

ANGELS OF HOPE CHILDCARE ENROLLMENT APPLICATION

Full Name of Child: _____

Nickname: _____

Child's Birthdate: _____

Date of Admission: _____

Parents/Legal Guardians

Mother's Name: _____

Home Address: _____

Place of Employment & Address: _____

Work Phone: _____ Work Hours: _____

Cell Phone: _____ Email Address: _____

Father's Name: _____

Home Address: _____

Place of Employment & Address: _____

Work Phone: _____ Work Hours: _____

Cell Phone: _____ Email Address: _____

If the child attends elementary school, preschool, or other program during the day, name and phone number of school/program _____

Transportation Plan

To ensure the safety of your child, please list other adults to whom your child may be released to or who are Authorized to provide transportation for your child. Security 4-Digit Pin: _____

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one of the above listed individuals to pick up my child

Parent's Signature: _____

Date: _____



EMERGENCY CONTACT & CONSENT FORM

| | |
|-----------------------------------|----------------------------------|
| Child First Name: _____ | Child Last Name: _____ |
| Birthdate: _____ | |
| Mother's First Name: _____ | Mother's Last Name: _____ |
| Address: _____ | |
| Company Name: _____ | Company Address: _____ |
| Hours: _____ | Phone & ext: _____ |
| Cellular Phone: _____ | Pager: _____ |
| Father's First Name: _____ | Father's Last Name: _____ |
| Address: _____ | |
| Company Name: _____ | Company Address: _____ |
| Hours: _____ | Phone & ext: _____ |
| Cellular Phone: _____ | Pager: _____ |

IF ABOVE PERSONS ARE NOT AVAILABLE: Names and address of persons to be contacted and to whom the child may be released (must give two contacts)

| | |
|--|----------------------------|
| Name: _____ | Relationship: _____ |
| Address: _____ | Phone: _____ |
| Name: _____ | Relationship: _____ |
| Address: _____ | Phone: _____ |
| Family Physician's Name: _____ | Phone: _____ |
| Address: _____ | |
| Dentist's Name: _____ | Phone: _____ |
| Address: _____ | |
| Insurance Provider: _____ | |
| Subscriber's Name: _____ | |
| Child's Health Card Number: _____ | |
| Hospital you prefer: _____ | |
| Are there any known allergies, health, or medical conditions that the Provider should be made aware of? _____ | |
| If Yes, please describe: _____ | |

(Parents are responsible for all emergency transportation/medical chargers)

PARENT'S CONSENT: As a parent/guardian, I give consent to have my child receive first aid treatment as well as consent for emergency transport should it be necessary. I also give consent for emergency medical treatment by medical personnel in my absence. I understand I will be responsible for charges not covered by insurance.

Parent/Guardian Signature: _____
Date: _____



NOTICE CONCERNING FIRE SAFETY PROTECTION

State Form 55276 (5-13)
FAMILY AND SOCIAL SERVICES ADMINISTRATION

Angels of Hope Ministry

5040 East Thompson Road

Indianapolis, IN 46237

_____, 20 ____

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

Under Indiana law, a child care 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 child care ministry does not have the same level of fire safety protection as a licensed child care center. As you have already been notified, the child care ministry does not have to comply with the same sanitation, life and fire safety rules as a licensed day care center. The reason you are being given this notice is that this child care ministry has chosen not to provide the fire warning system required in IC 12-17.2-6-5(c)(1)(A) nor IC 12-17.2-6-5(c)(2)(A). This form is stating that the ministry does not have the same level of fire safety protection as a licensed child care center.

I/we, the parent(s) or legal guardian(s) of _____

Acknowledge that I/we have read and understood the above notice concerning fire safety protection.

Signature

Date

**PARENT'S NOTICE**

State Form 49444 (R2 / 517)
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 of 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

Angels of Hope Ministry

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

5040 E. Thompson Rd.

Indianapolis, IN 46237

Country

Marion



DISCIPLE STATEMENT

Dear Parent:

Angels of Hope Childcare Ministry (AOHCM) works with parents/guardians of children in our care to determine the cause of the misbehavior and deal with behavior positively.

