



**middletown
church of the
nazarene**



Welcome to The Ark Daycare & Preschool

A Ministry of Middletown Church of the Nazarene

Dear Parent / Guardian,

I want to personally welcome your family to The Ark. We look forward to serving you and your child's needs the best we can. This packet serves as an introduction to The Ark Daycare & Preschool Ministry and we want it to be helpful to you. The handbook will likely answer many of the questions you might have, but do not hesitate to ask us if you need to know anything not mentioned in this packet.

The packet of papers for you to fill out is to help us become better acquainted with you and your child. We are required to keep certain things on file and we like to have information on hand to better serve you. We need this packet, an up-to-date immunization record, and your annual registration of \$50.00 before your child may begin attending The Ark. The fees reserve a spot even if your child may not start immediately and are due at the time of enrollment, as well as each school year for additional supplies.

We hope that The Ark is a perfect fit for your child and are excited to have you join The Ark family. Let us know how we can help you and your family in this time of transition.

Sincerely,

Pastor Matt Gargiulo

Administrative Director, The Ark Daycare & Preschool Ministry

Associate Pastor of Discipleship, Middletown Church of the Nazarene

Please plan to have the following materials ready for your first day:

- All paperwork completed
- Annual registration fee of \$50.00
- First week (daycare) or month (preschool) tuition
- Immunization record
- 1-2 sets of spare clothes (seasonally appropriate)
- Diapers / pull-ups (unopened), if needed
- Lunch (if dual-enrolled in daycare)



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Mission, Philosophy, and 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:

Our philosophy is 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 transformative 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 both our staff and by God.*

Our Contact Information

The Ark Daycare & Preschool Ministry
698 N. Fifth Street
Middletown, IN 47356
Director: Matt Gargiulo
Hours of Operation: 6:30AM-5:30PM M-F

Daycare Phone: (765) 354-4976
Church Phone: (765) 354-2327
Email: thearkmiddletown@gmail.com
Website: www.thearkmiddletown.weebly.com
Fax (765) 354-4980



Quality Care & Early Learning in a Christian Environment
DAYCARE | PRESCHOOL | (765) 354-4976

The Ark Daycare & Preschool Ministry

Registration for 2018 – 2019 School Year

Daycare rates effective 6/4/18

CHILD'S PERSONAL INFORMATION

Child's Full Legal Name: _____ Nickname: _____

Date of Birth: _____ Gender: _____

Name of Mother or Guardian: _____ Cell Phone: _____

Employer & Occupation: _____ Work Phone: _____

Name of Father or Guardian: _____ Cell Phone: _____

Employer & Occupation: _____ Work Phone: _____

Home Address: _____ City: _____

State: _____ Zipcode: _____ Home Phone: _____

Parents' Marital Status (check all that apply): Married: __ Living together: __ Single: __ Separated: __ Divorced: __

Custody / Visiting Arrangements: _____

CLASSROOM SELECTION

(WITH WEEKLY DAYCARE & PRESCHOOL FEES)

DAYCARE

___ **Infants** (\$150/wk) ___ **Toddlers** (12-23 mo. - \$135/wk) ___ **Two's** (24-36 mo. - \$125/wk)

****Please Note: Rates for Infants, Toddlers, & Twos are for up to 40 hours per week.*

Any additional time will incur additional charges of \$4.00/hr.

___ **Potty-trained 3's, 4's & 5's Full-Time** (Registered for 4-5 days of care per week) - \$110/wk

___ **Potty-trained 3's, 4's & 5's Part-Time** (Registered for 2-3 days of care per week) - \$75/wk

___ **Potty-trained 3's, 4's & 5's Back-Up Child Care** (Single-Day rate *if space is available*) - \$40/day

___ **School-Age (Aug.-May)** (0-5 hrs - \$20/wk, 5.25-9.75 hrs - \$30/wk, 10-15hrs - \$40/wk)

Any additional time will incur additional charges of \$4.00/hr.

