

Christ Lutheran Preschool
"Changing Lives by Sharing Christ"
 701 E. Tilden Drive, Brownsburg, IN 46112 Phone: 317-852-3343
2023-2024 PRESCHOOL REGISTRATION FORM

Child's Name: _____
Last First M.I. Gender

Address: _____
Street City Zip

Child's Birth Date: ____ / ____ / ____ Preferred Name: _____ Home Phone: _____

Email address: _____

Mother's Name: _____ Cell Phone: _____

Employed by: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Employed by: _____ Work Phone: _____

Registration costs (non-refundable) for all students:
\$125 registration fee plus \$25 school supply fee = \$150 due at application.

PLEASE CIRCLE YOUR CLASS OPTION:

SET the DAYS of the WEEK that works best for your schedule (based upon availability)	PRESCHOOL CLASSROOM		PRE K CLASSROOM
	2 ½ year olds Must be 2 by: Feb 1, 2023	3 year olds*** Must be 3 by: Aug 1, 2023	4 year olds*** Must be 4 by: Aug 1, 2023
3 day class: 9 am to 1 pm	\$265/ Month	\$250/ Month	\$235/ Month
3 day all day: 7 am to 6 pm	\$165/ Week	\$155/ Week	\$145/ Week
4 day class: 9 am to 1 pm	\$330/ Month	\$315/ Month	\$300/ Month
4 day all day: 7 am to 6 pm	\$195/ Week	\$185/ Week	\$175/ Week
5 day class: 9 am to 1 pm	\$395/ Month	\$380/ Month	\$365/ Month
5 day all day: 7 am to 6 pm	\$215/ Week	\$205/ Week	\$195/ Week
Additional care available: \$10 per hour for occasional need; minimum charge of 1 hour			
Please select preference for days of attendance:			
Monday Tuesday Wednesday Thursday Friday			

***** Must be fully potty trained; no pull ups.**

PHOTO RELEASE:

I give permission for Christ Lutheran Preschool to use my child's photo for publicity purposes. Yes ___ No ___

I give permission for Christ Lutheran Preschool to use my child's photo for in-house purposes. Yes ___ No ___

EMERGENCY CONTACT INFORMATION:

In the event of an emergency, please name others to contact:

Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name of child's physician: _____ Phone: _____
 Name of child's dentist: _____ Phone: _____
 Hospital preference: _____

If my child is injured and Christ Lutheran Preschool can not reach me, I give permission for the staff to contact the doctor or the hospital directly and/or to transport my child, if necessary. Every attempt will be made to reach the parent(s) first. Check one: Yes _____ No _____

Describe any health problems, physical handicaps or allergies for this child:

CAR POOL/RELEASE INFORMATION:

Christ Lutheran Preschool does not allow children to be picked up by individuals other than his or her parents, unless you call us or leave us written permission. If other adults will be picking up your child regularly, please list their names below:

Name of Adult	Phone Number
_____	_____
_____	_____

FAMILY BACKGROUND:

Language, other than English, spoken by student: _____ parents: _____

Ethnic Background: _____ Caucasian _____ African American _____ Hispanic _____ Asian
 _____ Native American _____ Other: _____

If this child is adopted, does the child know? _____

Please list names and ages of brothers and/or sisters who live in the home:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Comments: _____

Family's Church Denominational Affiliation: _____

Local Church Home: _____

Child Baptized (check one): Yes _____ No _____

It is understood that the Pastor(s) and the Board of Education, in determining the needs for the ministry of Christ Lutheran Church and Preschool, may use this form for information.

Signed: _____ Date: _____

Parent or Guardian

CHRIST LUTHERAN PRESCHOOL
701 E. Tilden Drive, Brownsburg, IN 46112
(317) 852-3343

FINANCIAL AGREEMENT

We the undersigned agree to make bi-weekly/monthly payments for the preschool education of _____.

Preschool Only Option:

Payments are due on the 1st of every month from August 2023 through May 2024 for those enrolled in preschool class from 9:00 a.m. to 1:00 p.m. Payments are divided equally throughout the school year. Late fee of \$10 will be added after the 10th of each month.

