

Nu Heights Academy  
5935 West 56th Street  
Indianapolis IN 46254  
(317) 329-2726



### Calendar Year

Orientation: Tuesday, August 8<sup>th</sup>, 2017 at 6:30pm  
Students Report: Monday, August 14<sup>th</sup>, 2017  
First Semester: August 14, 2016– December 23, 2017  
Second Semester: January 3, 2018 - May 24, 2018

### Hours of Operation

6:30 am - 6:00 pm

**Regular School Hours** (\*Children must be here by 8:30 am)

8:00 am- 3:45 pm

### School Tuition & Fees

\$60 registration fee (*includes: activity fee, book fee & field trip t-shirt*)

2 year old (**fully potty-trained**) – 5 year old: \$140.00/week

Note: \$10.00 off for two or more children. Families receiving government assistance (CCDF) do not qualify for the multi-child discount

**Before/After Care Fee for NuHA students:** \$20.00/week/per child

6:30 am -7:45 am & 3:30 pm - 6:00 pm

Note: Regardless to how many days your child attends before and after care within any given week it is an additional flat fee of \$20.00/week. Children are to be picked up ON TIME.

**Before/After Care Fees for non-NuHA students:**

Before (6:30 am – 7:45 am) - \$35 per week

After (3:30 pm – 6:00 pm) - \$45 per week

Both AM/PM - \$60 per week

### Uniforms:

Navy or White Collared Top

Navy Blue or Khaki Bottom

Navy Blue Sweaters ONLY

Black, Navy, or Brown Rubber Sole Shoes ONLY

NO SANDALS, FLIP FLOPS, or CROCS

Note: Navy blue sweaters are the only item of clothing that can be worn in addition to the uniform. There are to be NO jackets, sweatshirts, or any other color sweater worn while in school. Shoes must have a rubber sole.

### TUITION PAYMENT POLICY

Nu Heights Academy is an enrollment based academy. In order for your child to maintain his/her enrollment at NHA the full weekly tuition payment is required. There is no daily rate option. Full payment is expected for the time that your child is or is not in attendance. Regardless of the reason, illness, school closings or vacations you are still required to pay the full weekly tuition amount. (School closings are Spring Break and Christmas Break)

Nu Heights Academy  
5935 West 56th Street  
Indianapolis IN 46254  
(317) 329-2726



Student Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Address: \_\_\_\_\_  
Street City State Zip Code

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ T-Shirt Size (Youth): XS S M

Ethnicity: \_\_\_\_\_ Siblings: \_\_\_\_\_

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

---

Mother/Guardian: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_  
Home Cell Work

Father/Guardian: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_  
Home Cell Work

---

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

How did you hear about Nu Heights Academy? (circle all that apply)

Word of mouth Brochure Social Media Website Flyer Yard Sign Other \_\_\_\_\_

---

## Authorizations and Emergency Contacts

The individuals listed below are authorized to pick up my child and also serve as a contact person for my child in case of an emergency. If none of the people listed are available, I give my permission to the Nu Heights Academy staff to make a plan for the care of my child. Please select someone other than the parent to be listed to contact in case of an emergency.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (wk) \_\_\_\_\_

Phone (hm) \_\_\_\_\_

Phone (cell) \_\_\_\_\_

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (wk) \_\_\_\_\_

Phone (hm) \_\_\_\_\_

Phone (cell) \_\_\_\_\_

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (wk) \_\_\_\_\_

Phone (hm) \_\_\_\_\_

Phone (cell) \_\_\_\_\_

## Release for Emergency Care

If I cannot be reached in case of an emergency that needs medical attention, I hereby authorize the Nu Heights Academy staff to take my child to:

Doctor Name: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_

Dentist Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number \_\_\_\_\_

I give my consent for the physician and/or hospital to administer any necessary treatment to my child. I give consent to transport my child by ambulance if the situation calls for it. Nu Heights Academy is not responsible for any fees associated with the transportation of your child(ren).

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

---

Nu Heights Academy Financial Contractual Agreement

Welcome to Nu Heights Academy. This contract will cover your child(ren)'s care for the 2017-2018 term.

