

Dear Friends and Families,

Thank you for your interest in Faith Lutheran Preschool and Christian Childcare. Our staff provides a Christ-centered education for every young person who attends our school. We offer care from the ages of 6 weeks to 3 years in our childcare program and 3 to 5 years in our preschool program. We follow MCCSC cut off of August 1 for our preschool program (must be 3 by Aug 1st).

If your child's birthdate falls just past the August 1st cutoff date and you would like to send them to preschool, please reach out to me to discuss the options we provide for an early August birthdate. If your child has a late July birthday, but you are unsure if they are ready for preschool, please reach out to me to discuss the options we provide.

Registration packets are available through email. If you would prefer a hardcopy, please let me know and I'll send one home with your child. If you are expecting and/or anticipating enrolling a sibling in our program, this is the time to submit your paperwork for that child as well. **You may turn in the registration packet anytime. However, if you'd like to secure your spot for the 2024-2025 school year you must turn it in by February 2.**

Paperwork needs to be turned in along with a check covering the registration fee. The registration fee is \$75 per child and \$20 for each additional child. **This fee is non-refundable! In the memo line, please put that it is for registration and your child(ren)'s name(s).** You must pay this fee to secure your spot in our program. If you choose to email or fax your application to me, you must send in a check as well before your paperwork will be processed.

You may use the same application for siblings as long as both of their names are on all forms, specifically the state required documents, pages 11 & 13 (13 - if applicable).

Pages 9 & 10 are for emergency care only. If you would prefer to not grant us permission to give emergency care without first contacting you, please just sign the top of page 9 and leave the rest of 9 & 10 blank. If you are granting us permission to provide emergency care without contacting you first, I need pages 9 & 10 filled out completely. You may also attach a copy of your insurance card if that is easier.

When printing to return completed forms, please do so in a two-sided format. It saves room in my binders – thank you.

Feel free to email me (faithlutheranps@gmail.com) to schedule an appointment to visit our program. It would be our pleasure to show you around. Currently, we are only offering tours during evening hours and weekends.

Dates to remember

- January 8 – February 2 current families need to turn in their application(s) and registration check to secure their placement for the 2023-2024 school year
 - After February 2 – if you have not turned in your paperwork and registration check you are at risk of losing your spot with us.
- Confirmation emails will be sent out mid-February.
- February 5, it opens to the public to turn in paperwork to welcome new families to Faith as space allows.

God's Peace and Blessings,

Rachel Stults

Rachel Stults, Director
Faith Lutheran Preschool and Christian Childcare
A ministry of Faith Lutheran Preschool and Childcare

2200 S High Street, Bloomington, IN 47401
Phone 812•334•2209 / Fax 812•332•2206 / email address: faithlutheranps@gmail.com

Faith Lutheran Preschool and Childcare admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Faith Lutheran Preschool & Christian Child Care: A Ministry of Faith Lutheran Church

Name of child: _____ Nick name of child if applies _____
Birth date or Due date: _____ Male/Female (circle) Requested Start Date: _____
Address: _____ Zip code: _____
Church Affiliation: _____ Baptismal Birthday (if applies): _____
Would you like information about our church: Yes _____ or No _____
How did you hear about our program: _____ (Optional) Nationality: _____

Parents Information: Please circle the number to call in an emergency

Father's name: _____ Cell phone #: _____
Occupation: _____ Email address: _____
Employer: _____ Work phone number: _____
Mother's name: _____ Cell phone #: _____
Occupation: _____ Email address: _____
Employer: _____ Work phone number: _____

Would you prefer a (circle one) **text** or **phone call** if we need to reach you during the day.

Dismissal and Emergency Information:

For your child's safety, picture ID will be needed for first time pick-up for the person's listed below.

Your child or children will only be released to the individuals listed below (Parents may add names or delete names from this list after contacting the Director).

Name(s) of person(s) to be called in case of emergency or pick-up, if parent(s) are not available:

1. _____ Relationship: _____ Phone #: _____
2. _____ Relationship: _____ Phone #: _____
3. _____ Relationship: _____ Phone #: _____

Child Information:

What does your child enjoy? _____

Any dislikes? _____

Any fears? _____

How would you assess your child's behavior (circle)? Assertive Nonassertive Passive Aggressive

Any other notes _____

Preschool Age Only: I give permission for my child to participate in learning responsibility of his/her toileting needs, autonomy, and to be trusted when using the restroom as needed without adult supervision (circle) YES or NO.

