



# Child Registration Packet

2022- 2023 (Effective 6/1/22)

**A Ministry of Zion Community Church of the Nazarene**

6287 W. Ratliff Rd. Bloomington, IN 47404

[www.zioncommunity.org](http://www.zioncommunity.org)

(812) 876-2700

[ghdp.office@gmail.com](mailto:ghdp.office@gmail.com)

## Child Registration Forms

*Updated April 7, 2021*

All forms must be completed and returned to the daycare **prior to** your child's start date in order to meet state registration requirements and for us to provide you with an access code to enter our building.

***Please plan to have the following materials submitted prior to your child's first day:***

- All paperwork completed
- Current immunization records from your child's doctor
- A voided check attached to your completed auto-draft form (all registration fees and first week's tuition must be charged prior to starting at GHDP).
- 2-3 sets of spare clothes (seasonally appropriate)
- Diapers / pull-ups (unopened), if needed
- Daily lunch in a sanitizable container labeled with your child's name and date

## Mission, Philosophy, & Goals

### **Mission:**

*To provide the highest quality, Christian care and early learning possible in a clean, safe, and fun environment for the children and families we serve.*

### **Philosophy:**

*We believe that every child deserves the best possible start in life through exceptional early learning, social, spiritual, and moral development alongside people to love and support them on this journey. We believe children learn best through play and in discovering the world that God has created around us. It is our joy to serve alongside your family in the holistic development of your child.*

### **Our goals are...**

- *To provide a clean, safe environment for all to learn*
- *To provide a developmentally appropriate curriculum that enhances all areas of development and is sensitive to each child's needs*
- *To prepare students for kindergarten, further learning, and life*
- *To share the love and hope of Jesus Christ with each child and family in our community*
- *To create an environment where each child is known and loved by our staff and God.*



# Growing Hearts

A Ministry of Zion Community Church of the Nazarene

## Child's Personal Information

Child's Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Name of Mother/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer / Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Mother's Email Address: \_\_\_\_\_  
 Name of Father/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer / Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Father's Email Address: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parents' Marital Status (*check all that apply*):

- Married
- Living Together
- Single
- Separated
- Divorced

Custody / Visiting Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Emergency Information

Person(s) authorized to be notified in an emergency (*in addition to parent/guardian*):

Name	Phone	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Name and Phone Number of Child's Doctor

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Consent, Transportation, & Field Trip Authorization

*In the event of an injury, accident, illness, or other emergency, and if the above stated physician cannot be reached, I authorize \_\_\_\_\_ (child's name) to be transported for care, and treated by certified emergency personnel such as emergency medical technicians, emergency room physicians, and other emergency room personnel such as nurses and laboratory technicians. I agree to accept all financial responsibility for the costs related to any medical treatment.*

**CIRCLE ONE:** I DO / DO NOT give my child, \_\_\_\_\_, permission to be transported by GHDP / Zion Community Church of the Nazarene for field trips and activities on vehicles owned or leased by Zion Community Church.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Phone

### Photo Release

I give my permission for my child's picture to be taken at GHDP and I understand these photos may be used on the GHDP / Zion Community Church website or Facebook page. \_\_\_\_\_ (Please initial)



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## Child's Developmental Information

**Child's Name:** \_\_\_\_\_

### At what age did your child...

sit up: \_\_\_\_\_

walk unassisted: \_\_\_\_\_

speak: \_\_\_\_\_

Date begin toilet training: \_\_\_\_\_

Date completed toilet training: \_\_\_\_\_

### Daily Routines

What time does your child get up? \_\_\_\_\_

What time does your child go to bed? \_\_\_\_\_

Does your child sleep during the day? \_\_\_\_\_

When? \_\_\_\_\_

How long? \_\_\_\_\_

Please explain any problems that your child has with his/her vision or hearing: \_\_\_\_\_

Please explain any health issues or medical concerns your child has that we should be aware of: \_\_\_\_\_

Please explain any medication your child is currently taking: \_\_\_\_\_

Please list any language other than English that is used at your home: \_\_\_\_\_

List siblings' names and ages: \_\_\_\_\_

Describe any group play experiences, child care experiences, or other experiences being cared for by others besides parents: \_\_\_\_\_

Describe any concerns about any aspects of your child's development: \_\_\_\_\_

### Circle any of the following activities your child needs help with:

Dressing

Undressing

Eating

Washing hands

Toileting

Describe your child's personality in your own words: \_\_\_\_\_

### Please indicate "yes," "no," or "somewhat" to the following:

Is your child talkative? \_\_\_\_\_

Does your child respond impulsively? \_\_\_\_\_

Does your child have a good attention span? \_\_\_\_\_

Does your child go quickly from one activity to another? \_\_\_\_\_

What do you hope your child to gain through this experience at GHDP? \_\_\_\_\_



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## Child's Allergies Information

***It is extremely important that we have all allergies on file for the safety of your child. We also need to know the severity of the allergy as the child could be sitting next to another child that may be eating something that your child has severe reaction to.***

Child's Name: \_\_\_\_\_

Child's Class: \_\_\_\_\_

Please check your response:

\_\_\_\_\_ YES, My child has an allergy (*complete allergy details and then sign below*).