\$ _____ monthly for: PRESCHOOL or PRE-K class on
(circle one)

Monday Tuesday Wednesday Thursday and/or Friday session.
(circle each day of attendance)

Full Day Option:

Payments are due on the 1st and 15th of every month from August 1st, 2023 through May 15th, 2024 for those enrolled in full day program. Payments are divided equally throughout the school year. Your payment schedule will be provided to you upon enrollment. Late fee of \$10 will be added after 5 days from due date.

\$ _____ bi-monthly (1st & 15th) for: PRESCHOOL or PRE-K class on
(circle one)

Monday Tuesday Wednesday Thursday and/or Friday session.
(circle each day of attendance)

Signed: _____ Date: _____

Printed: _____

Field Trip Permission Slip
Chapel

Dear Parent or Guardian,

Our class will be participating in chapel time during preschool classtime during the school year. For chapel, we will be going into the sanctuary here at Christ Evangelical Lutheran Church as a class. We will walk to the church from the classroom through fellowship hall into the sanctuary. Although, we will not go outside, this is considered an off-site location. Therefore, your permission is required. We will also use the sanctuary for various programs throughout the school year as well.

Date: Any morning during the course of the School Year

Location: Christ Evangelical Lutheran Church
701 E. Tilden Drive, Brownsburg, IN 46112

Transportation: walk

My child _____ has my permission to attend.

Parent Signature: _____ Date: _____

Christ Lutheran Preschool
701 E. Tilden Drive
Brownsburg, IN 46112

DISCIPLINE POLICY

One of the most important lessons we can help children understand is that of discipline and eventually self-control. It is our responsibility to assist the child in learning self-respect and respect for others. The best way to instill this respect is through positive discipline.

Discipline is a process, not a punishment. This process is neither easy nor short. Positive discipline involves talking to the child about the mistake in behavior, stopping the inappropriate behavior and, then, guiding the child toward the appropriate behavior.

In our classrooms, teachers use a problem-solving approach to conflict. When conflict occurs, teachers us the following steps to resolve the problem.

1. **APPROACH CALMLY:** The adult observes what is happening between the two children and prepares herself for a positive outcome.
2. **ACKNOWLEDGE FEELINGS:** The adult gives recognition to the feelings the children are expressing by using simple, descriptive words such as, "You seem angry/upset/sad."
3. **GATHER INFORMATION:** The adult tells children he/she wants to hear from each of them.
4. **RESTATE THE PROBLEM:** The adult uses details and describes needs the children have described, restates the problem, clarifying any issues by asking for more detail and reframing hurtful language.
5. **ASK FOR SOLUTIONS AND CHOOSE ONE TOGETHER:** The adult gives children plenty of time to think of solutions. The adult respects and explores all of the children's ideas, even if they seem unrealistic, considering how each might work.
6. **GIVE FOLLOW-UP SUPPORT:** When children have agreed on a solution, the adult makes a simple statement to recognize this accomplishment.

The problem-solving approach to conflict helps children learn to:

- Express needs and strong feelings
- Hear and respect others' points of views
- Express ideas and experience the give-and-take of relationships
- Develop a desire to engage in positive social behaviors
- Feel in control of the solution and the outcome
- Experience successful cooperative solutions
- Develop trust in adults and other children
- Understand how to make constructive choices
- Experience feelings of competence

At no time is staff permitted to use any of the following when disciplining a child:

- Hitting, shaking, biting, pinching or inflicting corporal punishment
- Inflicting mental or emotional punishment such as humiliation or shaming
- Depriving a child of meals, snack, rest, or toilet use
- Confining a child in an enclosed area, such as a closet. A child is never to be left alone.

I understand the Discipline Policy as stated above.

Parent Signature

Student Name

Date

Christ Lutheran Preschool
701 E. Tilden Drive
Brownsburg, Indiana 46112
317-852-3343

Permission Form

Christ Lutheran Preschool
701 E. Tilden Drive, Brownsburg, IN 46112

Child's Name _____

I hereby grant my permission for my child to use all of the play equipment and participate in all the activities of Christ Lutheran Preschool.

