

AGAPÉ CHILD CARE MINISTRY

Tuition Schedule 2020/2021

Lisa Howe Director / Melissa Kalkirtz Operations Manager

	1 st Child
<u>Preschool</u> (8:00 - 11:00 a.m. M-F)	\$19.25 a day \$85.40 week
<u>Full Time</u> (5 days/week, 5 or more hours/day)	
Child, ages 3 & up	\$139.80
Toddler	\$153.60
Infant	\$154.60
<u>Part-time</u> (Half day = less than 5 hours)	
Child	\$19.75½ day \$32.00full day
Toddler, not toilet trained	\$20.75 ½ day \$35.20 full day
Infant	\$21.95 ½ day \$36.25 full day
Before School	\$4.75 an hour (\$4.75 minimum)
After School	\$4.75 an hour (\$4.75 minimum)

Subsequent children: 10% family discount is applied if one child is full time and you have a 2nd child enrolled 3 or more days. 15% family discount is applied if one child is fulltime and additional 2 or more children attend.

*The discount for more than one child applies only if one child attends fulltime, and account is current.

*Re-registration fee per family is \$40.00 (paid annually every August)

*Stroh Church of Christ discount: 10% off tuition for families that attend regularly. See handbook for details.

Revised July 2020

Agapé Child Care Ministry Application Form

4540 S. 1100 W. Hudson, IN 46747

Phone: 260-351-2098 Email: agapedaycarescc@yahoo.com

Website: agapechildcareministry.com

OPEN 6:30 a.m. to 6:00 p.m.

Educating and Nurturing Children for Jesus

Child Care/Preschool Enrollment Form Contract

Date _____

Child's Name _____ DOB _____ Age _____

Program: Full-time _____ Part-time _____
Number of days _____ Full or Half _____
Preschool _____ Number of days _____
Before school _____ After school _____ Number of days _____

1. **Enrollment fee - \$40** (per child) is collected at the time of enrollment for each child. It is non-refundable and is payable each August or at the time of enrollment. (For families receiving on-going care the annual fee is \$40 per family.) This fee helps cover the cost of supplies throughout the year.
2. **Payment will be made in advance** on the first day of attendance each week. Charges for additional care will be charged to the week following such care. Fees are subject to change the first full week of August each year. (Should minimum wage increase during the course of the year, rates may have to be adjusted to accommodate the increase in expenses.)
3. **Vacation days must be pre-arranged** giving the day care (2) weeks notice. Each child is eligible for two vacation days each year per contract day **after twelve (12) consecutive** months of paid attendance. (i.e – A child who is contracted to attend two days per week may use four vacation days after 12 months of attendance.) Extended Leave Policy: for students to maintain position in their classroom and guarantee vacation time, one day a week must be paid for throughout the summer. Parents can choose to bring their children on this day if they desire, but 10 days advanced notice must be given. Full-time students will be prorated. If you choose not to participate in the extended leave program throughout the summer, please remember your child's spot will not be guaranteed, and you will not have vacation time. All sick days, school cancellation days, and spring break, etc. will need to be paid. To regain vacation time a child must attend one full year.
3. **Payment is due regardless of absence.** This includes child's illness, doctor appointments, parents' days off work, etc. You may use vacation days for the child's illness **if** you notify the Agape by 8:00 a.m. on the day of absence and state that you will be using a vacation day.
4. **A late fee** of \$5.00 every quarter hour (**or any fraction thereof**) will be charged for each child left in our care after 6:00 p.m. **A return check fee** of \$20.00 will be charged for any check returned to Agape for insufficient funds.
5. All parents wanting children to be given medication, sun screen, diaper creams, etc. must have a **Medication Authorization** signed by their physician every year. **Parents must supply sun screen.**
6. **Photographs** of the children will be taken throughout the course of the year. These photos may be used in Agapé publicity, that might include newsletters, donation letters, and our Facebook page. By signing this

form, you do hereby consent to your child being photographed and his/her image being used in our publicity.

