God's Bright Treasures Ministry
Growing in the Light of the Son

God's Bright Treasures Ministry, Inc.
PH: (812) 637-6830 FAX: (812) 637-1892

FOR OFFICE USE ONLY

1. $65 Application Fee Rec'd Date _____ Ck# _____
2. Advance Tuition Rec'd Date _____ Amt. _____ Ck# _____
3. $30 Supply Fee Rec'd Date _____ Ck# _____
4. Immunization History Rec'd Date _____ Early Entrance _____
5. Health Record Rec'd Date _____
6. Birth Certificate Rec'd Date _____ Start Date _____

2018-2019 HALF-DAY 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 **$95 for each application**. **This application fee is non-refundable. All payments for tuition after enrolling need to be paid online using Tuition Express.**

STUDENT INFORMATION (Please print)

Legal Name: First _____ Middle _____ Last _____

Street Address: _____

City _____ State _____ Zip Code _____

Gender: ☐ F ☐ M Birthdate ____/____/____

Ethnicity (Check One)

___ 01-Indian/Alaskan Native
___ 02-African American
___ 03-Asian/Pacific Islander
___ 04-Hispanic
___ 05-White
___ 06-Multi-Ethnic

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

PARENT / LEGAL GUARDIAN INFORMATION

Parents are (circle one): Married Separated Divorced Single (never married)

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

E-Mail Address_____ E-Mail Address_____

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Guardianship:

Guardian's Name(s)_____

Street Address _____

City _____State _____Zip Code _____

Cell Phone _____ Work Phone _____

Please list any parental or other restrictions:

Members of the Household: Name: _____ Age_____ Relationship: _____

Name: _____ Age_____ Relationship: _____

Name: _____ Age_____ Relationship: _____

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

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

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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 _____

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Health Record

Check health conditions that affect your child.

☐ Asthma (Mild / Moderate / Severe)	☐ Frequent ear infections	☐ Diabetic disorder
☐ Allergies	☐ Tubes in the ear	☐ Heart Condition
☐ Bee Sting Allergy	☐ Hearing Loss	☐ 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: _____

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Medications: Please list your child's medications and reasons for taking them.

	Medication	Dose	Frequency	Reason
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: _____

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Date of most recent dental exam: _____

Date of most recent physical exam*: _____

* Each child must have a physical exam, which includes immunization history, on file with God's Bright Treasures Ministry no later than 30 days after the first day of the child's attendance. The physical exam is valid if conducted within 12 months prior to the first day of attendance. All immunizations must be up to date. Indiana State Child Care Guidelines prevent us from providing service if these requirements are not met. Your child will be excluded from service until the requirement is met. In order to preserve your child's spot in the classroom, normal tuition rates will apply during their exclusion.

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Development Record

Language Development & Learning Needs

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

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? ____

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

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

Does your child use hearing aids? No Yes

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Education, Social and Development History

Is this your child's first experience within an educational or childcare setting? Yes No

Has your child attended GBT before? Yes No # years at GBT _____

Other childcare centers/schools attended _____# years _____

Reason for withdraw from previous provider _____

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? _____

Sleep Habits _____

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Home and Family

Members of Household: Name: _____Age: _____ Relationship:_____

Name: _____Age: _____ Relationship:_____

Name: _____Age: _____ Relationship:_____

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

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

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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 _____

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.

Fee Agreement

☐ **½ Day Beginners Total Fees $1,575.00 – Orientation is September 4, Classes start September 6**

- $65 Registration* – due with Enrollment Application
- $30 Annual Supply Fee* – due with Enrollment Application
- Down payment of $175 **due by** July 31* (will be applied to May tuition)
- Monthly tuition is **due prior** to the 1st class of each month.
    - $175 – due September
    - $175 – due October
    - $175 – due November
    - $175 – due December
    - $175 – due January
    - $175 – due February
    - $175 – due March
    - $175 – due April

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

_____ Date_____

Parent/legal guardian signature

☐ **½ Day Pre-Kindergarten Total Fees $1,710 – Orientation is September 5, Classes start September 7**

- $65 Registration* – due with Enrollment Application
- $30 Annual Supply Fee* – due with Enrollment Application
- Down payment of $190 **due by** July 31* (will be applied to May tuition)
- Monthly tuition is **due prior** to the 1st class of each month.
    - $190 – due September
    - $190 – due October
    - $190 – due November
    - $190 – due December
    - $190 – due January
    - $190 – due February
    - $190 – due March
    - $190 – due April

_____ Date_____

Parent/legal guardian signature