**1**

**New Beginnings Preschool and Child Care Enrollment Form**

How did you hear about us? (Circle one) Sign, word of mouth, Newspaper, website or

Current family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_ Date Complete: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child lives with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applicable, legal custody has been awarded to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent information

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status\_\_\_\_\_\_ D.O.B\_\_\_\_\_\_\_\_\_ Marital Status\_\_\_\_\_\_\_\_ D.O.B\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for Pick-up**

Please list names, addresses and telephone numbers of people who can pick-up your child from the center and/or will assume responsibility for you in an emergency.

Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2

Authorization list continued.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Child’s Physician

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Child’s Dentist

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***I hearby grant permission for New Beginnings Child Care to call persons on my child’s emergency contact list and/or transport my child to an emergency treatment (Goshen Hospital, Parkview or KCH) if serious injury occurs. I expect that all effort will be made to locate me or a designated person before any action will be taken. If this is not possible, I agree to accept responsibility for any expense incurred in so treating my child. I authorize First Aid/CPR to be performed by New Beginnings staff if required. I understand that the center is NOT responsible for any children who are not taken to a staff member upon arrival.***

I have read through my child’s enrollment form and verified that all information is current and correct. If information contained within this form becomes invalid or changes, I will notify New Beginnings Preschool and Child Care within seven (7) business days. This includes authorizations for pick-up, phone numbers, changes to employment and general information.

Parent/Guardians Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardians Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardians Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3

**Getting better acquainted with your child.**

What is your child’s full name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Does your child go by any other name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Why did you choose this name for your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Does your child have any siblings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Who are significant people in your child’s life (names) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Does your family have any special traditions related to your beliefs, family or culture you would like us to know about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Do you have pets? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

What does your child enjoy doing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

What time does your child go to sleep? \_\_\_\_\_\_\_\_\_\_\_ and get up? \_\_\_\_\_\_\_\_\_\_\_\_.

Does your child nap? If so, how long and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Does your child have any special routines or items they sleep with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

What are meal and snack times in your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Does your child need assistance feeding themselves? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Does your child use a fork and a spoon? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Does your child drink from an open faced cup? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Does your child take regular medications? YES or NO and if so, what are the doses and amounts?

Does your child have any health concerns we need to be aware of? YES or NO. If so, please list them. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

How does your child interact socially? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

4

Does your child have any physical limitations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Does your child have any learning limitations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Does your child have any special needs or diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Does your child have any fears specifically? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Is there anything you would like us to know about your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

5

New Beginnings Financial Agreement

A, Child tuition payment is due the Monday of the week your child is attending. You have until 5:30 p.m. On Wednesday before a $20.00 late fee is charged to your account. Fees are based on your written contract, space fee and the number of children you have in your family that are also attending New Beginnings. If the center is not open on Monday, the fees are die on Tuesday. Failure to pay means that the fees are considered in default.

B. If your child still remains in the custody and care of New Beginnings Preschool and Child Care after 5:30 p.m., the director or staff member in charge of the Center at the time shall attempt to contact each individual listed as emergency contacts on your child’s enrollment information sheet completed at the time of registration. The Center reserves the right to charge a $20.00 fee, per child if you are 5 minutes late. After 30 minutes Milford Police will be contacted as well as Child Protective Services (470 IAC 3-4. 1-6(b).

C. If your child is not signed in/out on the attendance book in the lobby, you will be charged a $5.00 fee.

D. If you are on the Brightpoints Voucher program or On My Way Pre-k and your child is not signed in or out on the voucher machine, you will be charged $5.00 each day they are not signed in or out. This charge will be due at the end of the current week and only cash will be accepted.

E. The Center requests to be notified before 8:30 a.m. if your child will not be in attendance that day. If the Center is not contacted by 8:30 a.m. the day of your child’s absence, you will be charged a fee of $15.00.

F. A non-refundable enrollment fee of $60.00 is required prior to your child starting the program. This fee covers the administration cost associated with processing your child’s enrollment information. A yearly re-enrollment fee and updated enrollment forms are due every year in August. The re-enrollment fee is $60.00 per family.

G. Families are required to give us a two week notice if they are discontinuing our services for their child/children. Failure to do so will result in you being charged and responsible for you paying the following two weeks of your child’s weekly fees.

H. No child shall be accepted into the Center on any day if their fee is in default. Correcting the default requires that all past due fees be paid, including any late fees incurred.

