Signature: _____ Date: _____

Vacation Week (Policies)

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OVER-THE-COUNTER MEDICATION ORDER FORM

GRACE POINTE CHILD DEVELOPMENT MINISTRIES

All medications, medicinal products, physician's sample medications, and skin care products given or used at a childcare center must include the exact name of the medication, dosage to be given, time to be given and reason for use. (If used for fever, the degree of temperature must be stated.) A physician's order is valid for one year. You must supply the medication specified for use with your child's name clearly marked on the container. Medication will only be dispensed from the original container.

1. _____ may have _____
(Name of Child) (Name of Medication)
_____ every _____ for
(Dosage) (Frequency)

(Reason)

2. _____ may have _____
(Name of Child) (Name of Medication)
_____ every _____ for
(Dosage) (Frequency)

(Reason)

3. _____ may have _____
(Name of Child) (Name of Medication)
_____ every _____ for
(Dosage) (Frequency)

(Reason)

4. _____ may have _____
(Name of Child) (Name of Medication)
_____ every _____ for
(Dosage) (Frequency)

(Reason)

5. _____ may have _____
(Name of Child) (Name of Medication)
_____ every _____ for
(Dosage) (Frequency)

(Reason)

Signed: _____ Date: _____