If applicable -Toileting habits: Total control Total day control Partial control (occasional accident)

Medical Information:

Please describe any physical disability your child may have that the school should know about. Write description, if applies.

_____.

Physician: _____ Phone Number: _____

Medical Information that we should know about your child:

Allergy and Possible Reaction: **Please write none if there are none known allergies.**

Sibling Information:

Name: _____ Age: _____ Gender: M F

Name: _____ Age: _____ Gender: M F

Name: _____ Age: _____ Gender: M F

Permission for the following:

Photographs: I give permission for my child to be photographed while at school. The permission is granted based on the assumption that there will be no commercial use of the photograph without further written consent. This permission does not allow us to post on any social media cites. These photos are strictly for school use and sharing with parents.

Please circle one: Yes or No

Facebook:

_____ Yes, I grant permission for a photo/image that includes my child without any other personal identifies to be published on our school Closed Facebook page

_____ No, I DO NOT grant permission for a photo/image that includes my child to be posted on our school Facebook page

Email sharing:

_____ Yes, I grant permission for my email to be shared for the purpose of birthday parties and/or playdates.

_____ No, I would prefer to be contacted prior to my email be shared with another parent.

Parent's signature _____ Date _____

Faith Lutheran Preschool/Christian Child Care Agreement

- Follow all procedures in the program's parent handbook.
- Understand that we are a Lutheran preschool. We implement a Lutheran curriculum.
- Obtain a Special Care Plan for my child's allergies (if applicable).
- Complete a medication consent form when requesting any medication administration by Preschool/Christian Child Care staff including bug spray, rash cream, and sunscreen.
- Adhere to child's scheduled arrival time and departure time. If you will be late or pick up early please let the staff know. Notify the staff when my child will not be present when expected.
- Notify the staff every time my child arrives and departs with an authorized person or myself.
- Understand Early drop-off/Late Pick-up Fee Policy: \$1.00 per minute charge for first ten minutes and \$5.00 per minute after the first ten minutes.
- Agree to pay for all sessions signed up for my child regardless of vacation, illness, and any other reason to miss school.
- Obtain, maintain, and provide records of immunizations for my child according to the schedule recommended by the American Academy of Pediatrics.
- Will give at least a 2 weeks notice of withdraw from the program. A two week notice is required to apply your deposit to your last invoice.

(Parent's Signature)

(Date)

Safe Transportation of Food Responsibility

Food must be brought to the school in clean, sanitized containers, in one clear plastic bag or container with child's name on clearly displayed. Upon entering the building, the parent is responsible to place the lunch in the refrigerator that is provided. The school is responsible for maintaining the correct food temperatures until served. Preschoolers may not bring in cups unless they fit in the bag/container that holds their lunch.

I, _____ (Parent's Name) will provide food for

_____ (Child's Name). I take full responsibility for the safety of the food during preparation, storage and transport to the school for meeting needs of my child.

(Parent's Signature)

(Date)

Mission Statement: Faith Lutheran Preschool shall be distinctively Lutheran in philosophy, curriculum, and staff. While evangelistic outreach is the preschool's primary purpose, it strives to assist in the nurturing of all children and parents in a Christ-centered environment.

Financial Agreement:

1. Tuition payments are due the 15th of each month. You will be billed for the month you are going to attend. You will receive your bill by the 5th of each month and payment is due by the 15th of that month. (See table below.)
2. Tuition payments received after the 15th of the month will receive a late fee of \$15.00. All payments that are 30 days late will receive a \$30.00 late fee. (See table below.)
3. A deposit is required, which is equal to an average cost of 2 weeks of your child's tuition. This deposit will be charged on your child's first invoice after enrollment. This deposit may only be applied to your child's tuition for the last two weeks of the school year. If you have a need to withdraw from the program before the last day of school, we require a 2 weeks notice to apply the deposit to your last invoice.
4. All tuition payments that are 45 days late will receive a "Failure to Pay" notice by mail and email. All "Failure to Pay" notices will be required to be paid within 15 days of notice. If there is still no attempt to pay or a payment arrangement is not made, services may be terminated. Date of termination will be stated in a second "Failure to Pay" notice. If there is no communication between the family and the Bookkeeper concerning any of the "Failure to Pay" notices the child's spot will be terminated.
5. No family with an outstanding balance will be allowed to attend the following school year in August.
6. You will be charged a \$30.00 fee for any returned checks.