6

I. If one or more of the individuals signing this agreement are in default, the Center may bring civil action against this person. This action may include, but is not limited to collection of the following; a. The fees in default d. Reasonable attorney fees

b. Interest on the balance due e. All other costs of reasonable collection

c. collection costs

J. Any fees entering default will incur a late charge of $20.00. Any fee in default for a period of more than seven days shall earn interest at the rate of $20.00 a week, unless other arrangements have been made. These arrangements are at the discretion of the Executive Director.

K. There will be a $30.00 charge on all returned checks.

L. There will be a $15.00 charge for all failed bank transfers or credit card payments

L. If your child does not attend the Center for a period of two weeks, and we are not notified, the child will be dropped from enrollment.

Initials of parent/guardian approving this agreement: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Initials of parent/guardian approving this agreement: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Initials of parent/guardian approving this agreement: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Signature of Executive Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7

Bank Transfers and Credit Card Usage Agreement

New Beginnings offers bank transfers and credit card payments to pay child care fees through our HiMama app.

For Bank Transfers: You are able to link your band debit card information through the app. You may set it to auto-pay if you choose. **There is no processing fees for this option**.

For Credit Cards: If you opt for this method of payment, you will enter all your credit card information on your HiMama Account. **There is a 2.9% processing fee per transaction** from the credit card companies that we are charged for. This fee will be charged back to you on the last Monday of the month and is **due by that Friday**.

In the event a bank transfer or credit card payment fails there is a $15 charge.

Any questions or concerns should be directed to Kristin Billet.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

8

Hours of Operation

New Beginnings is licensed to operate between the hours of 5:30 a.m. and 5:30 p.m. Monday through Friday. The Center reserves the right to charge a $20.00 fee, per child, if you are 5 minutes late picking up your child. After 30 minutes, the Milford police will be contacted as well as Child Protective Services (470 IAC 3-4.1-6(b)).

My child/children will attend New Beginnings according to the following scheduled days and times circled below:

Monday Tuesday Wednesday Thursday Friday

My child/children will be dropped off at: \_\_\_\_\_\_\_\_\_\_ and picked up at: \_\_\_\_\_\_\_\_\_\_\_.

This schedule is documented on your child’s financial contract, along with the days and times your child will be attending the Center. If your child’s schedule will change due to a doctor’s appointment or other scheduled appointment, we ask, when possible, that you give the Center one week’s notice.

If your child’s entire schedule needs to change due to your job, family situation or any other unforeseen issue, we ask that you give us a two-week notice. This ensures that we are meeting the developmental needs of the children in our care and that teacher to child ratios are maintained.

1. If a two-week notice is not given you will be charged $60.00 for the change in schedule to cover staffing costs.
2. If your child needs to be picked up later or dropped off earlier than your current schedule states during the week, you must give us a 24-hour notice and you will be charged $40.00. Otherwise, we will be unable to provide care for you at that time.

Meals and snacks

Breakfast will be offered to children in attendance at 9:30 a.m. Lunch will be served to those in attendance at 11:30 a.m. Snack in the morning and in the afternoon will be provided.

9

Discipline Policy

The Executive Director shall not use or permit any person to use corporal or other cruel, harsh or unusual punishment or any humiliating or frightening to control the actions of any child or group of children. No child shall ever be shaken, hit or spanked. Brief supervised separation from the group may be used if necessary.

I have read and discussed the discipline policies and understand that any disciplinary actions taken place will be reported to the parent and noted in the child’s file.

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Executive Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

10

Nondiscrimination Statement

In accordance with Federal Civil Rights law and U.S. Department of Agriculture (USDA) Civil rights regulations and policies, the USDA, it’s agencies, offices, employees and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html> and at any USDA office, or write a letter addressed to the USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

1. Fax: (202) 690-7442; or
2. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

11

New Beginnings Preschool and Child Care Health Policy

Children who are ill upon arrival shall not be admitted for care, both for their own well-being as well as for the well-being of others. A child should be kept home when any of the following symptoms are in evidence: contagious disease, nausea, vomiting, diarrhea, fever over 100.6 or an undiagnosed rash. **Your child will not be admitted to the Center until they have been symptom free for 24 hours.** This is to decrease the sharing of illness between children and to keep our Center as healthy as possible. If your child becomes ill while at the Center, you will be notified and be required to pick up your child as soon as possible. If a parent refuses to pick up a child after notification of illness, the child may be terminated from the program. Any exception from this policy will require a not from the child’s physician permitting them to be at school.

I have read and understand the above policy. I agree to the follow this policy in the even that my child may become sick.