This agreement is made between:

_____	_____	_____
Mother's Name / Guardian	Address	Phone
_____	_____	_____
Father's Name / Guardian	Address	Phone

AND

Nu Heights Academy 5935 W. 56<sup>th</sup> Street, Indianapolis, IN 46254, (317) 329-2726

Provision of child care for:

_____	_____
Child's Name	Birthdate
_____	_____

**Payments will be made on time (no later than Monday at 6:00 pm)** each week or the payment will be assessed a late fee of **\$20.00 a day**. After one day of late fees your child(ren) will not be able to return to summer camp until fees are paid in FULL. The parent/guardian will still be responsible for fees that are assessed while child is not in attendance. We reserve the right to take all outstanding accounts to court and collections. **Should it be necessary, parent/guardian is responsible for all court and collection costs.**

TUITION PAYMENT POLICY

ALL FEES ARE NON REFUNDABLE

Nu Heights Academy is an enrollment based academy. In order for your child to maintain his/her enrollment at NHA the full weekly tuition payment is required. There is no daily rate option. Full payment is expected for the time that your child is or is not in attendance. Regardless of the reason, illness, school closings or vacations you are still required to pay the full weekly tuition amount. (School closings are Spring Break and Christmas Break).

**PAYMENT ARRANGEMENTS**

If a bi-weekly or monthly payment arrangement is preferred, payments must be made in advance, and not in arrears. Prior to beginning a payment arrangement, it must first be discussed with the Director, put in writing, signed and approved.

**Withdrawal:**

If for some reason you decide to withdraw your child, a two-week written notice is required. This will allow time to fill your child's spot. **Payment is still due for the two week notice period whether or not the child is brought into our facility.**

**CCDF**

It is very important that you are keeping up on swipes weekly. Please do not wait weeks to catch up because that is resulting in no payment from the CCDF office. If payment is not received from the CCDF office you will be responsible for payment to Nu Heights Academy for the days or weeks where no payment is received.

Signatures:

By signing below, you acknowledge and understand all the information shared and agree to the terms and conditions outlined in this contract and in the Policies and Procedures handbook.

_____	_____	_____
Parent/Guardian	Parent/Guardian	Date
_____	_____	_____
NHA Director(s)		Date

# 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 \_\_\_\_\_

**Nu Heights Academy  
Medical Authorization Form**

**STUDENT INFORMATION**

Student's Name \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Hospital \_\_\_\_\_  
List any known drug allergies/reactions \_\_\_\_\_ Height (inches) \_\_\_\_\_ Weight (lbs) \_\_\_\_\_

**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**                      **Fax**

**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 Youth 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**                      **Phone**

I authorize and recommend self-medication by my child for the above medication.

\_\_\_\_\_  
**Signature of Parent or Guardian**                      **Date**

If any questions or problems arise, call me at: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_



Nu Heights Academy  
5935 West 56<sup>th</sup> 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.

\_\_\_\_\_  
Child's Name

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

Additional techniques to be used with my child:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Nu Heights Academy  
5935 West 56<sup>th</sup> Street  
Indianapolis, IN 46254  
(317) 329-2726



**Transportation Release  
Field Trip Release & Media Release Form**

I give permission for my child, \_\_\_\_\_ to participate in scheduled field trips sponsored by Nu Heights Academy. I understand that I will be notified of each scheduled field trip in advance and my child must wear the issued field trip t-shirt to each scheduled field trip. I understand that I may also attend the scheduled field trip as a chaperone, but must pay all additional fees and/or ticket prices to attend if applicable.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I understand that NuHA does not provide transportation for **infants and toddlers for field trip purposes (younger siblings)**. Therefore, I do hereby release and agree to indemnify and hold harmless from any lawsuit or claim for injury, regardless of cause, Nu Heights Academy, its staff, and Nu Corinthian Baptist Church and its ministries.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I hereby release and agree to indemnify and hold harmless from any lawsuit or claim for injury, regardless of cause, NuHA, its staff and volunteers, and Nu Corinthian Baptist Church, and its ministers, staff, elders and members, from any and all responsibility and liability for any injury or illness that my child may sustain while attending Nu Heights Academy, or while attending any function sponsored by NuHA.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

---

**Media and Photo Release**

Yes – I consent. I grant permission for my child to participate and appear in video or audio recordings, photographs, written articles, or on websites and social media sites. This consent includes the use of my child’s image or voice in media projects by NuHA to print, broadcast or social media outlets, such as newspapers, radio and television stations and news websites. In consideration of the opportunity for my child to participate, I release NuHA including its employees and contractors, from all claims resulting from the use and editing of my child’s image, voice or name.

No – I do not consent to NuHA’s use of my child’s photograph, voice and/or name in various media projects.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





## 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**