# 2023/2024 School Year Registration

Annual Non-Refundable Registration Fee: \$50.00 per child per year

## **School Year Rates:**

## -Before & After School-

Full-Time: \$90.00 per week Part-Time (3 days or less): \$65.00 per week

## -Before Care Only-

Full-Time: \$60.00 per week Part-Time (3 days or less): \$50.00 per week

## -After Care Only-

Full-Time: \$50.00 per week Part-Time (3 days or less): \$40.00 per week

(If your child is registered for the part-time option, there will need to be a set 3-day schedule. If you will need a flex schedule, one will need to be provided 2 weeks ahead of time. If a schedule is not submitted, you may not be guaranteed an opening for that day.)

- Full-time students will receive 10 vacation days for the year.
- Part-time students will receive 5 vacation days for the year.
- There is a 10% discount for families with 2 or more children enrolled at our facility.
- There is a 10% discount for families that are members of Martini Lutheran Church.

#### Martini Kids Club Ministry – Financial Agreement – 2023/2024 School Year Registration

agree to the following policies regarding tuition by	initialing each statement and signing this agreement.
Child's Name:	Date:
A non-refundable fee of \$50.00 plus one we	ek's tuition will be paid at the time of enrollment.
The tuition for my child's care will be	per week for [ full-time / part-time ].
I understand that if I need extra services for responsible to pay the additional fees stated below:	2-hour delays, or school closings that I will be
2-hour delay: \$10 per child	School closing: \$25 per child
A re-enrollment fee of \$50.00 will be charge parent(s) or ministry and is re-enrolled at any time w	ed when a child is dropped from the program by the vithin the same year.
I understand that I am required to pay \$5.00 only receiving care on school closure days, scheduled There will be a written agreement of this in my child	d school closing days, and during holiday breaks.
I understand that the registration fee is an a the first week of January each year that my child is re	nnual fee and is automatically billed to my account in e-enrolled.
If my weekly tuition is not paid by Friday at 6 late fee on the facility's next business day (Monday).	5:00pm, I understand that I will be charged a \$10.00
A fee of \$25.00 will be charged to my accou	nt if I have a check that has been returned/bounced.
	understand that my child will not be permitted to aid in full. At the end of those 2 weeks, if my tuition is child on the waiting list.
I understand that a packed lunch is required charge will be added to my account and Martini Kids	
I understand that if my child is sent home from the child must be fever free without the help of medicates.	om the Ministry's Child Care due to a fever, that my ion for 24 hours before they are allowed to return.
	's Child Care due to an illness or infection that may my child is cleared to return, as well as my child will

be followed.
I am the parent or legal guardian of the above child and I accept full responsibility for payment for the above child. I have read and understand the above policies and procedures and understand that they wil
I understand that I will need to provide wet wipes for my child if he/she is not potty trained and still in diapers at the time of registration. The Ministry's Child Care does not provide wet wipes for any child over the age of 1 and walking.
I understand that I must provide sunscreen for my child to be able to partake in outdoor play while at the Ministry's Child Care otherwise my child will remain inside.
I have 30 days to pay any account balance in full after termination of care before being sent to collection If collection of my tuition by a collection agency becomes necessary, I am liable for delinquent tuition, late fees, collection costs, court costs, and reasonable attorney fees.
A minimum of 2 weeks' notice will be given in writing when my child is to be withdrawn. If there is not a 2 weeks' notice I will be charged the additional tuition to complete my 2 weeks' notice obligation
6:01 pm $-$ 6:15 pm $\rightarrow$ \$8.00 per child   6:16 pm $-$ 6:29 pm $\rightarrow$ \$18.00 per child   6:30 pm $-$ Until picked up $\rightarrow$ \$18.00 + \$3.00 per minute per child.
The Ministry's Child Care closes promptly at 6:00pm. If I arrive after this time, I understand that will be charged a late fee based upon the time windows below:
I understand that the Ministry's Child Care can have up to 2 teacher in-service days that tuition will be collected for during the year. These two days will be the Friday prior to Memorial Day and the Friday prior to Labor Day.
• The following days we will also be closed, but are non-paid days: Black Friday and December 26-29 <sup>th</sup> .
I understand that the Ministry's Child Care will be closed the and that tuition will be collected for the following holidays listed: New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve/Day and New Year's Eve/DayIf one of the following holidays fall on a weekend, it will be made up on the Friday before the holiday or the Monday after the holiday

#### Daycare Supply List

- Daily packed cold lunch
- Diapers if needed
- Wet wipes if child is still in diapers
- Bookbag must be big enough to fit extra clothes and nap necessities
- Naptime blanket must be able to fit in child's bookbag and/or cubby
- Extra clothes for accidents
- Water bottle or sippy cup MUST have a lid or is able to close so that the mouthpiece is covered
- Weather appropriate items for outside play (sunscreen, snow boots, winter gear, etc.)

#### Please Remember:

- Please label ALL personal items with your child's first and last name.
- All creams or sunscreens to be applied require a completed medical authorization form and must be kept in their original packaging with your child's name on it.
- All prescriptions MUST be in their original packaging/containers with the patient's name, dosage, and prescribed time to be administered. The doctor must complete a medical form (doctors note) before medication can be administered by a staff member at the Ministry's Child Care.
- NO OUTSIDE TOYS may be brought from home to the Ministry's Child Care.