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

12

Walking Field Trips

At New Beginnings Preschool, we enjoy spending time outdoors. On special occasions your child’s teacher(s) may take their class on a short walking field trip. For example, the children enjoy walking over to the Milford Elementary track to ride bikes or explore the small wooded area. By signing this permission slip, you are allowing your child to leave the perimeter of the Center with their teacher.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian), give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) to go on walking field trips with staff members of New Beginnings Preschool and Child Care Staff.

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission for Use of Preventative Products

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give New Beginnings permission to administer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of sunscreen) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of bug spray to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) as needed while outside.

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Executive Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

***We ask that you please provide your own bug spray and sunscreen, Thank you!***

13

New Beginnings Preschool Media Release Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for New Beginnings Preschool and Child Care, Inc. (the Center) to use the image of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as initialed below. The Center may obtain my child’s image by use of photographs or video used in materials that include, but are not limited to; the Center’s newsletters, postings put up in the Center, local newspapers, advertisements in the community, the Center’s website or the Center’s Facebook page.

\_\_\_\_\_\_\_\_\_\_\_ I deny permission for any use of my child’s image.

\_\_\_\_\_\_\_\_\_\_\_ I grant unrestricted usage for any use of my child’s image. I agree that these

images or videos may be used by the Center for a variety of purposes and that

they may be used without further notifying me.

In the event that I no longer wish for my child’s image to be used by the Center, I will notify the Executive Director in writing to discontinue the use of my child’s image.

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

14

If you are interested in receiving our newsletter and parent information by email, please fill out the bottom section of this letter and return it to the office. If you choose not to receive emails, please pay special attention to the postings at the Center for upcoming events and notices. We hope this will help parents see information faster and easier. If you have any questions or concerns, please feel free to contact the Center’s Executive Director, Kristin Billet.

We also ask that you give us a four-digit number code to use to enter the building. Please pick a code that is easy to remember and please keep it confidential. Everyone on your authorized pick-up list will need a code.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to start receiving parent information via email from the Center.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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New Beginnings Preschool and Child Care Program Contract

My child/children, \_\_\_\_\_\_\_**\_\_\_\_**\_\_\_\_\_\_, will be scheduled to attend New Beginnings Preschool and Child Care’s full-time program at the rate of \_\_$\_\_\_ per session, \_\_\_$\_\_\_ per week. I am allowed \_\_\_5\_\_\_Vacation days per calendar year. My payment is due as scheduled for the contracted amount. For each vacation day used, \_\_\_$\_\_\_ will be deducted from my weekly amount owed. Vacations may not be used for holidays.

This contract will be updated every year in August and may be changed for the following reasons: change in employment, change in family situation or changes in work schedules.

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The following three forms must be completed within 30 days of your child/children starting at New Beginnings Preschool and Child Care.

Record of Medication order- If your child has a prescribed medication that they take every day and it needs to be administered at the Center, your doctor will need to fill out the form. If you would like the staff at New Beginnings to be able to administer over the counter drugs, such as Tylenol, Ibuprofen or cough medicine, you will need to fill out the form, sign and date it. If you choose to not have New Beginnings administer any medication to your child, please write, Refuse at the bottom of the page, sign and date.

The Health record MUST be filled out by your child’s doctor. If your child has recently had a well-child check-up, copies of the report will also cover the requirements for the physical.

Immunization records MUST be current. If your child is not vaccinated, it must be for medical or religious reasons. The Center will need documentation on why your child is not Vaccinated either from your child’s doctor or from your family’s religious leader.

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New Beginnings Preschool and Child Care Permission for Emergency Care Policy

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, grant New Beginnings Preschool and Child Care permission to provide care for my child in the event of medical emergencies. If transport and treatment are required, I fully understand that New Beginnings Preschool and Child Care will not be held accountable for fees incurred in transport and treatment of my child.

In the event of an emergency, an employee of the Center shall call as soon as possible. EMT”s usually transport to Goshen Hospital or St. Joe. However, transportation may be diverted to Kosciusko Community Hospital or Parkview in Warsaw, depending on emergency availability and serious nature of the injury. This information will be provided to the parent as soon as we are given the information.

I fully understand and agree to the terms of the policy set forth by New Beginnings Preschool and Child Care.

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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New Beginnings Preschool and Child Care

706 W. Syracuse St. Milford, IN. 46542

Phone: 574-658-9440 Fax: 574-658-5512

[newbeginningspreschool@centurylink.net](mailto:newbeginningspreschool@centurylink.net)

Parent Handbook Acceptance Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby certify that I have carefully and thoroughly read, understand and accept those policies and procedures pertaining to my area of responsibility.

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_