___ **School-Age Breaks** (5 days - \$100/wk, 4 days - \$90/wk, 3 days - \$75/wk, 2 days - \$50/wk, 1 day - \$25/wk)

PRESCHOOL

___ **K3 Busy Bees** Must be 3 by Aug. 1 8:30AM-11:00AM Tuesday & Thursday
\$75/month (*only \$10 additional weekly cost if dual-enrolled in daycare*)

___ **Pre-K AM Class** Must be 4 by Aug. 1 8:30AM-11:00AM Monday, Wednesday, & Friday
\$105/month (*only \$15 additional weekly cost if dual-enrolled in daycare*)

___ **Pre-K PM Class** Must be 4 by Aug. 1 11:45AM – 2:15PM Monday, Wednesday, & Friday
\$105/month (*only \$15 additional weekly cost if dual-enrolled in daycare*)



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CHILD CARE CONTRACT

CHILD NAME: _____

Day	Arrival Time	Departure Time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Sick Day / Vacation Policy

I understand my child will be allowed one week of their contracted days to use as sick time / vacation time each 12 month period, with no fees due to The Ark Daycare & Preschool Ministry for one week only. I understand I am responsible to pay for all other days contracted regardless of attendance after these days are used and that these sick/vacation days cannot be "carried over" to another 12 month period. I understand I must contact the director in writing either by a note via the drop box by the office or via email in advance of the week I wish to use these days.

Tuition Rate Table

I understand that parents choosing to use our childcare program must set a regular schedule that is paid for each week, regardless of attendance (minus the above mentioned sick/vacation days).

Class Selection	5 days	4 days	3 days	2 days	1 day	Total Due
Infants	\$150/wk (up to 40 hrs) + \$4/hr					
Toddlers (12-23 mo.)	\$135/wk (up to 40 hrs) + \$4/hr					
2's	\$125/wk (up to 40 hrs) + \$4/hr					
3's, 4's & 5's	\$110/wk		\$75/wk		\$40/day	
School-Age Breaks	\$100/wk	\$90/wk	\$75/wk	\$50/wk	\$25/wk	
School-Age (Aug.-May)	0-5 hrs - \$20/wk, 5.25-9.75 hrs - \$30/wk, 10-15 hrs - \$40/wk					
K3 Busy Bees	\$75/month (only \$10/wk if enrolled in daycare)					
K4 Adventurers (Pre-K)	\$105/month (only \$15/wk if enrolled in daycare)					
Total Due WEEKLY or MONTHLY (Circle Frequency)						

Withdrawal / Termination Policy

I understand that two weeks' notice must be given in writing to the director of any change to this schedule. Any parent failing to do so will be charged their normal tuition rate for two weeks. All balances will be sent to collections after 30 days of the last day the child attends the program.

I, _____, agree to abide by the above listed financial policies of The Ark Daycare & Middletown Church of the Nazarene. I agree to pay _____ per _____ by Friday at 5:00PM prior to the week of care being given. I agree to pay a \$4.00 late payment fee each business day that I have an outstanding balance on my child's account.

Parent Signature: _____ Parent Name: _____ Date: _____



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Child Name: _____

Emergency Information

Person(s) authorized to be notified in an emergency:

Name _____ Phone _____ Relationship: _____

Name _____ Phone _____ Relationship: _____

Name _____ Phone _____ Relationship: _____

Person(s) Authorized to Pick-up Your Child from School

Please include parent/guardians on this list!

No one will be allowed to pick-up your child unless they are listed on this form.

Name _____ Phone _____ Relationship: _____ Last 4 of SSN: _____

Name _____ Phone _____ Relationship: _____ Last 4 of SSN: _____

Name _____ Phone _____ Relationship: _____ Last 4 of SSN: _____

Name _____ Phone _____ Relationship: _____ Last 4 of SSN: _____

Name _____ Phone _____ Relationship: _____ Last 4 of SSN: _____

Name _____ Phone _____ Relationship: _____ Last 4 of SSN: _____

Name and Phone Number of Child's Doctor

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Hospital Preference: _____

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.

I also give my child, _____, permission to be transported by The Ark / Middletown Church of the Nazarene for field trips and activities on vehicle owned or leased by Middletown Church of the Nazarene.

Parent or Guardian Signature

Date signed

Phone

Photo Release

I give my permission for my child's picture to be taken at The Ark Daycare & Preschool, and I understand these photos may be used in publications, The Ark Daycare & Preschool / Middletown Church of the Nazarene website or Facebook page. _____ (Please initial).



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Child Name: _____

Child's Developmental Information

At what age did your child: sit up: _____ walk unassisted: _____ speak _____

begin toilet training: _____ Complete toilet training: _____

Daily Routines: What time does your child get up? _____ Go to bed? _____ Sleep well? _____
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 problems or medical conditions your child has that we should be aware of: _____

Does your child have any allergies? (including food): _____

Please explain any medication your child is taking: _____

Please list any language other than English used at home: _____

List siblings' names and ages: _____

Has your child had any group play experience, child care experience, or been cared by others besides parents? _____

Describe that experience and list a reference for someone that has provided care in the past (if applicable):

Do you have any concerns about any aspect of your child's development? _____

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

Dressing Undressing Eating Washing hands Toileting

Describe in your own words your child's personality: _____

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 from this experience: _____