Angels of Hope Childcare Ministry uses strategies that allow the children to take responsibility for his/her actions. In addition, we focus on teaching children appropriate behavior. Angels of Hope Childcare Ministry does not use threats or bribes; however, we do use TIME OUT when staff feels the child needs a break away from the group. Angels of Hope Childcare Ministry focuses on teaching children how to interact socially and continually reinforce the limits here at Angels of Hope Childcare Ministry.

IMPORTANT NOTE: Physical punishment will not be used, even if requested by parents.

Each child will be dealt with individually. Consequences will occur immediately after the behavior. As a parent, AOHCM ask you not to punish your child at home for misbehaviors while in our care. Please trust that staff will handle the matter at AOHCM. Furthermore, staff will not discipline your child for an incident, which happened anywhere other than the daycare.

If your child continually misbehaves, staff will call you and discuss the difficulty by phone or make an appointment to discuss the behavioral issue with you. Staff will not discuss problems in front of your child, other children or other parents.

Staff will keep you posted on all happenings that your child is/are involved in at AOHCM. If staff is experiencing behavior difficulties with your child, staff will let you know as soon as possible. AOHCM hopes that together we can create a behavior management strategy, which will control the child behavior.

In those instances when a behavior is very disruptive or harmful to the child or other children, staff will discuss the issue with you. If an intervention can be made and will warrant success, the child can remain enrolled. If you will not seek appropriate assistance or we cannot effectively meet the needs of your child, you will be asked to make other childcare arrangements. We will assist you to the best of our ability to help you find other arrangements.

Thank you in advance.

Keyana Williams

Keyana Williams

Date

Parent/Guardian

Date



TRANSPORTATION SAFETY POLICY

Our child care Angels of Hope Ministry Inc. will provide transportation for ages 6 weeks to 12 years old to schools, emergency transport, (INCLUDING HOSPITALS) child's home and field trips (which require a separate permission slip prior to the field trip, reviewed signed and dated by parents or guardian). If your child will be transported to or from child's home, please provide address here _____. If your child will be transported from the facility to school, please provide school information here _____

Please be advised the Indiana State Law requires any child under age 8 or 40 pounds and under to be in a booster seat. We will only transport children if we have a permission slip signed by a parent or a guardian on file. There will also be car seats/booster seats available; with the option to bring your own car seat/ booster seats if available. Only qualified (staff) adults that are licensed drivers, and insured will transport children. Drivers will follow all pertinent Indiana laws and will not use cell phones at any time while in the vehicle. Children will always be restrained in proper seat and seat belts and at no time will a vehicle exceed the recommended capacity. Children will not be left unattended. There will be the appropriate number of staff on the bus/van/car at all times to ensure proper child to staff ratios are met. Upon returning from each trip, the bus/van/car will be inspected to ensure that no child/children are still on board. We have automobile insurance that covers transportation of children for our child care business (Angels of Hope Ministry Inc.). All vehicles used for transportation will be maintained in safe condition. I understand and agree to terms of this transportation agreement and release Angels of Hope Ministry Inc., and any affiliate of Angels of Hope Ministry Inc. to transport my child/children as such.

CHILD'S NAME: _____

WEIGHT/AGE: _____

PARENT(S) SIGNATURE: _____

PROVIDER SIGNATURE: Hagea Blakely

DATE: _____



TRANSPORTATION FORM

DATE: _____

I give permission for my child _____ to leave the daycare residence in the company of Angels of Hope Ministry. This signed statement includes emergency transport, field trips, errands, etc, at the discretion of the child care provider. Should travel take place by vehicle, the driver shall hold a current valid driver license, and the vehicle will be registered and insured according to the state law.

