



2024 Childcare Registration

Annual Non-Refundable Registration Fee:

\$75.00 per child

Childcare Rates:

-Non-Potty Trained-

Full – Time: \$195.00 per week

Part-Time (3 days or less) \$125.00 per week

-Potty Trained-

Full-Time: \$175.00 per week

Part-Time (3 days or less): \$115.00

If your child is registered for the part-time option, there will need to be a set 3 days schedule. If you need a flex schedule, one will need to be provide 2 weeks in advance, If a schedule is not submitted, you will not be guaranteed an opening for that day.

- There is a 10% discount for families with 2 or more children enrolled at our facility. (child 1 is full price, child 2+ receives 10% off)
- There is a 10% discount off all tuition for members of Martini Lutheran Church.

Martini Kids Club Ministry-Financial Agreement-2024 Daycare Registration

I agree to the following policies regarding tuition by initialing each statement and signing this agreement.

Child's Name: _____ Date: _____

_____ A non-refundable fee of \$75.00 plus one week'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].

_____ A re-enrollment fee of \$75.00 will be charged when a child is dropped from the program by the parent(s) or ministry and is re-enrolled at any time within the same year.

_____ I understand that the registration fee is an annual fee and is automatically billed to my account in the first week of January each year that my child is re-enrolled.

_____ If my weekly tuition is not paid by Friday at 6:00 pm, I understand that I will be charged a \$10.00 late fee on the facility's next business day (Monday).

_____ A fee of \$25.00 will be charged to my account if I have a check that has been returned/bounced.

_____ If my tuition becomes two weeks delinquent, I understand that my child will not be permitted to attend the Ministry's Childcare until my tuition is paid in full. At the end of those two weeks, if my tuition is not current, my child's spot may be given to another child on the waiting list.

_____ I understand that a packed lunch is required each day and if one is not brought in, a \$5.00 meal charge will be added to my account and Martini Kids Club will provide my child a lunch.

_____ I understand that if my child is sent home from the Ministry's Childcare due to a fever, that my child must be fever free without the help of medication for 24 hours before they are allowed to return.

_____ If my child is kept home from the Ministry's Childcare due to an illness or infection that may be contagious, I must provide a doctor's note stating my child is cleared to return, as well as my child will not have any open/weeping wounds or sores.

_____ I understand that the Ministry's Childcare will be closed and that tuition will be collected for the following holidays listed: New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas Day. If one of the following

holidays falls on a weekend, it will be made up for the Friday before the holiday or the Monday after the holiday.

- The following days will also be closed but are non-paid days: Black Friday and December 23,24, 26 and 27th. One New Year's Eve we will be closing early at 4:00 pm.

_____ I understand that the Ministry's Childcare 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 Ministry's Childcare closed promptly at 6:00pm. If I arrive after this time, I understand that I will be charged a late fee based upon the time window below:

6:01 pm -6:15 pm → \$8.00 per child | 6:16 pm-6:29 pm → \$18.00 per child | 6:30-Until picked up →\$18.00+\$3.00 per minute per child.

_____ A minimum of 2 weeks' notice will be given in writing when my child is to be withdrawn. If there is not two weeks' notice I will be charged the additional tuition to complete my two weeks' notice obligation.

_____ 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.

_____ I understand that I must provide sunscreen for my child to be able to partake in outdoor play while at the Ministry's Childcare otherwise my child will remain inside.

_____ 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 Childcare does not provide wet wipes for any child over the age of 1 and walking.

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 will be followed:

Parent signature: _____ Date: _____

2024 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

Martini Kids Club Ministry

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.

Martini Kids Club Ministry

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 fire 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



PARENT'S NOTICE

State Form 49444 (R2 / 6-17)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
OFFICE OF EARLY CHILDHOOD AND OUT-OF-SCHOOL LEARNING

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

Martini Kids Club

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

333 Moeller Road

NEW HAVEN, IN 46774

County

Allen

Martini Kids Club Ministry

Pick Up Authorization

Child's Name: _____ Date of Birth: _____

The following person(s) are authorized 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: _____

If there is a parent or legal guardian who is NOT allowed to pick up your child, we cannot stop them from doing so without a court order. Please supply a copy of the court order for your child's file along with this information.

Parent/Guardian Signature

Date

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.

Martini Kids Club Ministry

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

Martini Kids Club Ministry

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:

Cell Phone Number: _____ Work Number: _____

Address if different from above:

Continued on next page →

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 of an emergency in which my child needs immediate medical attention, I authorize my child to be transported by EMS to: _____

Please list any medical conditions we need to be aware of:

Please list any medications your child takes on a regular basis:

Please list any known drug allergies or any other allergies your child has:

Dr. Name: _____ Phone Number: _____

Dentist Name: _____ Phone Number: _____

Health Insurance Provider: _____

Name of Policy Holder: _____

Policy Number: _____

Insurance Contact Number: _____

Parent/Guardian Signature

Date

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

Martini Kids Club Ministry

Medication Permission Form

Child's Name: _____ Date of Birth: _____

This form gives Martini Kids Club Ministry Staff permission to administer the following non-prescription medications to the above-named child. All medications will be administered only with written permission from the child's parent(s) with instructions for the dosage amount and time(s) to be given. Only medications provided by the parent(s) that are still in their original container will be administered.

MEDICATION	YES	NO
Tylenol (or generic)		
Motrin (or generic)		
Robitussin (or generic)		
Dimetapp (or generic)		
Benadryl (or generic)		
Diaper Cream		
Teething Gel		
Sunscreen		
Other:		

Special Instructions:

Parent/Guardian Signature

Date

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

Martini Kids Club Ministry
Photo Release Form

I, _____, the parent/guardian of _____
who attends Martini Kids Club Ministry agree to the following:

I understand that my child whose name(s) are listed may be photographed at the Daycare during normal daycare hours. I understand that these photographs may be shared on brightwheel to other families in your child's class.

Signature _____

Date _____

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use. I understand that it is my responsibility to update this form if I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signature _____

Date _____

Relationship To Child _____