

God's Bright Treasures Ministry, Inc.
 25365 State Line Road
 Lawrenceburg, IN 47025
 PH: (812) 637-6830 FAX: (812) 637-1892
Growing in the Light of the Son!

FOR OFFICE USE ONLY			
1. \$65 Application Fee Rec'd	Date _____	Ck# _____	
2. Advance Tuition Rec'd	Date _____	Amt. _____	Ck# _____
3. \$25 Supply Fee Rec'd	Date _____	Ck# _____	
4. Immunization History Rec'd	Date _____	Early Entrance _____	
5. Birth Certificate Rec'd	Date _____	Start Date _____	

GBT ½ Day Preschool from Labor Day - Memorial Day

STUDENT ENROLLMENT APPLICATION

Please complete a separate application for each child you wish to enroll. Return the completed form(s) with a check payable to God's Bright Treasures in the amount of **\$90 for each application. This application fee is non-refundable.**

STUDENT INFORMATION (Please print)

Legal Name: First _____ Middle _____ Last _____

Street Address: _____

City _____ State _____ Zip Code _____

Gender: F M Birthdate ____/____/____

Age on August 1st: years ____ months ____ Preferred Name to be used in the classroom _____

Has your child attended GBT before? Yes No List other schools your child has attended. _____

With whom does the student live? Both Parents One Parent One Parent deceased Parent & Step-parent
 Guardian Other, please explain _____

Was English the **first** language spoken by this child? Yes No If No, what was the first language spoken? _____

Ethnicity (Check One)	
<input type="checkbox"/> 01-Indian/Alaskan Native	<input type="checkbox"/> 04-Hispanic
<input type="checkbox"/> 02-African American	<input type="checkbox"/> 05-White
<input type="checkbox"/> 03-Asian/Pacific Islander	<input type="checkbox"/> 06-Multi-Ethnic

PARENT / LEGAL GUARDIAN INFORMATION E-Mail Address _____

Mother's Name _____ Father's Name _____

Street Address: _____ Street Address _____
 (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 _____

May we call you at work? Yes No Emergency Only May we call you at work? Yes No Emergency Only

GUARDIANSHIP: (Circle One) Guardian's Name _____

PARENTS MOTHER FATHER Street Address _____

DIVORCED: JOINT GUARDIANSHIP City _____ State _____ Zip Code _____

OTHER: _____ Day Phone _____

RESTRICTIONS: _____ Cell Phone _____ Work Phone _____

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.

1. _____
Daytime Phone Number Name Relationship

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

2. _____
Daytime Phone Number Name Relationship

CHILD'S DOCTOR: _____ DOCTOR'S PHONE: _____

CHILD'S DENTIST: _____ DENTIST'S PHONE: _____

Consent for Treatment

In the event a child incurs a major injury while at God's Bright Treasures, the local emergency squad will be called. The EMT will decide whether they can administer treatment at the center/ school or whether the child should 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

and / or to _____ for emergency Dental care, or the nearest available source of
Dentist Name
assistance.

Parent / Guardian Signature _____ Date _____

Permission for Analgesics, Benadryl

God's Bright Treasures is hereby given permission to administer the medication Diphenhydramine/Benadryl by mouth to my child, according to the dosage outlined, in the event that my child is stung by a bee or wasp at school. *The recommended doses are based on a child's weight (20-40 lbs., 1tsp, 40-60 lbs., 1 1/2 tsp, 60-190 lbs., 2tsp) and administered every 6 hours. Please circle weight and dosage.*

Check those below that you give your permission for God's Bright Treasures to administer as needed and outlined below.

_____ Acetaminophen (i.e. Tylenol) every 4 hours (based on age/wt) _____ Ibuprofen every 6 hours (based on age/wt)

Parent / Guardian Signature _____ Date _____

Health Record

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, broken bones, physical handicaps, and recent surgeries, hospitalization, injuries or other illnesses.

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 medications and reasons for taking them.

Medication	Dose	Frequency	Reason
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1. _____

2. _____

Most medications may be taken at home. Will this student be required by a physician to take medication during school hours? No Yes If Yes explain: _____

Home and Family

Older Siblings: _____ Age _____ Younger Siblings _____ Age _____

Older Siblings: _____ Age _____ Younger Siblings _____ Age _____

Older Siblings: _____ Age _____ Younger Siblings _____ Age _____

Does your family have a home church? Yes No If yes, where? _____

Do you or your family members have talents, careers or interest can be shared with our children? _____

Language Development & Learning Needs

Does your child receive speech therapy? No Yes Where? _____

Has your child been diagnosed with ADD/ADHD or other learning difficulty? _____

Education, Social and Development History

Is this your child’s first experience within an educational or daycare setting? Yes No

years at GBT _____ Other daycare centers/schools attended _____ # years _____

How would you generally characterize your child? Very Outgoing _____ Usually 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 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 _____

School Accreditation

In 2008, God’s Bright Treasures Academy became accredited through the Indiana Department of Education. Some funding opportunities require data that tells us the social economic background of our students based on a system used in the public schools for identifying students qualifying for reduced or free lunches. You can help us gather this information by answering the questions below. This information will be kept confidential.