I hereby grant my permission for my child to leave the school premises under the supervision of the teacher or teacher's aide for neighborhood walks or field trips in authorized vehicles.

I hereby grant my permission for the teachers to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include but may not be limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the parents through any of the persons listed on the Emergency Information Form.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
 - a. Call another physician.
 - b. Call an ambulance.
 - c. Take the child to an emergency hospital in the company of another staff member.
5. Any expenses incurred under #4 above will be the responsibility of the parent or guardian.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Signed:

Parent/Guardian _____ Date _____
(Signature)

Parent/Guardian _____ Date _____
(Printed)

Handbook Verification

I have received and read the handbook for Christ Lutheran Preschool and agree to abide by the policies and procedures specified in the book.

Child's Name

Parent Signature

Date

Christ Lutheran Preschool
701 E. Tilden Drive
Brownsburg, Indiana 46112
317-852-3343

**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 degrees F or below and hot food at 135 degrees F 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: _____

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317-852-3343**



PARENT'S NOTICE

State Form 49444 (R / 1-03) / BCC 0035

<p>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.</p>
Signature of Parent or Guardian
Name(s) of child(ren) enrolled
<p>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.</p>

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

Christ Lutheran Preschool
701 E. Tilden Drive
Brownsburg, Indiana 46112
317-852-3343

Required form for all New Students to Attend



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

State Form 48969 (R3 / 11-11)

BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES

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

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
Measles		Allergies:	-----
Rubella (German Measles)		Handicapping conditions:	-----
Chickendpox		Other:	-----
Mumps			-----
Scarlet Fever			-----
Whooping Cough			-----
Other:			-----

PHYSICAL EXAMINATION	
Date of exam (month, day, year)	Age of child
Skin	Heart
Lymph nodes	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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	

Required form for all New Students to Attend



HISTORY OF IMMUNIZATIONS

State Form 49446 (R4 / 4-12)

HISTORY OF IMMUNIZATIONS (indicate month, child, year)

DTaP / DT	1	2	3	4	5

Hib	1	2	3	4

IPV (Polio)	1	2	3	4	5

Influenza (Flu)	1	2	3	4	5

Measles Mumps Rubella (MMR)	1	2

Rotavirus (RGE)	1	2	3

Varicella (Varivax)	1	2			

or Chicken Pox Disease

Month / year

Pneumococcal (PCV) (Prevnar)	1	2	3	4

HEPA	1	2

HBV (HEP B)	1	2	3

* Not required but highly recommended.

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

Name of child	Date of birth (month, day, year)	Age
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Name of child care facility	County
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ADDITIONAL NOTES AND INSTRUCTIONS

FOR RETURNING STUDENTS ONLY

THIS IS A REQUIRED FORM

Facility Name _____

Child's Name _____ Date of Birth _____

Parent's Name _____ Phone _____

Address _____
Street Address City State Zip

Record Date of Immunization

	Birth	1 mo	2 mo	4 mo	6 mo	12-18 mo	2-3 yr	4-6 yr
Hep B								
DtaP / DTP / Td								
Hib								
MMR								
IPV								
Varicella								
PCV / Pevnar								
Hep A								

Child has documented history of Varicella Disease _____ No _____ Yes If yes, age _____

Please check the appropriate response.

- Child has received complete age-appropriate immunizations.
- Child is currently in the process of receiving complete age-appropriate immunizations.

ONE BOX ABOVE MUST BE CHECKED BY THE HEALTH CARE PROVIDER

Comments: (Please list immunizations excluded for medical reasons) _____

Parent comments: (Please indicate religious objection, if any) _____

Signature _____ Date _____
(Medical Professional Signature and Date is **required**.)

Printed Name and Title _____
(Printed Name and Title is **required**)

This form must be updated annually.

