

God's Bright Treasures Ministry
 25365 State Line Road
 Lawrenceburg, IN 47025
 Phone: (812) 637-6830 Fax: (812) 637-1892

<i>For office use only:</i>			
\$40 Application Fee Rec'd:	Date _____	Ck# _____	
Advance Tuition Rec'd:	Date _____	Amt. _____	Ck# _____
\$25 Supply Fee Rec'd:	Date _____	Ck# _____	
Start Date _____	Immunization History Rec'd:	Date _____	
Developmental Checklist Rec'd:	Date _____		

1/2 Day Preschool from Labor Day 2008-Memorial Day 2009 Enrollment Application

Please complete a separate application for each child you wish to enroll. A developmental checklist **must** also be completed. Return the completed form(s) with a check payable to God's Bright Treasures in the amount of \$40 for each application. This application fee is **non-refundable**.

Child's Name _____ Name to be used in Preschool: _____
Last First
 Gender _____ Age on August 1, 2008 _____ Birth date _____
 Street Address: _____
 City: _____ State: _____ Zip code: _____

Check all that apply	<input type="checkbox"/> Our family attends or are members of Dearborn Hills United Methodist Church
	<input type="checkbox"/> This child is currently enrolled at GBT
	<input type="checkbox"/> This child has a sibling currently enrolled at GBT

Name of Parent(s) or Legal Guardian(s)

Mother's Name _____
 Address (if different from above): _____
 Telephone #'s: Home () _____ Work () _____ Cell () _____
 Father's Name _____
 Address (if different from above): _____
 Telephone #'s: Home () _____ Work () _____ Cell () _____

Please list the name and phone number of the primary person(s) picking up this child on a normal basis and to be contacted in case of illness or emergency. Please list them in the order they should be contacted.

1. _____	_____	_____
Daytime Phone Number	Name	Relationship
2. _____	_____	_____
Daytime Phone Number	Name	Relationship

Is there anyone who is not allowed contact/pick-up the child, for example is there a restraining order?
 No Yes If yes, explain _____

Half-Day Preschool Program Preferences** (Please note your preferences 1,2)

Beginners — (children must be toilet trained and 3 years old as of August 1) \$85/month +\$25 Annual Supply Fee

Tuesday & Thursday Mornings 8:15-11:15

Tuesday & Thursday Afternoons 12:00-3:00

Pre-Kindergarten - (children must be toilet trained and 4 years old as of August 1) \$100/month+\$25 Annual Supply Fee

Monday, Wednesday, & Friday Mornings 8:15-11:15

Monday, Wednesday, & Friday Afternoons 12:00-3:00

Home and Family Information:

Parents: Married _____ Divorced _____ Separated _____ Single Parent _____
Mother Living _____ Father Living _____

If parents are separated or divorced, with whom does the child keep primary residence? _____

Is the child adopted? _____ If yes, at what age did the adoption take place? _____

Please list members of your household and their relationship to the child (siblings, relatives, nannies, etc):

Are there pets at home? _____ Names and types of pets _____

Please tell us of your family's religious affiliation/denomination _____

Does your family have a home church? Yes No

Social History:

Has the child previously attended a childcare center? No Yes

If so, where? _____ How long an experience? _____

Age of child when mother returned to work _____ Reasons for attending GBT _____

Does the child have any special fears? Please explain and include any details that may help us fully understand:

How would you generally characterize the child? Very Outgoing _____ Usually Friendly _____

Happy _____ Solemn _____ Shy _____ Boisterous _____

Other _____

Favorite play materials _____

Special interests _____

Favorite foods _____

Health and Development History:

Was the child born prematurely or in any other unusual circumstance? _____

If yes, please describe: _____

Is the child using diapers during the day? _____ For nap? _____ At night? _____

Which does the child prefer to use? Complete sentences ___ Phrases ___ 1 or 2 words ___ Sounds ___

Can your child be understood by Parents? _____ Siblings? _____ Playmates? _____ Strangers? _____

Sleep Habits _____

Does the child take any medications regularly? _____

Does the child have any special health concerns or allergies? _____

List any physical problems and/or history of hospitalization: _____

List any diseases your child has had: _____

Does the child have any special areas of concern that we should be aware of? _____

Is there any special way in which we can help you and your child this year? _____

Do you as a parent or do Grandparents, Aunts, Uncles, etc. have a special talent, career or interest that you would be willing to share with us at God's Bright Treasures? _____

Consent For Treatment

In the event a child in the center incurs a major injury, the local emergency squad will be called. The EMT's will decide whether they can administer treatment at the center or whether the child should be taken to the nearest hospital for emergency care.