Parent/Guardian's Signature: _____

NON-PRESCRIPTION MEDICATION RECORD

I hereby authorize Angels of Hope Ministry staff to administer the following products. on my child according to the manufacturer or physician's written instructions. I will not hold the above name Provider liable for any allergic reactions or other symptoms when the products are used in accordance with these terms.

Parent's Signature: _____

Provider's Signature: Hagea Blakey

Child's Name: _____

Date: _____

PLEASE SELECT YES OR NOW AND PUT SPECIFIC BRAND NAME WHERE NEEDED

Baby Wipes

No

Yes – Brand: _____

Diaper Ointments

No

Yes – Brand: _____



Baby Lotion

No

Yes – Brand: _____

First Aid Ointments

No

Yes – Brand: _____

Vaseline

No

Yes – Brand: _____

The following medicines would only be used in extreme emergencies. Ongoing administration would require you to fill out a “Medication Release Form” for each incident.

Benadryl

No

Yes – Brand: _____

Acetaminophen

No

Yes – Brand: _____

Ibuprofen

No

Yes – Brand: _____



FIELD TRIP PERMISSION

DATE: _____

I hereby give Angels of Hope Ministry permission to take my child _____ off the premises and on excursions that will take place during regular childcare hours. I understand that I will be notified of any such trips beforehand, that trips will be supervised and that all precautions will be made for for the safety and well-being if all children. I also understand that Angels of Hope Ministry will not be liable for any accident or injury. Consent is for normal activities unless indicated below the following activities may occur during the course of the day at the facility.

Please initial those activities your child has permission to participate in:

_____ Ride in provider's car

_____ Go for walks

_____ Ride a Bike

_____ Play in water

_____ Go to park

_____ Ride in wagon/stroller

_____ Go on field trips

Are there any other activities in which your child should not participate?

Parent/Guardian's Signature: _____

Date: _____



SAFETY CONDITIONS POLICY

The following steps will be taken at Angels of Hope Ministry Inc. to ensure that your child is safe while at our child care program. Children will be actively supervised with the required number of qualified adults (adults who have completed a comprehensive criminal history check, drug screen, negative TB test and have complete all required trainings).

Our child care will not care for children in areas that are being remodeled, repaired, or painted. The administrator or director is responsible for maintaining all interior and exterior surfaced, including walls, floors, ceilings, equipment, toys, furnishing, and cribs, in safe conditions, free of sharp points or jagged edges, splinters, protruding nails or wires, loose parts, rusty parts or materials containing poisonous substances.

The child care will take the following steps to maintain the child care:

1. Clean the child care facility daily.
2. Keep the child care in a sanitary condition at all times.
3. Sanitize toys, furniture, and other equipment used by children, weekly and when they become soiled or Contaminated.
4. Wash all soiled items prior to sanitization.

Daily outdoor play must take place for all children unless the severity of the weather poses a safety or health hazard or if a health-related reason for a child to remain indoors is documented by the child's parent, guardian, or physician. Children shall play outdoors daily when weather and air quality conditions do not pose a significant health risk. Outdoor play for infants may include riding in a carriage or stroller; however, infants should be offered opportunities for gross motor play outdoors in a safe environment as well.

CHILD'S NAME: _____

WEIGHT/AGE: _____

PARENT(S) SIGNATURE: _____

PROVIDER SIGNATURE: Hagea Blakely

DATE: _____



EMERGENCY ACTION PLAN

In case of Emergency such as illness, serious injury, or death of caregiver, a substitute will take place, and parent and or guardian will be notified.

In case of emergency parent will be notified to changes in childcare and/or situation.

In case of an emergency evacuation such as fire or tornado, your child(ren) will be transported from the childcare facility and relocated to Walgreens
5095 e Thompson Rd. Indianapolis, IN 46237

Signing this emergency action plan, you agree to the understanding of the plan

Parent Signature _____

Date: _____

Child's Name: _____

Thanks Mgt.