7. **Any child whose schedule varies** from week to week must provide the Agape with a monthly schedule a full week before that month begins. If this is not possible, a weekly schedule **must be provided no later than Tuesday** two weeks before. Agape will make every effort to accommodate emergency changes in schedule. If no schedule is provided, we may be unable to care for your child on a particular day.
8. **Children who are contracted to attend part-time** and who must occasionally attend five (5) full days will be charged a maximum of the full-time rate for an individual child. (A full day is five (5) hours or more.)
9. **Child care will be provided year-round.** Monday through Friday, with the following exceptions: Labor Day, Thanksgiving Day and that following Friday, Christmas Eve through New Year's Day, Good Friday, Memorial Day, and Independence Day. Agape may be closed for professional development with at least 2 month notice to parents. Agape reserves the right to close on other holidays on which there will be a minimum of ten (10) children in attendance.
10. **Preschool Calendar:** The preschool will operate on the same schedule as the Prairie Heights School Corporation. Agape will remain open and preschool room will run as usual. Parents are free to bring children on days PH is closed.
11. **Food:** Parents are to provide a nutritious packed lunch daily for each child. Milk will be supplied throughout the year. Pop/other sugar drinks are prohibited, and 100% juice can be served. Morning breakfast and afternoon snack will be provided. If your child has an allergy, we need a doctor's slip in his/her file. Agape shall not associate discipline with food or use food as a reward. Lunchables, microwave dinners, macaroni bowls, etc. will not be permitted. Leftover home-cooked meals will be allowed and heated in our microwaves. Any choking foods will be cut up by parents (hot dogs, grapes, etc.).
12. **Rest-time:** Caregivers shall not associate disciplinary action or reward with rest. It is a state requirement for all children under the age of six years to have rest-time. We have rest-time after lunch for two hours. The first hour is mandatory quiet rest, and then after that any child that hasn't gone to sleep may do a quiet activity that his/her teacher provides for him/her. Staff members will make every effort to comfort children when they have fears at rest-time and throughout the day.
13. **Two weeks written notice is required for cancellation of day care service** via this contract, by either party, except in case of delinquency of account (see #15) or severe behavior problems (see #16.)
14. **Discipline:** Any person while on Agape premises, shall not engage in or direct any of the following actions toward children: inflict corporal punishment, hit, spank, beat, shake, pinch, (or any other measure that produces physical discomfort), use cruel, harsh, humiliating, or frightening methods for discipline (including threatening the use of physical punishment), place in locked or dark room, use public or private humiliation, yell or use abusive or profane language. Time-out will only be used to help children regain control (not for a use of punishment) and will be used only on children 3 years and older. A child that needs to be physically restrained (held by the teacher only) will only be restrained when it is necessary to ensure his/her own safety or the safety of others; and only for as long as is necessary for the control of the situation. Caregivers shall not associate disciplinary action or humiliate a child in regard to toileting.
15. **I understand that if payment** for service is not made to the day care after three (3) consecutive weeks that I have two options:
 - a. meet with the director to arrange a payment plan.
 - b. my child(ren) will be withdrawn from the care.

A late payment fee of \$5.00 per week will be added to accounts two (2) weeks or more delinquent unless arrangements are made with the director. Agape reserves the right to pursue delinquent accounts through legal options.

16. We strive to create an atmosphere of discipline that will enable the children to respect the authority of God and others, to respect the rights of others, to learn self-control and to be co-operative in a group situation. If any child is unable to respond or adjust to the program, and his/her presence hinders the progress of other children or endangers others, we reserve the right to ask that this child be withdrawn.

I have read and agree to abide with Agapé Child Care Ministry's policies and procedures.

Parent's/Guardian Signature

Date

I have received and/or read a copy of the Agape Child Care Ministry Parent Handbook and understand the policies and procedures.