## 2023 DAYCARE REGISTRATION

(Must fill out separate paperwork for each child)

Child's name:		Birthdate:	
Mother's Name:			
Mother's Email:			
Mother's Contact Number:			
Father's Name:			
Father's Email:			
Father's Contact Number:			
Associated Church:			
Care Needed (please circle below):			
FULL TIME	or	PART TIME	
Days Needed (please circle below):			

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

A Ministry of New Haven's Martini Lutheran Church

#### Notice Concerning Fire Safety Protection

Dear Parent(s) or Legal Guardian(s),

Under Indiana Law, a childcare ministry may choose not to provide certain fire safety protections if the parent(s) or legal guardian(s) of each child is/are notified about the absence of the fire safety protections. The purpose of this notice is to advise you that this childcare ministry does not have the same level of fire safety protection as a licensed childcare center. As you have already been notified, the childcare ministry does not have to comply with the same sanitation, life and dire safety rules as a licensed daycare center. The reason you are being given this notice is to inform you that the Martini Kids Club Ministry has chosen to abstain from installing fire alarm systems within the facility. This facility will use smoke detectors and will conduct monthly fire drills, as required by the state Fire Marshal.

I/We, the parent(s) or legal guardian(s	) of,
acknowledge that I/We have read and	understand the above notice
concerning fire safety protection.	
 Signature	Date

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

# Martin Kids Club Address of facility (number and street, city, state, and ZIP code)

333 Moeller Road new Haven, in 40174

County

Allen

## Pick Up Authorization

Child's Name:	Date of Birth:		
The following person(s) are au	thorized to pick up my child from the Ministry's Care.		
Name:	Contact Number:		
Relationship to child:			
Name:	Contact Number:		
Relationship to child:			
Name:	Contact Number:		
Relationship to child:			
Name:	Contact Number:		
Relationship to child:			
them from doing so without a cou	who is NOT allowed to pick up your child, we cannot stop rt order. Please supply a copy of the court order for your ile along with this information.		
Parent/Guardian Signature			

Please let anyone on this list know they will be asked/need to show proper ID if it is their first time picking up, OR if a staff member from the facility does not recognize them.

#### **Child Illness Policy**

By signing below, you agree to always abide by the following child illness policy.

- I understand that Martini Kids Club Ministry does NOT provide ill childcare.
- I understand that if my child is deemed too ill to remain in the Ministry's childcare, he/she will be expected to be picked up within a ½ hour of calling their parents.
- Any child with a temperature of 100.0 degrees or higher will be sent home from the facility's care.
- Any child that has had a temperature of 100.0 degrees or higher, must remain home/out of the facility's care until they have remained fever free for 24 hours without the use of any fever reduction medication.
- Any child who has vomited within the last 24 hours will be asked to remain home/out of the facility's care until they are able to go 24 hours without vomiting and without the use of any medication.
- A child with repetitive diarrhea will be asked to be picked up or kept home from the facility's care until he/she is symptom free for 24 hours without the use of medication.
- Any child with a rash will be asked to be picked up or kept home from the facility's care until the rash has cleared, or until they have a doctor's note stating they are not contagious and are clear to return to childcare.
- If your child is too ill to participate in the regular daily routines of the Ministry's Childcare, he/she will be asked to be picked up and/or kept home from our care and asked to wait 24 hours before returning.

Please speak with one of the administrators for more information regarding our Child Illness Policy and to see the Communicable Disease chart that Martini Kids Club Ministry uses to determine a child's eligibility for returning to our care after becoming ill.

I understand that this policy is written with the best interest in mind for all the children in the care of Martini Kids

Club Ministry and I agree to follow it accordingly.

Parent/Guardian Signature	Date	

## **Emergency Information Form**

333 Moeller Road New Haven, IN 46774 260-749-0014

Child's Name:	Date of Birth:	
	Child's Home Address:	
	Mother's Name:	
Cell Phone Number: Work Number:		
Address if different from above:		
	Father's Name:	
	Work Number:	
	Address if different from above:	
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#### **Emergency Contacts**

The emergency contacts listed below can be contacted in the event of an emergency if I cannot be reached. They have authorization to pick up my child(ren) in the event of an emergency and may make medical decisions on my behalf until I can be reached.

1.	Emergency Contact Name:	Relation to Child:
	Best Contact Number:	
2.	Emergency Contact Name:	Relation to Child:
	Best Contact Number:	
3.	Emergency Contact Name:	Relation to Child:
	Best Contact Number:	
In case	e of an emergency in which my child ne	eeds immediate medical attention, I authorize my child to be
	transported by EMS to:	
Please	list any medical conditions we need to	be aware of:
	list any medications your child takes or	a a rogular basis
riease	riist arry medications your child takes of	i a regular basis.
Please	list any known drug allergies or any oth	ner allergies your child has:
Dr. Na	me:	Phone Number:
		Phone Number:
	Number:	
Insura	nce Contact Number:	
Paren	t/Guardian Signature	Date

-This form must be updated anytime there is a change in contact or medical information-

### **Medication Permission Form**

Child's Name: Date of Birth		e of Birth:
This form gives Martini Kids Clul prescription medications to the a with written permission from the time(s) to be given. Only medicated	above-named child. All medica child's parent(s) with instructi	tions will be administered only ions for the dosage amount and
MEDICATION	YES	NO
Tylenol (or generic)		
Motrin (or generic)		
Robitussin (or generic)		
Dimetapp (or generic)	•	A100/100/
Benadryl (or generic)		
Diaper Cream		
Teething Gel		
Sunscreen		
Other:		
Special Instructions:		
Parant/Guardian Signature	MAN MAN AND AND AND AND AND AND AND AND AND A	Date

-This form expires ONE YEAR from the above signed date-

# Photography Consent Form

## Email Address:

- Administrative and Administrat	
Dear Parent/Guardian,	
As the parent of a child(ren) at Martini K	ids Club Ministry, I agree to the following:
Child's Name:	
Parent Name:	Relation to child:
responsibility to update this form if I no	ildcare services. I understand that it is my longer wish to authorize the above uses. I during the term of my child's enrollment
Parent/Guardian Signature	Date