Late Fee for Payments Received after:

15 th of the month	\$15.00
30 th of the month	\$30.00
45 days late	Failure to pay notice

All questions pertaining to billing
should be submitted to

Jen Edwards at -
faithlutheranpsbk@gmail.com

Student's Name _____

Parent's Signature _____ Date _____

Authorization for Over-the-Counter Products

For: _____ (child's name)

This form must be completed by the parent/guardian to authorize the use of:

Please check the products that apply:

_____ Diaper cream/ointment

_____ Insect repellent

_____ Vaseline/Petroleum Jelly/Lotion/Aquaphor

_____ Lip Balm

_____ Topical Cream/Ointment Pain Reliever

_____ Sunscreen

(such as Neosporin)

All Items must be in the original packaging and will only used according to directions on product. If it is to be used otherwise, we must have a written Doctor's note that gives specific directions and be signed by the Doctor administering the product.

Authorization for Over-the-Counter Products

Please check the products that apply:

_____ Benadryl

_____ Dosage

_____ Frequency

_____ Motrin

_____ Dosage

_____ Frequency

_____ Tylenol

_____ Dosage

_____ Frequency

Other _____

_____ Dosage

_____ Frequency

Other _____

_____ Dosage

_____ Frequency

Faith Lutheran Preschool and Childcare has my permission to apply the over-the-counter products listed above to my child.

(Parent's Signature)

(Date)

This Authorization is effective from: August 1, 2024 to August 1, 2025

Authorization to Administer Prescription Medication

Child's full name: _____ Date: _____

Name of Medication*: _____ Dosage: _____

Time(s): Of Dosage: _____ Frequency: _____

(Any medication exceeding two weeks will require a Physician's statement)

Any Special Instruction (take with food, on "as needed" basis", before nap...)

Start Date: _____ End Date: _____

Name of Pharmacy: _____

Phone Number of Pharmacy: _____

Prescribing Physician: _____ Phone Number: _____

I release Faith Lutheran Preschool and Christian Child Care from any liability from administering this medication.

(Parent Signature)

(Date)

*All medications must be in original container and clearly labeled with the Child's name and dispensing instructions.

"While you're away": A pre-consent form for emergency care.

(Derived from the IU Health website)

***If you choose to NOT delegate consent** to Faith Lutheran Preschool and Christian Childcare please sign and date here and you do not need to fill out the rest of this page or the next (pages 9 & 10)

Parent Signature: _____ **Date:** _____

***If you do** choose to delegate consent to Faith Lutheran Preschool and Christian Childcare you must complete this form. By not completing you are also agreeing to not give Faith Lutheran Preschool and Childcare

With this form you delegate your authority to consent for health care to the person responsible for your child in your absence. If care is needed while you're away, the appointee will be able to authorize your personal physician to administer treatment. If your physician is unavailable, the appointee may take this form to an Emergency Center for immediate medical care.

Every effort will be made to contact you in an emergency. Presenting this completed form means that your child can be treated more quickly when you cannot be located.

CONSENT TO TREAT MINOR CHILDREN:

I, _____, parent or legal guardian of _____ (child's name), do hereby consent to any medical care determined by a physician to be necessary for the welfare of my child when I am not reasonably available to exercise my authority.

Also, I delegate my authority to consent to Faith Lutheran Preschool and Christian Childcare except as specified below:

This authorization of consent is to be exercised in good faith and in the best interest of my minor child subject to the following terms and conditions (if there are any, please list below):

This authorization of consent is effective from the 31st day of July, 2023 and will continue until the 31st day of July, 2024. By signing this form, you are authorizing Faith Lutheran Preschool and Christian Childcare to delegate authority to, to delegate the authority to another.

Printed name: _____ **Signed Name:** _____ **Date:** _____

Address: _____ **Phone:** _____

For Director: By signing this document (shown below) I declare that I am at least 18 years old and that at the request of the above named individual making the appointment, I witness the signing of this document by the appointer on the date noted above.