Parent's/Guardian Signature

Date

Director's Signature

Date

Agapé Child Care Ministry
Application for Enrollment
Child's Information Sheet

Name of Child _____ Date of Birth _____
Please Print (Last) (First) (Middle)

Name child goes by _____ Sex _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Parent or Guardian Information:

Mother/Guardian _____ Age _____
(Last) (First)

Mother's Address _____ Phone _____

Mother's occupation and place of employment _____
_____ Phone _____

Father/Guardian _____ Age _____
(Last) (First)

Father's Address _____ Phone _____

Father's occupation and place of employment _____
_____ Phone _____

Marital Status of Parent:

Married _____ Divorced _____
Separated _____ Single _____ Other _____

If child is adopted:

Age at adoption _____

Custody/Visiting Arrangements: _____

Church Affiliation of Father _____ Mother _____

Pick-Up

Persons Authorized to pick up child _____

Brothers and Sisters of Child:

Name _____	DOB _____	Grade _____	Lives with Child _____
Name _____	DOB _____	Grade _____	Lives with Child _____
Name _____	DOB _____	Grade _____	Lives with Child _____
Name _____	DOB _____	Grade _____	Lives with Child _____
Name _____	DOB _____	Grade _____	Lives with Child _____

Other members of household (including relationship and age)

Does the child have room alone? _____ If not, with whom? _____

Who has cared for child other than parents? (State whether adults or teenagers) _____

Social Information:

Has child had group play experience? _____ Where? _____

Does child have neighborhood playmates? Specify _____

How does he/she get along with Parents? _____

Brothers and Sisters? _____

Other Neighborhood Children? _____

Is your child fearful of anyone or any thing _____

Developmental Information:

Age at which child: Crept on hands and knees _____ Sat alone _____ Walked _____

Name simple objects _____ Repeated short sentences _____ Slept through the night _____

Began toilet training _____

Word child uses for urination _____ Bowel Movement _____ Usual time of B.M. _____

Does child have any bowel or bladder irregularities? _____ Does child dress self? _____

Undress self? _____ Is child left or right-handed? _____

Does child need help washing Hands? _____ Toileting? _____ Eating? _____

What time does the child usually eat Breakfast _____ Lunch _____ Dinner _____

Eating problems? _____ Is family vegetarian? _____ Other dietary restrictions
or allergies _____

Does child sleep during the day? _____ When _____ How long _____ Does child
sleep well at night? _____

What are child's favorite indoor play activities? _____

Outdoor? _____

Does child have any special fears that you are aware of? _____

Does child have any speech problems? _____

Does child have any other problems we should be aware of? _____

What method of behavior control is used in you home? _____

What is your child's usual reaction? _____

How would you describe your child's personality? _____

Is he/she talkative? _____ Does he/she respond impulsively? _____ Does he/she
concentrate on one activity for a long time? Does he/she go quickly from one activity to
another? _____

What illnesses has the child had? At what age?

Chicken Pox _____	Scarlet Fever _____	Diabetes _____	Epilepsy _____
Asthma _____	Mumps _____	Measles _____	Hepatitis _____
Rheumatic Fever _____	Whooping Cough _____	Other _____	
Does your child have frequent colds? _____	Tonsillitis? _____	Earaches? _____	

Stomachaches? _____ Does your child vomit easily? _____

Does child run high fever? _____ Get diarrhea? _____ Has your child had any serious accidents? _____ If yes, explain _____

Is child allergic? _____ If yes, how does it manifest itself? _____
Do you know what the allergy is caused by? _____

Has child had vision tested? _____ Hearing? _____
Does child wear glasses or corrective shoes? _____

Regular Medication: _____
Special Care Required? _____

Agapé Child Care Ministry

Permission for Health Care

Child's Name _____ Date of Birth _____

Child's Physician _____ Phone _____
Address _____

Child's Dentist _____ Phone _____
Address _____

Insurance Carrier _____ Policy # _____

Authorized Adults

In the event of an emergency, please list the names and phone numbers of those who should be contacted in order of preference.

- | | |
|--------------------------|-------------|
| 1. Mother/guardian _____ | Phone _____ |
| 2. Father/guardian _____ | Phone _____ |
| 3. _____ (relationship) | Phone _____ |
| 4. _____ (relationship) | Phone _____ |

First Aid/CPR

In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

Signature

Date

Emergency Care

In the event of an emergency during which I cannot be reached, the physician listed above and the local preferred hospital are hereby authorized to provide any emergency deemed necessary for my child.

Signature

Date

Health Record Transfer

In the event of an emergency, I hereby authorize the transfer of my child's health records to the local and preferred hospital.