Permission to Transport Child:

I give God's Bright Treasures Ministry permission to have my child, _____
Name of child

Transported by ambulance to _____ hospital for emergency medical
Name of hospital

Care and/or to: _____ for emergency
Name of dentist phone # of dentist

Dental care, or the nearest available source of assistance.

My child's physician is _____, who may be reached at _____.
Name of doctor phone # of doctor

Health Record

1. List all allergies and any special precautions and treatment indicated for these allergies: (e.g. food, medication or environmental allergies).

2. List medication: food supplements, modified diets or fluoride supplements currently being administered to the child:

3. List any chronic physical problems and any history of hospitalization:

PARENT'S NOTICE

State Form 49444 (11-99)/BCD 0035

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this child care 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 child 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

God's Bright Treasures Ministry, Inc.

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

25365 State Line Road
Lawrenceburg, IN 47025

County

Dearborn

Fee Agreement

½ Day Beginners Total Fees \$830 – Orientation is September 2, Classes start September 4

- \$40 Registration* – due with enrollment application form
- \$25 Annual Supply Fee* – due by July 31, 2008
- \$85 May's tuition* – due by July 31, 2008
- Monthly tuition is due prior to the 1st class of each month.
 - \$85 – due September
 - \$85 – due October
 - \$85 – due November
 - \$85 – due December
 - \$85 – due January
 - \$85 – due February
 - \$85 – due March
 - \$85 – due April

My signature confirms my agreement to pay God's Bright Treasures Ministry, Inc fees as stated above.

Parent/legal guardian signature

Date_____

½ Day Pre-Kindergarten Total Fees \$965 – Orientation is September 3, Classes start September 5

- \$40 Registration* – due with enrollment application form
- \$25 Annual Supply Fee* – due by July 31, 2008
- \$100 May's tuition* – due by July 31, 2008
- Monthly tuition is due prior to the 1st class of each month.
 - \$100 – due September
 - \$100 – due October
 - \$100 – due November
 - \$100 – due December
 - \$100 – due January
 - \$100 – due February
 - \$100 – due March
 - \$100 – due April

Parent/legal guardian signature

Date_____

*Registration, Annual Supply Fee, and May's tuition are non-refundable.



25365 State Line Road
Lawrenceburg, IN 47025

I/We, _____, the
parent(s)/legal guardian(s) of _____, acknowledge that
I/We have received a copy of God's Bright Treasures Ministry, Inc.'s Parent Handbook and
have been given the opportunity to read the manual and ask questions about and
understands the policies contained therein. Furthermore, I/We agree to abide by the
policies set forth 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: _____

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

**God's Bright Treasures Child Care Ministries
HISTORY OF IMMUNIZATIONS**

A record of current immunizations must be on file with GBT prior to the child's first day of attendance.

(Indicate month and year)

	1	2	3	4	5
DTP/TD *					
IPV *					
HIB					
HBV					
Measles * Mumps * (MMR) Rubella *	1	2			
Varicella (Chicken Pox) Recommended	1				
Pneumococcal Recommended	1				

NOTE: To be considered adequately immunized for attendance at any Indiana Registered Ministry, a child of age 4 years or older should have received all inoculations listed above. Your doctor may issue a written medical exemption for one or more of the above immunizations. The immunization record or the Doctor's written exemption must be on file with GBT prior to the child's first day of attendance.

Allergies:

Chronic Health conditions:

Additional notes and instructions including childhood diseases:

Name of child Age

Date of birth

Child's Address (number and street, city, state, ZIP code)

God's Bright Treasures Ministry **Dearborn County, INDIANA**

Current Date

**Note: You may provide GBT with a copy of any immunization record that your child's physician has approved. You are not required to use this particular form. Forms may be faxed to GBT at (812) 637-1892.