

# Noah's Ark Daycare Agreement Form

- I agree to pay Noah's Ark Daycare the following fees:

Registration	\$25.00 (one time fee)
Activity	\$40.00 / year / child
Tuition	\$110.00 / wk-Preschool    \$100.00 / wk-Kdg
Breakfast	\$1.00 / day (optional)
Late charge	\$5.00 if paid after Tuesday
Late Pickup	\$1.00 / minute
Returned Check	\$25.00

- I understand that the registration fee is due at the time of enrollment. The Activity Fee is due Sept. 1st or prorated to the month enrolled.
- I understand that payment is due on Monday of each week. If payment is made after Tuesday, a late charge will be assessed. Failure to pay on time is grounds for dismissal of a child.
- I understand that after 2 checks have been returned by my bank **ONLY CASH OR MONEY ORDERS WILL BE ACCEPTED.**
- I understand that credit will not be given for days I choose not to use the center with the exception of a 13-day vacation allowance. A coupon book will be used to track days used.
- I understand that the hours of operation are from 6 AM until 6 PM, Monday through Friday. The fee for late pick-up will be \$1.00 per minute for every minute after 6 PM. The official time is the clock in the center.
- I understand that the center will be closed on the following days:
  - Labor Day
  - Thanksgiving (Thursday and Friday)
  - Christmas Eve and Christmas Day
  - New Year's Eve and New Year's Day
  - Memorial Day
  - Independence Day
- I understand that the center will provide my child with a nutritious lunch along with an AM and PM snack each day. If I would like my child to receive breakfast, an additional charge is required. Payment for breakfast must be included with tuition or paid daily.
- I understand that the center reserves the right to dismiss any child if, after entering, he seems unable to participate in group experiences.
- I understand that in a medical emergency, the program director or teacher has my permission to take such reasonable measures as are necessary for the welfare and safety of my child.
- I understand that my child may not attend the center if he has a contagious disease or a fever over 101 F.
- I understand that the program is not liable for accidents or illnesses occurring to the child while he is in its care, unless proof is presented that the accident or illness was the direct result of the worker's negligence.
- I understand that my child **WILL NOT** be released to anyone other than those listed on the registration form without written permission from the parent.
- I agree to follow the procedures as outlined in the handbook.

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Parent Signature

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Date

# Noah's Ark Daycare Registration Form

<b>Child's Name</b>	
<b>Date of Birth</b>	
<b>Home Address w/ city and zip</b>	
<b>Home Phone</b>	
<b>Parent's Name</b>	
<b>Married, Divorced, Single</b>	
<b>Father's Employer and Phone</b>	
<b>Father's Cell Phone or Pager</b>	
<b>Mother's Employer and Phone</b>	
<b>Mother's Cell Phone or Pager</b>	
<b>Alternate Person to Notify in Case of Emergency and Phone Number</b>	
<b>Persons Authorized to Pick-Up Child</b>	
<b>List of Allergies</b>	
<b>List of Medications Taken Regularly by Child</b>	
<b>Child's Physician Address and Phone Number</b>	
<b>Brother and Sister Name and Age</b>	
<b>Church Membership</b>	
<b>How often do you attend</b>	
<b>May we visit in your home</b>	

# Noah's Ark Daycare Emergency Medical Form

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

In case of Emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Past Medical History \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

Medications taken regularly \_\_\_\_\_

## Permission for Treatment

I grant my permission to the personnel of the Noah's Ark Daycare of Greenfield, IN to obtain emergency medical treatment in the case of accident or illness.

I do hereby verify that the above information is correct and hereby release the personnel of the Noah's Ark Daycare Center of all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while my child is at the Noah's Ark Daycare Center.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## PARENTS' NOTICE

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.

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Signature of parent or guardian

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Name of child (ren) enrolled

This notice does not absolve a day care ministry from liability for injury to 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.

DAY CARE MINISTRIES

HISTORY OF IMMUNIZATIONS

(Indicate Month/Year)

	1	2	3	4	5
DTP/Td					
TOPV					
Measles					
Rubella					
Mumps					

NOTE: To be considered adequately immunized and tested, a child of age 10 months or older should have received at least three DTP inoculations, three trivalent oral polio feedings, and inoculations against both measles and rubella.

Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

\_\_\_\_\_

ADDITIONAL NOTES AND INSTRUCTIONS

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

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

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date Enrolled in Day Care Ministry: \_\_\_\_\_

# Noah's Ark Daycare IMMUNIZATION UPDATE

MY CHILD \_\_\_\_\_

HAS RECEIVED THE FOLLOWING SHOTS SINCE  
JANUARY 1, 2008:

SHOT	DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE



**Photo Consent/Release Form  
Noah's Ark Daycare  
A Registered Ministry of Calvary Baptist Church**

**From time to time we would like to share some of the moments we have preserved on film/camera from our daycare events on the Calvary Baptist Church website and /or displaying them within our church or in other publications and advertisements. If you do not have a problem with having a photo of your child(ren) displayed, please fill out the photo consent/release information below. We will not release any personal information.**

**Website address:**

**<http://www.cbcbgreenfield.org/ministries/noahs-ark-daycare/>**

**Child(ren) Names(s):** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return this form to the daycare office.**

**Thanks,**

**Jodie B. Fuller  
Director**