

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

Grace Pointe Child Development Ministries

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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 _____

Grace Pointe Child Development Ministries
10951 E. County Rd. 100 South
Indianapolis, IN 46231
(317) 837-3307

APPLICATION FOR ADMISSION

Child's Name: _____ Date of Birth: _____

Nickname (if applicable): _____

Address: _____
Street City State Zip

Father
Name: _____

Occupation: _____

Employer: _____

Address: _____

Email: _____

Home Phone: _____

Cell: _____

Work Phone: _____

Mother
Name: _____

Occupation: _____

Employer: _____

Address: _____

Email: _____

Home Phone: _____

Cell: _____

Work Phone: _____

Church Information

Attend Church Regularly: _____ Yes _____ No

Church Name: _____

_____ Yes _____ No

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

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

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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

Bathroom needs: _____ is potty-trained _____ being potty-trained _____ needs assistance with using the toilet

Does your child need to wear a diaper/pull-up at naptime? _____ Yes _____ No

Does your child have daytime "accidents"? _____ Yes _____ No

If yes, how does your child react when this happens? _____

What is your child's typical bedtime? _____ What time does he/she awaken in the morning? _____

Does your child take naps? _____ Yes _____ No

Does your child have any difficulties speaking? _____ Yes _____ No

If yes, give details: _____

Does your child use any special words to describe their needs? _____ Yes _____ No

If so, please note them here: _____

Is your child usually hungry at mealtimes? _____ Yes _____ No Between meals? _____ Yes _____ No

What are some of your child's favorite foods?

What foods does he/she dislike?

Does he/she prefer to eat with _____ spoon _____ fork _____ hands _____ combination?

Any specific eating problems/needs we should be aware of?

Food allergies? _____ Yes _____ No

If yes, identify food and reaction to it: _____

What does your child like to do best? (Color, sing, be read to, watch TV, etc.)

What are your child's favorite play materials and toys?

Does your child enjoy listening to stories? _____ Yes _____ No

Playing with other children? _____ Yes _____ No

What is your child's favorite TV program/s?

Does your child have any special fears or problems we need to be aware of?: _____

Share any other information that we need to be aware of with your child?

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



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

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

Hib vaccine:

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

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

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

Pneumococcal vaccine: (Pnevnar)

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

Hepatitis A vaccine:

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

MMR vaccine:

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

Varicella vaccine:

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

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

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.

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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: _____

Grace Pointe Child Development Ministry

10951 E. Cty. Rd. 100 S.

Indianapolis, IN 46231

317-837-3307

Fee Schedule 2023-2024

Full Time 5 Days Per Week

Infants (6 weeks to approximately 14 months)	262.00
Toddlers	240.00
2's In Waiting/2's	232.00
3's	220.00
4's (Pre K)	205.00

ABEKA Curriculum Fees/Supplies

2's In Waiting	50.00
2's	70.00
3's	85.00
4's (Pre K)	110.00

Registration Fee (1 time fee) 100.00

(Includes "laundry" bag and 2 door cards)

Multiple Children Registration Fee 150.00

Tuition includes am snack, lunch, and pm snack

Families with 2 or more children receive 10% discount off all except youngest child

After 90 days families are eligible for 2 weeks vacation per year {Enrollment date} \$0 Balance

*No tuition week of Christmas and week of July 4th {Accounts \$0 balance} *CLOSED*

2023-2024 Calendar

10951 East County Road 100 South

Indianapolis, Indiana 46231

317-837-3307

Transition Day.....	JULY 31
Assimilation Week.....	JULY 24 THRU AUGUST 11
Back To School Night.....	AUGUST 7
Curriculum Begins.....	AUGUST 14
Labor Day (CLOSED).....	SEPTEMBER 4
Fall Pictures.....	TBA
Fall Parties.....	OCTOBER 27
Thanksgiving Break (CLOSED).....	NOVEMBER 23 and 24
Christmas Program.....	DECEMBER 13
Christmas Parties.....	DECEMBER 15
Christmas Break (CLOSED).....	DECEMBER 25 THRU JANUARY 2

2024

Valentine's Day Parties.....	FEBRUARY 14
President's Day (CLOSED).....	FEBRUARY 19
Easter Parties.....	MARCH 28
Good Friday (CLOSED).....	MARCH 29
Memorial Day (CLOSED).....	MAY 27
Summer Program Begins.....	MAY 28
School Age Summer Program Begins.....	MAY 28 THRU JULY 19
Fourth Of July Break (CLOSED).....	July 1 THRU JULY 5