Signature

Date

Parent Notice

State form 49444(11-99) BCD 0035

I understand that this child care ministry is not licensed under the law of Indiana. However, I understand that this child 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 a my responsibility to ensure that the nutritional and health need of my child are met while my child is at the child care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

This notice does not absolve a child care ministry from liability from injury to a child while the child is at the child care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the child care ministry or an employee of the child care ministry.

Name of facility

Agape Child Care Ministry

Address of facility

4540 S 1100 W

Hudson, IN 46747

County

Steuben

MEDICATION ORDER FORM

All medications, medical products, physician's samples, and skin care products given or used at the day care must include the exact name of the medication, dosage to be given, time to be given, reason for use. (If used for fever, the degree of temperature must be stated.) A physician's order is valid for one year.

List any medications that the child is taking at home _____

1. _____ may have _____,
Name of child Name of Medication
_____, every _____ for
Dosage Frequency

Date Physician's Signature

2. _____ may have _____,
Name of child Name of Medication
_____, every _____ for
Dosage Frequency

Date Physician's Signature

3. _____ may have _____,
Name of child Name of Medication
_____, every _____ for
Dosage Frequency

Date Physician's Signature

History of Immunization
 State form 49445 (R2/7-07) BCC 0036

History of Immunizations and Test (indicate month and year)

	1	2	3	4	5
DTaP/DT					
Hib					
IPV (Polio)					
Influenza (Flu)					
Measles Mumps Rubella (MMR)					
Rotavirus (RGE)					
Varicella (Varivax)					
Pneumococcal (PCV) (Prevnar)					
HEPA					
HBV (HEB B)					

*Recommended yearly

Name of Physician/nurse practitioner completing form (please print) Telephone number

Signature of physician/nurse practitioner

Name of Child Date of birth (month, day, year) Age

Name of child care facility County
 Agape Child Care Ministry Steuben

ADDITIONAL NOTES AND INSTRUCTIONS

Agapé Child Care Ministry

Field Trip Permission

Child's Name _____ Age _____

I understand that field trips are an integral part of the curriculum, and that I will be asked permission for each field trip as it approaches. (This excludes walking within the community and Stroh Park.) I further understand that my child will be secured in a seat belt or approved child safety restraint while being transported in a vehicle.

With this understanding, I hear-by give my permission for the staff and volunteers of Agape Child Care Ministry to transport my child. I further release such persons from liability or prosecution while acting responsible and in good faith on behalf of the day care.

Signature Date

A child less than eight are required by Indiana State Law to be confined in an approved child safety restraint while being transported in a vehicle. My child is too young to use a seat belt, therefore, I assume responsibility for providing an approved child safety devise for my child to use on field trips.

Signature Date

Preventive Product Approval

I _____ give the teachers of Agape Child Care Ministry permission to use preventive products on my child (children) _____, such as sunscreen, insect repellent, non-medicated powder, petroleum jelly, and diaper rash creams. All of the above items are to be supplies by the parents.

Date

Agapé Child Care Ministry Infant Safe Sleep Agreement

Dear Parents:

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

We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Safety Commission of 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 clinical history.”

Our written 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 health professional is provided.
- Infants will not sleep on waterbeds, sofas, soft mattresses or other soft surfaces.
- Soft materials such as pillows, quilts, comforters, sheepskins, stuffed toys and loose bedding will not be placed in infants’ sleep environments.
- Infants will not share a safety-approved crib with other children.
- Infants will remain lightly clothed and comfortable while sleeping. A sleep sack is can be worn. No blankets will be used.
- Supervised “tummy time” will be observed while infant is awake.
- No smoking will be allowed in 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 of SIDS has decreased by 42%.

Again, safety of your infant is paramount to us. By signing below, you, as the parent, understand and comply with Agapé’s policies on safe sleep.

Signature of Child Care Provider

Date

Signature of Parent

Date

Agapé Child Care Ministry Medication Authorization

Agape Child Care Ministry is allowed to administer the following medicines to the child named below upon the parent's request (must be signed by a physician).

