

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. \$49.91 Book Fee Rec'd	Date _____	Ck# _____
4. Immunization History Rec'd	Date _____	Early Entrance _____
5. Birth Certificate Rec'd	Date _____	Start Date _____
6. Dental Examination Rec'd	Date _____	

GBT Academy 2010-2011 Private Kindergarten

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 **\$114.91 for each application.**

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 _____

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: _____

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? _____

Home and Family

Older Siblings: _____ Age _____ Younger Siblings _____ Age _____

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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? _____

Education

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

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

Internet Use

On occasion, age appropriate internet related activities may be used in your child’s classroom under the supervision of the classroom teachers. I understand that this access is for educational purposes only. Yes, I give my child _____ permission to participate in such activities as described above.

Parent Signature _____ Date _____

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**

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 Selection

Half-Day Session 8:15 – 11:15 am daily

OR

Full-Day Session 8:15 am – 3:00 pm daily

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

Home

GBT Latchkey (requires a separate registration)

Babysitter

Carpool

Other _____

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

God's Bright Treasures Academy
Private Kindergarten

Fee Agreement

\$65 Registration Fee due with Enrollment Application*

\$49.91 Book Fee due with Enrollment Application

Annual Tuition

- \$1,755 Half-Day Program
- \$2,997 Full-Day Program

Down payment of one month tuition due no later than July 31st, 2010*
(Will be applied to May 2011 tuition)

Payment Options

Check Desired Payment Option.

		Half Day	Full Day
<input type="checkbox"/>	Pay Annually by July 31 st prior to start of school	\$1,755	\$2,997
<input type="checkbox"/>	Pay Quarterly -September -November -January -March	\$438.75	\$749.25
<input type="checkbox"/>	Pay Monthly	\$195	\$333

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

Parent / legal guardian signature

Date _____

* Registration fee and down payment 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				Free Meals		
<i>185% of federal poverty guidelines</i>				<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.