ALL ABOUT ME - CHILD INFORMATION SHEET

My Name is _____

My Nickname is _____

My favorite toys and books are _____

My favorite song or music is _____

My favorite indoor activities are _____

When we are together, my family enjoys _____

My bedtime is _____

I am afraid of _____

My favorite snack is _____

Child's Home Setting: Do you live in an apartment? _____ a house _____ other _____

How many times has your child moved? _____

Does your child share a room? Yes or No _____

If father/mother is out of the home, how often does your child see him/her? _____

Who are your child's playmates? _____

Describe your child's temperament _____

Does your child have any special needs or allergies? _____

Does your child have any pets? _____

How is your child's appetite? Good _____ Average _____ Poor _____

For which meal is your child most hungry? _____

Does your child nap during the day? _____ For how long? _____

Your child's terminology for toileting is _____

What kind of guidance/discipline do you use? _____

Are there any special circumstances in the family which may be a factor in your child's behavior? (divorce, death, new baby, recent move, hospitalization, etc.) Please explain:

Has your child had any previous experiences in a child-care setting?

In what ways would you like to see your child develop during this next year in our program?

Is there anything else you want us to know about your child?

Signature of person filling out this form _____

Date: _____ Child's current age: _____

Covid-19 Policy

Christ Lutheran Preschool will take all precautions necessary to provide a safe environment for your child during the 2023-24 school year with the current Coronavirus situation.

Action Plan:

*Materials and supplies will be cleaned /sanitized several times throughout the school day. Each evening, a deeper cleaning and disinfecting will take place.

*Handwashing will be utilized several times per day. Students and staff will wash hands upon arrival to the preschool, after coming inside from being outside, when moving from one group to another, after using the toilet, handling animals, or after playing in sensory bins. Staff also will wash hands before and after preparing food and beverages, after handling garbage, before and after giving medication, and before and after diaper changing.

*Staff will wear gloves and/or masks dependent on current state guidelines/situation.

*Anyone that exhibits any of the following signs of sickness will be asked to return home until symptom free without medication for 24 hours:

Dry cough	Vomiting/Nausea/Diarrhea	Fever
Fatigue	Sore throat/Swollen glands	Shortness of breath
Rash	Loss of taste or smell	Pink Eye

*If a staff member, child or family member tests positive for Covid-19, he/she should quarantine for 5 days and be symptom free without medication for 24 hours. If we are notified of a positive case, that classroom would have extensive cleaning and families would be notified to return.

*If a child becomes sick during the school day, he/she will be isolated from all other students and the parent will be notified to pick up their child as quickly as possible.

*Each family will need to monitor themselves and contact the school if their child or any family members exhibit any of the above symptoms or has come in contact with anyone who has tested positive for Covid-19.

Communication Plan:

*The Director will review policies and procedures with all staff (paid and volunteer). Staff is to sign stating that he/she understands and will follow the policy. All forms will be kept in employee folder. All parents will receive a copy of the policy as well to review and sign. Signed copies will be kept in each student's school file.

*Each year all parents will receive a handbook with important policies for Christ Lutheran. A copy of this will be kept in the student's school file as well.

*Parents and staff will receive written notification of any changes or updates to the policy during the course of the year.

Review: The Director and the Board of Education team will review this policy on an annual basis during the summer when the parent/staff handbook is reviewed.

Effective Date: This policy is in effect and has been updated as of March 2023.

COVID-19 Policy Verification

I have received and read the Covid-19 Policy for Christ Lutheran Preschool. I agree to abide by the policies and procedures outlined by this policy.

Student Name _____

Parent Name _____

Parent Signature _____

Date _____

PLEASE RETAIN FOR YOUR RECORDS

Important Dates for 2023-2024 School Year:

August 7 (Monday)	First day of preschool
September 4 (Monday)	CLOSED – Labor Day
October 16-20 (Mon-Fri)	CLOSED – Fall break
November 23 & 24 (Thu & Fri)	CLOSED – Thanksgiving break
December 25 through January 8 (Mon-Mon)	CLOSED – Christmas break; Reopen on Tuesday, January 9
January 15 (Monday)	CLOSED – Martin Luther King Day
February 19 (Monday)	CLOSED – President’s Day
March 25-29 (Mon-Fri)	CLOSED – Spring break
May 24 (Friday)	Last day of preschool

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