\_\_\_\_\_ NO, My child does not have an allergy (*sign below*).

ALLERGY #1: \_\_\_\_\_

On a scale of 1-10 (1-Slightly Allergic, 5 - Concerning, 10 - Extremely Allergic), how severe is this allergy?

\_\_\_\_\_

ALLERGY #2: \_\_\_\_\_

On a scale of 1-10 (1-Slightly Allergic, 5 - Concerning, 10 - Extremely Allergic), how severe is this allergy?

\_\_\_\_\_

ALLERGY #3: \_\_\_\_\_

On a scale of 1-10 (1-Slightly Allergic, 5 - Concerning, 10 - Extremely Allergic), how severe is this allergy?

\_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Signature of Director: \_\_\_\_\_

Signature of Morning Teacher: \_\_\_\_\_

Signature of Afternoon Teacher: \_\_\_\_\_

***Please complete and include this form with the rest of the registration packet regardless of if your child has any known allergies.***



# Growing Hearts

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## Child's Enrollment Information

- \_\_\_\_\_ 6 weeks - 11 months Full-time (\$235/week)
- \_\_\_\_\_ 1 year - 23 months Full-time (\$220/week)
- \_\_\_\_\_ 2 years - 35 months Full-time (\$205/week)
- \_\_\_\_\_ 3 years - 47 months Full-time (\$185/week)
- \_\_\_\_\_ 4 years & up Full-time (\$170/week)
- \_\_\_\_\_ School-Age School-Year Care - Full-Time (\$57/week)
- \_\_\_\_\_ School-Age School-Year Care - Part-Time (\$35/week)
- \_\_\_\_\_ School-Age Breaks Full-time (\$160/week)
- \_\_\_\_\_ School-Age Breaks Part-time (\$110/week)
- \_\_\_\_\_ School-Age Breaks Single-Day (\$32/day add'l charge)  
*only available during holiday weeks / single-day school closures*

## Anticipated Weekly Schedule

Day	Drop-Off Time	Pick-Up Time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

## Enrollment Status Definitions

Weekly rates are based on a child's age at the beginning of each weekly billing period. Beginning June 1, 2021, Growing Hearts requires families to reserve their child's place in our programs with full-time weekly rates (except school-age).

**School-Age Breaks Full-Time:** *Registered for 4 or more days*

**School-Age Breaks Part-Time:** *Registered for 3 or less days*

**School-Age School-Year Full-Time:** *Registered to attend before OR afterschool for 7 or more occurrences/wk.*

**School-Age School-Year Part-Time:** *Registered to attend before OR afterschool for 6 or less occurrences/wk.*

**Occurrence:** *To plan to attend GHDP for a single before OR after school session; i.e. Attending Before School on Monday-Friday = 5 occurrences. To attend before AND afterschool M-F = 10 occurrences.*

## Non-Refundable Registration / Book / Supply Fees

*(Due semi-annually for all children enrolled, on August 1st and January 1st)*

Infants Registration Fee	\$ 35 per semester
Toddler Registration Fee	\$ 45 per semester
2 Year Old Registration Fee	\$ 55 per semester
3 Year Old Registration Fee	\$ 65 per semester
4 & 5 Year Old Registration Fee	\$ 75 per semester
School-Age Registration Fee	\$ 35 per semester

## Discounts

Families with two or more children will receive a 10% discount off the regular tuition rate of all except the youngest child.

## Classroom Placement

Students will generally be placed in classes based upon their age, typically around the start of summer and into the next school year, to coincide with the public school system.

*We ask that parents not request a particular classroom or teacher.*

## 5 Year Old

Students who are 5 in August but are not enrolled in kindergarten can enroll and be billed at the 4-Year-Old rate.

## Holidays

GHDP is closed Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Friday after Thanksgiving Day, and Christmas Break (12/26/22 - 1/2/23).

