

# 2024 Infant Care Registration

Annual Non-Refundable Registration Fee:

\$75.00 per child per year

## Infant Care Rates:

### \*Full-Time\*

Full-Time: \$230.00 per week

### \*Part-Time\*

This classroom does not offer part-time options.

- Full-time students will receive 10 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.

# INFANT CARE 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

## INFANT EATING AND SLEEPING HABITS

### EATING HABITS:

My infant/toddler uses: (Circle below)

Formula

Breastmilk

Baby Food

Solid Food

Other: \_\_\_\_\_

### SPECIAL EATING INSTRUCTIONS:

---

---

---

---

- All food must be prepared at home and provided by parents
- Once your child is eating solid foods, we provide snacks such as teething cookies, puffs, rice rusks, etc.

### SLEEPING HABITS:

My infant/toddler sleeps on: (circle below)

On their back

On their stomach (see Safe Sleep handout)

My infant/toddler usually naps \_\_\_\_\_ times per day.

### Special sleeping instructions:

---

---

---

---

Martini Kids Club Ministry-Financial Agreement-2024 Infant Care 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 \$230.00 per week for full -time care.

\_\_\_\_\_ 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 I must provide the proper number of bottles that my child will go through each day. The Ministry's Childcare does not permit washing/sanitizing bottles for multiple uses.

\_\_\_\_\_ My infant will not wear any jewelry around his/her neck (teething necklaces, fashion necklaces) while at the Ministry's Childcare. It is a choking hazard and against regulations.

\_\_\_\_\_ 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 27<sup>th</sup>.

\_\_\_\_\_ 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 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: \_\_\_\_\_



**PARENT'S NOTICE**

State Form 49444 (R2 / 5-17)  
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

## SAFE SLEEP POLICY

Dear parents,

Providing your infant with a safe environment in which to grow and learn is of extreme importance to us. Because of this, our childcare facility has implemented policies and procedures that create a safe sleep environment for your infant.

We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Safety Commission for Safe Sleep environments to reduce the risk of sudden infant death syndrome (SIDS). SIDS is "the sudden death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene and review of the clinical history".

Our policy is as follows:

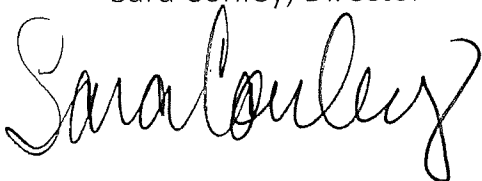
- All infants will be placed on their backs in safety-approved cribs unless an alternate sleep position is needed for a medical reason and a written note from the infant's healthcare professional is provided.
- Infants will not sleep on water beds, sofas, soft mattresses or other soft surfaces.
- Soft materials such as pillows, quilts, comforters, sheepskin, stuffed toys and loose bedding will not be placed in infants' sleep environment.
- Infants will not share a safety-approved crib with another child.
- Infants will remain lightly clothed while sleeping. Supervised "tummy time" can/will be done while the infant is awake.
- No smoking will be allowed in the infants' environment.

Since the start of the 1994 national campaign that provided guidelines for parents, health professionals, and other caregivers to place infants on their backs to sleep, the number of infants dying from SIDS has decreased by 42%.

Again, the safety of your infant is extremely important to us. By signing this below, you as the parent, understand and comply with the policies of this childcare facility which your child will be attending.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Sara Conley; Director



Jennifer Jordan; Assistant Director



# 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

## 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

## 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

## 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

Room 1 – Infant Room (6 weeks-12 months)

## Infant Supply List

- Prepared bottles – These must be labeled with the child's first and last name as well as the date they were prepared. Formula bottles *must* come premixed. Breastmilk bottles may come already prepared or can be brought in breastmilk storage bags with empty, clean bottles.
- Pacifier(s)
- Baby food and cereal when age appropriate
- Diapers
- Diaper cream
- Extra clothes – Please provide 2-3 outfits in case of accidents.
- Extra formula – This is just in case of an emergency.
- Diaper bag – This will be kept outside of the classroom in your child's designated cubby.
- Bottle bag – Please bring this into the classroom with you each morning. It will be kept in your child's designated basket inside the cabinet. We will rinse out bottles once they are used and place them directly into the bottle bag.

## Please Remember:

- Label ALL personal items with your child's first and last name.
- All bottles must come prepared and ready to heat.
- All creams and sunscreens to be applied will require a completed medical authorization form (included in this packet) and must be kept in their original containers with the child's full name on it.
- Your child may bring a blanket for comfort and to help be rocked to sleep but will not be allowed to use in their crib if they are under 12 months of age.
- Martini Kids Club Ministry follows the guidelines for Safe Sleep, to help prevent SIDS. All children will be put into their cribs to go to sleep/once they are asleep on their back.

# 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

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 \_\_\_\_\_