



Nu Heights Academy Child Care Ministry

Name: _____
 First Name Middle Initial Last Name

Address: _____
 Street City State Zip Code

Birth Date: _____ Age: _____ Ethnicity: _____ Gender: M F

Siblings enrolled at Nu Heights: _____

Mother/Guardian: _____

Place of Employment: _____

Contact Numbers: _____ ext _____
 Home Cell Work

Email: _____

Father/Guardian: _____

Place of Employment: _____

Contact Numbers: _____ ext _____
 Home Cell Work

Email: _____

Emergency Name: _____ Relationship: _____

Home Phone: () _____ Cell: () _____

Place of Employment: _____

Nu Heights Child Care Ministry Fee Information and Schedule

Nu Heights Line: (317) 329-2726

Main Church Line: (317)329-4076

Fax: (317) 329-2721

Nu Heights Child Care Ministry accepts checks, money order, cashier checks and debit/credit cards. Fees are due and payable each Monday. If tuition is paid later than closing on Monday, a \$20.00 late charge **daily** must also be included with the payment. Your child(ren) will not be permitted to return to Nu Heights if fees and late charges are not paid upon arrival, no later than Wednesday morning. No partial payments or payments without late charges will be accepted. Failure to comply with this policy will result in termination of child care services.

REGISTRATION FEE (non-refundable) & TUITION:

Infants: 6 wks – 12 months: \$40.00

Weekly Fee: \$175.00

12 months (walking) – 3 years old (not potty-trained): \$60.00

Weekly Fee: \$150.00

*The registration fee is a one-time fee. The fee is due at the time that your application is accepted. If your child has turned one but has not entered the toddler room. Your child will still be charged the infant rate until that transition is made. There is a \$10.00 off multi child discount for the 2nd child and any thereafter. **Your child will be charged the full week's tuition regardless of the number of days in attendance.***

VACATION/HOLIDAY TIME OFF:

Please pay close attention to the days that we are closed as there will be no child care provided. Each child is allotted two weeks of vacation with no penalty. Any time after the two weeks, the child will have to be paid for regardless of attendance.

INSUFFICIENT FUND CHECKS (NSF): A \$35.00 charge will be assessed for all NSF checks. After 1 NSF check, only money orders or cashier checks will be accepted. NSF checks and charges must be taken care of immediately by bringing in a one of the payment methods listed above for the check amount and the \$35.00 fee. No child service will be provided until the account is cleared.



PARENT'S NOTICE
State Form 49444 (R / 1-09) / 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

Nu Heights Academy

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

5935 West 56th Street

Indianapolis, IN 46254

County

Marion

Sick Child Policy

Nu Heights Academy is a well child care facility. This means that if your child is not feeling well, for any reason, you will need to find alternate care. Please do not bring your child if he/she contagious illness or exhibits any of the following symptoms:

- fever of 101 degrees or above
- vomiting,
- diarrhea
- conjunctivitis ("pink eye")
- consistent complaints of ear or stomach pain
- bleeding other than minor cuts and scrapes
- excessive greenish nasal discharge, indicating possible infection
- head lice
- ring worm

In general, if your child is too sick to go outside and play, then your child is too sick to attend childcare. If your child becomes ill during daycare, you will be phoned at work and asked to pick your child up immediately.

If your child has a common cold (slight cough, sneezing, clear runny nose and/or temperature below 101 degrees) your child may attend daycare. However, if your child reaches a point when he/she requires constant attention, will not play, cries continuously, whines and wants to be held constantly then your child will need to stay at home.

Any child requiring prescription medication will need to be kept at home for a period of at least 24 hours until no longer contagious, unless accompanied by a signed note from the child's medical practitioner.

Please dispense all medications at home whenever possible. For times when it is not possible, a Medical Authorization Form must be filled out before we can dispense any medications. All prescription and over-the-counter medications must be in their original container(s), and prescriptions must display the pharmacist's label with the doctor's name. If you have any questions, please feel free to discuss them with the Director.

Signatures below indicate acknowledgement of receipt of this form and agreement to adhere to these policies.

Parent/Guardian _____ Date _____
NHA Staff _____ Date _____

**Infant/Toddler
Medical Authorization Form**

Name _____

Doctor's Name _____ Phone _____ Hospital _____

List any known drug allergies/reactions _____ Height _____ Weight _____

PRESCRIBER AUTHORIZATION

Name of Medication _____ Reason for Taking _____

Dosage _____ Route _____ Frequency/Time(s) to Be Given _____

Begin Medication _____ Stop Medication _____
Date Date

Special Instructions:

Does medication require refrigeration? Yes No

Is the medication a controlled substance? Yes No

Is self-medication permitted and recommended for this student? Yes No

If asthma inhaler or emergency medication, do you recommend this medication be kept
"on person" by the student? Yes No

Potential Side Effects/Contraindications/Adverse Reactions _____

Treatment Order in the event of an adverse reaction: (Attach additional sheet or use the back of this form if necessary)

Signature of Prescriber

Date

Phone

PARENT AUTHORIZATION

I authorize Nu Heights Academy to delegate an unlicensed personnel the task of assisting my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the staff to talk with the prescriber or pharmacist should a question come up about the medication.

Medication must be registered with the Director. It must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and the date of drug's expiration when appropriate.

Signature of Parent or Guardian _____ Date _____



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5935 West 56th Street
Indianapolis, IN 46254
(317) 329-2726

DISCIPLINE/GUIDANCE POLICY

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, we will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, we 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 issue 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.

Parent/Guardian Signature _____ Date _____

In order to complete your child's file, we will need:

- A copy of Parent/Guardian ID or Driver' License
- Immunization records
- Emergency Contact Card / Pick-up Authorization card
- Listing of Allergies and/or Medications (in enrollment packet)