PERMISSION TO PHOTOGRAPH

I, _____
(Parent/Guardian's Name)

Give permission for

To photograph my child, _____
(Child's Name)

For the following purposes:

| Type of Use: | (Please check one) | |
|--|--------------------|--------------------|
| | Grant Permission | Decline Permission |
| Still Photographs: | | |
| Display in provider's personal scrapbook | | |
| Give photographs to current clients | | |
| Display in facility's scrapbook or bulletin boards, shown to current and prospective clients | | |
| Display still photos on facility's website | | |
| Use still photos in promotional materials | | |
| Videos: | | |
| Give videos to current parents | | |
| Display videos on facility website | | |
| Use videos in promotional materials | | |
| Other (please list): | | |
| | | |

Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/Guardian Signature: _____

Date: _____



ILLNESS POLICY

Symptoms Requiring Removal and Exclusion from Childcare for 24 hours

- Fever. Fever is defined as having a temperature of 100 degrees or higher taken under the arm or orally.
 - Fever must stay down WITHOUT Tylenol for 24 hours before returning.
- Diarrhea. 2 or more runny, watery, or bloody stools within a 24-hour period will constitute removal from care. Can return when student can eat normally and does not have any additional diarrhea episodes for 24 hours.
- Vomiting. Any vomiting requires removal from school. Student must be able to keep normal food down for 24 hours before returning.
- Rashes. Any unexplainable rash must be looked at by a doctor. Please return with a note from the doctor that it is not communicable. Please note diaper rashes with open sores may fall in this category because they can become septic.
- Eye discharge
- Pink eye
- Yellowish skin or eyes
- Severe pain or discomfort

If we see any of these symptoms during class, we will:

- Immediately separate the child from the other children.
- Contact the parents to have the child picked up within 1 hour.
- Continue to observe the child for other symptoms while letting child rest

I understand and agree to comply with this policy. I agree to keep my child home for at least 24 hours if they show any of these symptoms. I understand I will still have to pay for the day if my child is out sick.

Parent/Guardian's Signature

Date

Printed Child's Name



Angels of Hope Childcare Ministry, Inc.

NAME OF CHILD: _____

PARENT/GUARDIAN SIGNATURE: _____

PROVIDER SIGNATURE: Hagea Blakey DATE: _____

EXPULSION/SUSPENSION POLICY

Unfortunately, there are sometimes reason we have to ask that a child be removed from our program on either a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

WHEN A CHILD IS HAVING A IN THE CLASSROOM

Staff will try to redirect child from negative behavior

Staff will reassess classroom environment, appropriate of activities, supervision.

Staff will always use positive methods and language while discipline children.

Staff will praise appropriate behaviors.

Staff will consistently apply consequences for rules.

Child will be given verbal warnings.

Child will be given time to regain control.

Child's disruptive behavior will be documented and maintained confidentiality.

Parent/guardian will be notified verbally.

Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion. Director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.

The parent will be given literature or other resources regarding methods of improving behavior.

Recommendation of evaluation by professional consultation.

Recommendation of evaluation by local school district child study team.

SCHEDULE OF EXPULSION

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent behavior warranting an explosion. An explosion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school.

The parent/guardian will be informed regarding the length of the expulsion.

The parent/guardian will be informed about the expected behavioral changes required in order for the child and/or parent to return.

PARENTAL ACTION FOR CHILD'S EXPULSION



Failure to pay habitual lateness in payment

Failure to complete required forms including the child's immunization records.

PARENTAL ACTION FOR CHILD'S EXPULSION

Failure to pay habitual lateness in payment

Failure to complete required forms including the child's immunization records. Verbal abuse to staff.

Parent threatened physical or intimidating actions towards staff members.

When proved that parents are making false accusations.

Ongoing issues with parents that can't seem to be resolved.

CHILD'S ACTIONS FOR EXPULSION

Failure of child to adjust after a reasonable amount of time.

Uncontrollable tantrums/angry outburst.