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**BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES**

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

(Parent's Signature): _____

(Date): _____



PARENT'S NOTICE

State Form 49444 (R2 / 5-17)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
OFFICE OF EARLY CHILDHOOD AND OUT-OF-SCHOOL LEARNING

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

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

Name of facility

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

County

DISCIPLINE / GUIDANCE POLICY

Provider Name: The Ark Daycare & Preschool Ministry

It is very important a child's development is 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 rules
- 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 wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Child's Name

Date of Birth

Additional techniques to be used with my child:

Parent/Guardian Signature: _____ Date _____

SAFETY POLICY

Provider Name: The Ark Daycare & Preschool Ministry

Children's curious nature and their inability to determine potential risks requires that their environment to be safe. Coupled with good supervision, a safe environment allows children to explore more freely and test their abilities. A safe environment reduces the risk of injury to children and staff.

Safety Procedures and Practices

- Each morning the first staff person on duty in each room is responsible for completing a Daily Safety Check.
- The director will be notified of any hazards that the staff person is unable to resolve.
- The director will immediately address the hazards and act upon a resolution based on the importance of the issue so that the correction can be made as quickly as possible. He/she will ensure that the hazards are removed, made inaccessible or repaired immediately to prevent injury.
- Staff will assist children with clean up of all activities before transitions to prevent injury.
- The director or lead teacher will approve all new toy purchases to ensure that they are developmentally appropriate and safe. Children under 4 years of age will not have access to objects with small removable parts, or a diameter of less than 1 ¼" and a length of less than 2 ¼" (or are small enough to go completely into a child's mouth). Children will not have access to latex balloons, projectile toys, plastic bags and Styrofoam objects.
- Equipment, materials and furnishings will be sturdy, safe and in good repair and will meet the Consumer Product Safety Commission (CPSC) guidelines. The director will check for product recalls annually to determine if any toys/equipment have been recalled (www.cpsc.gov).
- All broken, damaged toys will be removed to prevent injury.
- All toys that are mouthed during play will be thoroughly washed and disinfected before another child plays with the toy.
- Art materials will be non-toxic for general use. Other materials may only be used under close supervision and stored in an area inaccessible to children.
- To prevent falls, operable windows will be restricted to an opening of 3 ½" or less in areas where children under 5 years are present.
- Electric fans, if used, will be inaccessible to children.
- Children will be protected from heating sources that have a hot surface temperature. Fireplaces and other heating units will be properly ventilated and annually inspected for safety. Portable electric space heaters, if used, will be stable and inaccessible to children.
- The hot water heater temperature will not exceed 120° F to prevent scalding unless a scald prevention device is installed to regulate the temperature at the hand washing sink(s).
- Electrical outlets will be inaccessible by use of safety covers. Electric cords will be placed out of children's reach.
- Water play will be supervised and emptied after use. Exits will not be blocked in order to allow quick emergency evacuation.
- Well-stocked first aid kit will be located in each classroom, as well as the daycare and church office, for emergency use.
- All injuries will be documented on a Student Injury Report form or Minor Injuries Report (Ouch) form and handled according to the Injury Policy.

Parent/Guardian Signature: _____ Date _____



**HEALTH CARE PROGRAM FOR CHILD CARE CENTERS
CHILD CARE CENTER HEALTH RECORD**

State Form 49969 (R4 / 2-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

Name of child (<i>last, first</i>)		Date of birth (<i>month, day, year</i>)	Date of admission (<i>month, day, year</i>)
Address (<i>number and street, city, state, and ZIP code</i>)			
Child lives with (<i>relationship</i>)	Name	Telephone number ()	

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
		Allergies:	-----
		Handicapping conditions:	-----
Screenings	Result / Date (<i>month, day, year</i>)	Other:	-----
TB Risk / Symptom			-----
Developmental Screen			-----
Lead			-----

PHYSICAL EXAMINATION	
Date of exam (<i>month, day, year</i>)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (*including sports*)?
 Yes No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

Yes No

HISTORY OF IMMUNIZATIONS AND TEST *(indicate month / day / year)*

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* Influenza (Flu)					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
Rotavirus (RGE)			

	1	2		
Varicella (Varivax)			or Chicken Pox Disease	Month / year

	1	2	3	4
Pneumococcal (PCV) (Prevnar)				

	1	2
HEP A		

	1	2	3
HBV (HEP B)			

* Recommended yearly.

Name of physician / nurse practitioner completing form *(please print)*

Telephone number

()

Signature of physician / nurse practitioner

ADDITIONAL NOTES AND INSTRUCTIONS