



Trinity Christian School
Small Small World Daycare
440 Saint Peter Street
Indianapolis, IN 46201
317-631-3194
www.trinitychristianschool.cc

Start Date

1. CHILD INFORMATION:

Child's Full Name _____ DOB _____ Age _____

This child lives with: Mother ___ Father ___ Grandparent(s) ___ Step Parent ___ Guardian ___

Are there any special custodial arrangements or complications that we should be aware of? _____

2. PARENT OR GUARDIAN INFORMATION:

MOTHER or Guardian's Name: _____ S.S. # _____

Home Address: _____ Zip: _____

Home Phone: _____ Cell or Pager: _____ Email: _____

Employer: _____ Work Phone: _____

Work Address: _____ Zip: _____

FATHER or Guardian's Name: _____ S.S. # _____

Home Address: _____ Zip: _____

Home Phone: _____ Cell or Pager: _____ Email: _____

Employer: _____ Work Phone: _____

Work Address: _____ Zip: _____

**WE MUST HAVE EMPLOYMENT INFORMATION FROM THE PERSON
RESPONSIBLE FOR PAYMENT OF CHILDCARE AND/OR SCHOOL TUITION**

Building tomorrow's leaders...TODAY.

3. PLEASE PROVIDE AN EMERGENCY CONTACT OTHER THAN YOURSELF IN THE EVENT OF AN EMERGENCY OR ILLNESS:

Name: _____ Relationship: _____ Phone: _____

4. HOW WERE YOU REFERRED TO OUR SCHOOL/DAYCARE?:

Phone Book _____ Sign _____ Individual _____

5. PHYSICIAN INFORMATION:

Name: _____ Address _____ Phone _____

6. MEDICAL EMERGENCY AUTHORIZATION:

I authorize Trinity Christian School/Small Small World Daycare to take medical action considered to be in the best interest of my child in case of an emergency. I understand these steps will only be taken if a parent or guardian cannot be reached. I give permission to begin medical treatment in case my child suffers from illness or injury. I understand that my child will be taken to Community East Hospital unless otherwise specified below.

Parent Signature: _____

7. FIELD TRIP PERMISSION:

I give permission for my child to participate in field trips conducted by the school/daycare. I understand that I will be notified in advance and that my child will not be taken away from the center without my consent. I give permission for my child to be transported in either the school bus or van, or a staff member's vehicle.

Parent Signature: _____

8. DISCIPLINE:

Please describe as fully as possible the modes of discipline used with your child. What works best, what does not work at all, etc. _____

9. INFORMATION CONCERNING YOUR CHILD:

Please note any unusual patterns of behavior: eating habits, fears, play experience, nap time habits, medications taken, allergies, toilet habits, etc. _____

10. QUESTIONNAIRE:

Please answer yes or no to the following questions:

Has your child ever been enrolled in another daycare? YES NO

Were you ever denied service or requested to remove your child? YES NO

If YES, for what reason? _____

Has your child ever been prescribed medication such as Ritalin? YES NO

Does your child have a consistent discipline problem? YES NO

Does your child suffer from ADD or ADHD? YES NO

Does your child have a history of sexual or physical abuse? YES NO

11. DISCIPLINE POLICY:

The director shall not use, nor permit any person to use, corporal punishment or any methods considered cruel, harsh, humiliating, frightening, or unusual. No child of any age will ever be shaken, hit, or spanked.

Brief, supervised separation from the group may be used if necessary. No child will ever be placed in a locked room or alone in a room.

Children shall not be humiliated or subjected to abusive and/or profane language. Punishment shall not be associated with food, rest, or toilet training. All punishment will be age appropriate.

Methods of punishment will consist of:

1. Rest/Time out
2. Reduced play time
3. Sent to another teacher
4. Stood in the corner
5. Sent to the director
6. Denied field trips
7. Demerits
8. Name on the board
9. Note sent to the parent
10. Parent called at work

IN EXTREME CASES, A CHILD MAY BE DISMISSED DUE TO SEVERE DISCIPLINE PROBLEMS

I have read and understand the policies of Trinity Christian School and Small Small World Daycare and agree to abide by them for as long as my child is enrolled in the program.

Parent Signature: _____

FINANCIAL AGREEMENT

Please understand that we do not offer credit. All payments are expected to be made before 5:30 pm on Mondays. We do not make exceptions.

The parent agrees to the following:

1. To pay an annual registration fee for each child. This fee is to be paid upon enrollment and each August thereafter. Your initial enrollment fee is \$ _____, and is non-refundable. In addition to the registration fee, TCS students are subject to an annual book rental fee as well. Your initial book fee is \$ _____. **INITIAL** _____

2. To pay all tuition and/or child care fees on the first business day of each week. All payments are due in advance. There are no part time or half day rates for child care. Your weekly rate is \$ _____. There may be a small cost of living increase each August. **INITIAL** _____

3. A non pre-pay fee will be charged to all accounts not paid by 5:30 pm on Mondays. The non pre-pay fee is \$ _____ for one child and \$ _____ for two or more children families. **INITIAL** _____

4. A \$ _____ fee will be charged for all checks returned to us due to NSF. After the second check is returned in this manner, you will be asked to pay by cash or money order only. **INITIAL** _____

5. If your payment is not received by Monday afternoon, and still not received by Friday at 5:30 pm, your child will be denied service on Monday morning, or until payment is received in full. **INITIAL** _____

6. Any unpaid balance not paid after the termination of child care will be turned over to Priority Financial Services Inc. for collection. I agree that if this account is turned over to a collection agency, I will be responsible for all collection agency fees up to 50% of the principal balance, interest of 21% A.P.R., court costs, and reasonable attorney fees. **INITIAL** _____

Signature #1 _____ Date _____ Social Security # _____

Signature #1 _____ Date _____ Social Security # _____

ITEMS 7 & 8 ONLY APPLY TO PRE-SCHOOL AND SUMMER DAYCAMP

7. A \$ _____ reservation fee will be charged for any child who is out for an entire week due to sickness or vacation. This is only applicable if the child is out for all 5 days in a week. If your child is out for two consecutive weeks without the reservation fee being paid, we will consider your child to be withdrawn and one additional week's tuition will be charged to your account. **INITIAL** _____

8. We do require a one week advance notice before withdrawing a child. If one full week's notice is not given, your account will be charged an additional full week's tuition. Notice must be given in writing to the business office. Reservation fees will not count as your one week notice. **INITIAL** _____