## Vacations

Tuition is due each week, regardless of attendance or holidays (except for the week of 12/26/22).



# Growing Hearts

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## Child Care Contract

### Parent / Guardian Acknowledgement

I, the undersigned, agree to pay all non-refundable book / supply fees and registration fees, in addition to the weekly tuition charges to reserve my child's spot in this daycare and preschool program. I understand that the first week of tuition must be paid to begin enrollment at GHDP and that I must set up my billing account and auto-draft settings in Brightwheel, GHDP's current management system prior to enrollment.

I understand that parents choosing to enroll at GHDP are required to pay a set weekly tuition rate that is due each week, regardless of attendance, and paid through auto-draft ACH payments. I understand that two weeks' notice must be given in writing to [ghdp.office@gmail.com](mailto:ghdp.office@gmail.com) of any changes to this schedule. Any parent failing to do so will be charged their normal tuition rates for two weeks. I understand any unpaid balance will be sent to collections 30 days after the last day the child attends GHDP.

I, \_\_\_\_\_, agree to abide by the above listed financial policies of Growing Hearts Daycare & Zion Community Church of the Nazarene. I agree to pay \_\_\_\_\_ per \_\_\_\_\_ using the auto-draft payments prior to each week of care being given.

Full name of parent/guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date Signed

Child #1 Name \_\_\_\_\_

Child #1 Birthdate: \_\_\_\_\_

Child #2 Name \_\_\_\_\_

Child #2 Birthdate: \_\_\_\_\_

Child #3 Name \_\_\_\_\_

Child #3 Birthdate: \_\_\_\_\_



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## Recurring Payment Plan Authorization Form

I authorize Zion Community Church of the Nazarene D.B.A. Growing Hearts Daycare & Preschool Ministry to initiate either an electronic debit or create and process a demand draft against my Checking or Savings Account for the purposes of collecting childcare related payments. I authorize Growing Hearts Daycare to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Growing Hearts Daycare to use a third party sender, SmartCare or Brightwheel, to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Account Holder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Children Names: \_\_\_\_\_

*\* Please enter children(s)' full names , especially If the account holder's last name is different.*

Account Holder's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Bank/Credit Union Name: \_\_\_\_\_

Bank/Credit Union Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Bank Account Type (Check one):  Checking  Savings  Business Checking

Routing Number: \_\_\_\_\_

Account Number Number: \_\_\_\_\_

*\* See Sample Below*

This authorization will remain in full force and effect until I notify Growing Hearts Daycare in writing or its termination. In case of withdrawal or change in enrollment status, two weeks advance notice must be given in writing to the director or assistant director.

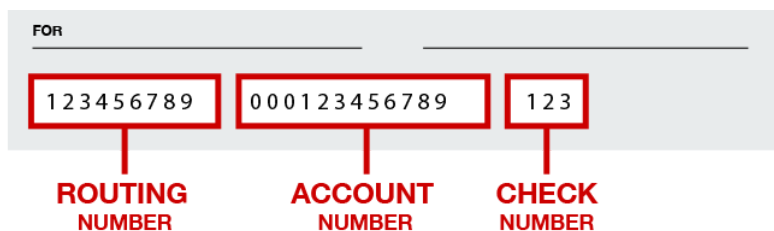
Full name of parent/guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date Signed





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## Safe Transportation of Food Responsibility

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food at 41° F or below and hot food at 135° or above. Containers must be clearly labeled with the child's name and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

### Parent Agreement

I, \_\_\_\_\_ (Parent's Name) will provide food for  
\_\_\_\_\_ (Child's Name).

*I will take full responsibility for the safety of my child's food during preparation, storage, and transportation to the facility.*

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date Signed





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## 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

*Growing Hearts Daycare & Preschool Ministry*

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

*6287 W. Ratliff Rd.*

*Bloomington, IN 47404*

County

*Monroe*



# Growing Hearts

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## Discipline Policy

**Provider Name:** Growing Hearts Daycare & Preschool Ministry

It is very important for a child's development to be nurtured through caring, patience, and understanding. However, while caring for your children, we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior, and other behaviors which will hurt another child are not permitted.

In response to these behaviors, our staff **WILL NOT** use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child food or other basic needs
- Humiliation or isolation

In response to misbehavior, our staff **WILL**:

- Respect your child
- Establish clear rules
- Be consistent in enforcing expectations
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself or other children, we will discuss the issues with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or want to offer suggestions. Using the lines below, we may modify the above plan with the agreed upon suggestions.

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Additional techniques to be used with my child:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date Signed