Circle Yes or No in response to each question.

1. My family is receiving Food Stamps or “Temporary Assistance for Needy Families” (TANF). **Yes No**
 2. My household’s income is at or below the level shown on the income scale from “Household Size & Income Eligibility Guidelines” in accordance with federal law and U.S. Department of Agriculture policy. (See page 7 for eligibility guidelines) **Yes No**
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Parent / Student Handbook Acknowledgement

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 understand 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 _____ Signature _____ Date _____

Print Name _____ Print Name _____

Program Preferences (please note your preferences 1, 2)

Your child will be placed in either a morning or afternoon class as we strive to create balanced classrooms that facilitate the best learning environment. However, if you have a strong need for one or the other time slots, please check the preferred time slot and explain your need.

Morning Session 8:15 – 11:15 am

OR

Afternoon Session 12:00 – 3:00 pm

Explain _____

Please tell us where your child is to go after class.

Home Babysitter Carpool Other _____

Please use this space to communicate any other helpful information or expectations:

Fee Agreement

½ Day Beginners Total Fees \$990 – Orientation is September 4, Classes start September 6

- \$65 Registration* – due with Enrollment Application
- \$25 Annual Supply Fee* – due with Enrollment Application
- Downpayment of \$100 due by July 31* (will be applied to May tuition)
- 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

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 \$1,170 – Orientation is September 5, Classes start September 7

- \$65 Registration* – due with Enrollment Application
- \$25 Annual Supply Fee* – due with Enrollment Application
- Downpayment of \$120 due by July 31* (will be applied to May tuition)
- Monthly tuition is due prior to the 1st class of each month.
 - \$120 – due September
 - \$120 – due October
 - \$120 – due November
 - \$120 – due December
 - \$120 – due January
 - \$120 – due February
 - \$120 – due March
 - \$120 – due April

Parent/legal guardian signature

Date _____

*Registration, Annual Supply Fee, and Downpayment are non-refundable.

Household Size & Income Eligibility Guidelines*

Effective from July 1, 2008 to June 30, 2009

The following household size and income criteria will be used for determining eligibility for free and reduced-price meals through the National School Lunch, School Breakfast and Special Milk programs. These programs assist families who are unable to pay the full price for meals and milk served in schools.

Reduced-Price Meals <i>185% of federal poverty guidelines</i>				Free Meals <i>130% of federal poverty guidelines</i>		
Household Size	Yearly	Monthly	Weekly	Yearly	Monthly	Weekly
1 person	\$19,240	\$1,604	\$370	\$13,520	\$1,127	\$260
2 people	\$25,900	\$2,159	\$499	\$18,200	\$1,517	\$350
3 people	\$32,560	\$2,714	\$627	\$22,880	\$1,907	\$440
4 people	\$39,220	\$3,269	\$755	\$27,560	\$2,297	\$530
5 people	\$45,880	\$3,824	\$883	\$32,240	\$2,687	\$620
6 people	\$52,540	\$4,379	\$1,011	\$36,920	\$3,077	\$710
7 people	\$59,200	\$4,934	\$1,139	\$41,600	\$3,467	\$800
8 people	\$65,860	\$5,489	\$1,267	\$46,280	\$3,857	\$890
For each additional person:	+6,660	+555	+129	+4,680	+390	+90

*For the 48 Contiguous United States, District of Columbia, Guam and Territories

NOTE:

- Households should answer all applicable questions on the form. An application that does not contain all the required information cannot be processed and approved by the school.
- The information on the application for free or reduced-price meals may be verified by the school or other officials at any time during the school year.
- The information households provide will be treated confidentially and will be used only for the eligibility determinations and verification of data.

REQUIRED INFORMATION:

- **FOOD STAMP / TANF HOUSEHOLDS:** If a household currently receives Food Stamps or "Temporary Assistance for Needy Families" (TANF) for their child, they need only to list the child's name and Food Stamp or TANF case number and sign the application.
- **ALL OTHER HOUSEHOLDS:** If a household's income is at or below the level shown on the income scale, children are eligible for free or reduced-price meals or free milk. Households must provide the following information: (1) the names of all household members, (2) all household income last month and source of income received by each household member (for example, EARNINGS, WELFARE, PENSION or OTHER). Income is all money before taxes or anything else is taken out, (3) the signature of an adult household member and (4) the Social Security number of the adult signing the application.

Households have the right to a fair hearing which may be initiated by contacting the hearing official in the local school corporation.

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, sex, color, national origin, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 202-720-6382 (voice and TDD). USDA is an equal opportunity provider and employer.

