

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 2026 through May 2027 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, 2026 through May 15th, 2027 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: _____

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



PARENT'S NOTICE

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

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

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 42085 (7/3 / 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
Meningitis		Allergies:	-----
Rubella (German Measles)			-----
Chickenpox		Handicapping condition:	-----
Mumps			-----
Scarlet Fever		Other:	-----
Whooping Cough			-----
Other:			-----

PHYSICAL EXAMINATION	
Date of exam (month, day, year)	Age of child
Skin	Heart
Lymph nodes	Lungs
Eyes	Abdomen
Ears	Genitals
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:	

(Over)

**Required form -
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.

PLEASE RETAIN FOR YOUR RECORDS

Important Dates for 2026-2027 School Year:

August 3 (Monday)	First day of preschool
September 7 (Monday)	CLOSED – Labor Day
October 12-16 (Mon-Fri)	CLOSED – Fall break
November 25-27 (Wed, Thu & Fri)	CLOSED – Thanksgiving break
December 21 through January 1 (Mon-Fri)	CLOSED – Christmas break; Reopen on Monday, January 4
January 18 (Monday)	CLOSED – Martin Luther King Day
February 15 (Monday)	CLOSED – President’s Day
March 22-26 (Mon-Fri)	CLOSED – Spring break
May 28 (Friday)	Last day of preschool

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

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: _____