Ongoing physical abuse to staff or other children

Child making false accusations against staff

A CHILD WILL NOT BE EXPELLED

If the child's parent:

- Made a complaint to the Office of Early childhood regarding a school's alleged violation of the unlicensed registered ministry requirements.
- Report abuse or neglect
- Questioned the school regarding policies and procedures.

Prior to expulsion, a parent will be called and correspondence will be sent home indicating what the problem is, and every effort will be made by both the center and the parent to correct the problem. If, after one or two weeks, depending on the risk to other children's welfare or safety, behavior does not improve and the center finds they can no longer accommodate the child, the parent will be asked to move him/her.



ENROLLMENT CONTRACT

By filling out this form, I certify that I do agree to abide by the policies and procedures. Please initial next to each statement. Spaces for both parents to initial and sign below, though only one set of initials and signature is necessary.

- _____ I understand Angels of Hope Ministry hours of operations. I agree to pay _____ weekly for tuition. If CCDF don't cover my child tuition I am responsible.
- _____ I understand am drop off cut off time is 9am and 2nd shift cut off time is 12 pm.
- _____ I understand that Angels of Hope Ministry children enrollment will renew each year in August, requiring all parents to complete the enrollment process over again.
- _____ I understand the medical policy, and that the daycare must have a copy of my child immunization records, and birth certificate. I also understand the illness policy.
- _____ I understand that payments are due on Monday the week of care and the payments made is for 1 week. .
- _____ I understand that payments must be received by Tuesday at 6pm or a late fee of \$10 per day will be assessed daily. Child will not be permitted until payments is paid in full. No child will be cared for if they are not prepaid for the week. Accounts not settled within 4 days will result in withdrawal of child.
- _____ If you pick up your child after your scheduled time slot, you will be charged a \$5 .00 (every 5 mins.) fee for late pickup. Late fee must be paid within 24hours of the pickup. Late pickup prearranged a week in advance will be charged at your normal rate.
- _____ I understand that rates may increase at any time, but I will receive a 30-day written notice and have the option to continue or discontinue care.
- _____ I understand that if my child cannot attend as scheduled due to illness, inclement weather, appointment, early pickup, etc., I am still obligated to pay for my regularly scheduled care. CCDF parents are included (i.e. CCDF are responsible for paying if hours aren't met at the end of the week.) If your child(ren) are scheduled to be at the daycare and you choose not to bring your child(ren) you are still responsible for full payment.
- _____ I understand that I am responsible finding back up care for when Angels of Hope Ministry is unable to provide care due to vacation, holiday, emergency closing, or planned closing. I will pay for 10 (ten) holidays that Angels of Hope is closed.
- _____ I understand that I can take up 2 weeks per year vacation with my child and not pay for their slot. I will provide at least a 14-day written notice.
- _____ I understand that I must give a minimum of a 14-day notice in writing for withdrawal.



_____ I understand that Angels of Hope Ministry is not responsible for the loss of any personal or valuable items, etc. Ex: Jewelry

_____ I understand that I am required to provide any personal supplies (i.e. diapers, formula, wipes, baby food etc.)

_____ If your child is not potty trained by 36 months there will be an additional \$20 fee every 60 days until he/she is fully potty trained.

I give permission for my child _____ to leave the daycare residence in the company of Angels of Hope Ministry. This signed statement includes emergency transport, field trips, errands, etc, at the discretion of the child care provider. Should travel take place by vehicle, the driver shall hold a current valid driver license, and the vehicle will be registered and insured according to the state law

Angels of Hope Childcare reserves the right to terminate this contract at any time for sufficient reason including, consistent misbehavior or unruliness of the child, unforeseen problems which may occur with the parent or child. The parent may terminate this contract by providing two weeks written notice or will be billed for two weeks upon termination if two weeks' notice is not given. I _____ understand that if no notice is given that I am subject to court fees, attorney fees, and any legal fees.

I (parent) _____ have read this contract and agree with the rules, regulations, policies, procedures, and stipulation of this contract.

Parent/Guardian's Signature: _____

Date: _____

Provider Signature: Hagea Blakely

Date: _____