Date _____

Child's Name _____ D.O.B. _____

Medicines Allowed

Dosage

_____	SUNSCREEN (needs to be signed to use)	_____
_____	Tylenol	_____
_____	Motrin	_____
_____	Generic Fever/Pain	_____
_____	Generic Teething	_____
_____	Diaper Cream	_____
_____	Generic Teething Medicine	_____
_____	Orajel	_____
_____	Generic Cough Suppressant and/or Expectorant	_____
_____	Decongestant	_____
_____	Generic Cough Suppressant and/or Expectorant	_____
_____	Cough Suppressant and/or Expectorant	_____
_____	Other Medications – please list:	
	_____	_____
	_____	_____

Parent Signature _____

Physician Signature _____

This order needs to be renewed annually

Agapé Child Care Ministry
4540 S 1100 W Hudson, IN 46747 or P O Box 100 Stroh, IN 46789
Phone: 260-351-2098 Fax: 260-351-4257 (call before faxing)
e-mail: agapedaycarescc@ yahoo.com

**Bureau of Child Care
Division of Family Resources**

**Safe Transportation of Food Responsibility
Agapé Child Care Ministry**

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food at 41 degrees or below and hot food at 135 degrees 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 temperatures are 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 take full responsibility for the safety of my child's food during preparation, storage, and transportation to the facility.

Parent's Signature _____

Date _____

Family Heritage Questionnaire

Mom's name:

Race:

Religion:

Dad's name:

Race:

Religion:

Child's Name:

Race:

Religion:

Do you have any family customs you would like to share with your child's class?

What are the principal countries of your family's heritage?

Primary Language Spoken-Mom:

Dad:

Child:

Family Structure:

Time & Talents Survey

Occupation:

Dad:

Mom:

Would you like to tell your class about your job? YES NO

Hobbies & Interests:

Would you like to be a chaperone on our field trips? YES NO

Do you have a talent, project, or craft that you would like to share with your class?
If so, please explain:

Are you willing to read books to the children? YES NO

Thanks for your time & participation! We look forward to seeing you in the classroom!

Educating and Nurturing Children for Jesus

Infant & Toddler Education

Our Infant-Toddler Community offers programs for children from 6 weeks through three years of age in our Infant, Young Toddler and 2s and 3s classrooms. Families may choose from a full or half day schedule.

Infants



Agape is proud to offer an Infant Care Program. The Infant Care Program has very caring staff and welcome children to experience unconfined motor movement in the environment. Children learn to drink from a glass starting at 5-6 month (no sippy cups please). Materials in the Infant environment have been purposefully selected and the nurturing staff is experienced in recognizing developmental milestones in order to nurture and support the learning opportunities of each young child. The warm and nurturing environment promotes a balance of peaceful comfort and engaging stimulation for our youngest students.

Young Toddlers



The Young Toddler and 2s and 3s classrooms offer a doorway to learning in a home-like setting that nurtures the spirit while supporting growth and independence. Teachers are specialists in the needs related to each age group, which include such issues as the establishment of autonomy, separation and the first transition to school, toilet learning, etc. The educational program includes everyday living skills, activities for sensorimotor and language development, and experiences in arts and sciences.

As educators, we recognize the importance that parents play in their children's lives; they are the ones most able to affect their child's education. We value this role and encourage parents to be active participants in the program. Parents are involved in assisting their children to identify their needs and in facilitating the educational experience necessary to meet them.

Early Childhood Education

Agape offers an integrated, comprehensive preschool experience for children aged three to five years. The program features a variety of classes designed to fit the specific needs of children and families.



Agape's early childhood environment allows the child to discover and understand the order of his or her world, culture and universe, while developing skills to equip him or her for full participation in them. All of the curriculum materials are available for exploration and mastery.

All Day Program



The All Day Montessori program is open from 6:30 a.m. to 6:00 p.m. and runs five days a week. Work choices in our room and outdoor environment hours are 9:00 a.m. to 3:30 p.m. and this can include additional hours before or after for those families who need longer hours. With this program we have created a Montessori atmosphere all day with Montessori trained teachers. Our curriculum not only includes the Montessori materials and instruction, which are available throughout the day, but also additional time for outdoor exploration and movement, care of animals and gardens, nature study, art, music and so much more.

School Age



School age children are welcome in the summer, school breaks, and before and after school. They are incorporated into our classroom and encouraged to be helps and leaders.

Christian Education



Christian Education is very important to our ministry. The Holy Bible is taught every day with singing and movement include.