Rachel Stults

Rachel Stults

January 8, 2024

This consent form will be taken with the child to the hospital or physician's office when the child is taken for treatment.

Medical Contacts:

Family Physician and/or Pediatrician: _____ Phone: _____

Preferred Hospital: _____ Preferred Surgeon: _____

Insurance Information:

Medical Carrier: _____ ID number: _____

Member's name: _____ Benefit Code: _____ Acct Number: _____

Medical History:

Allergies, if any, including medication taken for allergy:

Chronic or existing disease or medical problems (i.e. diabetes, epilepsy...):

Special medications or anything currently taking regularly:

Last Tetanus: _____ Blood Type: _____

In an emergency:

Parents can be reached as follows:

If parents cannot be reached, please try to contact the following people:

This informational form will be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.

***Notice Concerning Fire Safety Protection:**

For the 2024-2025 school year

Faith Lutheran Preschool and Christian Childcare
2200 South High Street
Bloomington, IN 47401

Dear Parent(s) or Legal Guardian(s)

Under Indiana Law, a childcare ministry may choose not to provide certain fire safety protections if the parent(s) or legal guardian(s) of each child is/are notified about the absence of the fire safety protections. The purpose of this notice is to advise you that this childcare ministry does not have the same level of fire protection as a licensed childcare center. As you have already been notified, the childcare ministry does not have to comply with the same sanitation, life and fire safety rules as a licensed day care center. The reason you are being given this notice is that this childcare ministry has chosen not to provide any form of fire warning system, such as smoke detectors or fire alarms, as is required for a licensed day care center.

I/we, the parent(s) or legal guardian(s) of _____
(child's name)

acknowledge that I/we have read and understand the above notice concerning fire safety protection.

Signature: _____ Date: _____

*As a side note, the school has installed a hard-wired fire protection system. However, to satisfy both the state FSSA inspector and the fire marshal I am having you sign this for our records to cover all our basis for when our records are annually inspected.

Parent Notice:

Taken from – State Form 49444 (11-99/BCD 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 or Parent of Guardian: _____ Name of child: _____

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: Faith Lutheran Preschool and Christian Childcare
Address of facility: 2200 South High Street
Bloomington, IN 47401
County: Monroe

Faith Lutheran Preschool and Childcare Discipline Policy

Start children off on the way they should go, and even when they are old, they will not turn from it. Prov 22:6

Faith Lutheran Preschool and Childcare we views discipline as a valuable life skill. Gentle discipline is neither permissive nor punitive, rather a means of teaching, guiding and training. When boundaries and expectations are clearly defined, children feel secure. By setting rules and clearly communicating expectations, misbehaviors can be avoided and children can develop self-discipline and self-control. At Faith Christian Preschool and Childcare, children receive gentle, loving and biblically modeled discipline.

- The staff will model appropriate Christian behavior
- Prepare the class environment so as to avoid unnecessary conflicts for children
- Create psychological safety through predictable routines, expectations and schedules
- Provide positive verbal praise when interacting with children
- Promote self-esteem
- Avoid making comparisons between children
- Help children know and understand limits
- Give children positive verbal redirection when necessary
- Help children express their wants, needs and feelings
- Help children understand the wants, needs and feelings of others
- Support children in learning to resolve conflicts with others; give opportunities for children to solve problems
- Ensure that children know the consequences for inappropriate behavior
- Provide consistent discipline practices

Disruptive Behaviors: We attempt to provide all children with a positive, supportive environment that will minimize problem behaviors. Children are learning social skills and there will occasionally be conflicts, which goes beyond the scope of these techniques.

Disruptive Behaviors that will lead up to Disciplinary Action:

- Child requires constant attention from the staff
- Inflicts physical or emotional harm on other children, adults, or self
- Disrespects people and/or materials provided in the learning environment
- Consistently disobeys the rules of the classroom
- Verbally threatens other students and/or staff
- Uses verbal or physical activity that diverts attention away from the group of children and their learning environment

Disciplinary Strategies: Preventative approaches prevent many problems before they occur.

- Help children resolve their own conflicts using their words before behavior escalates to an inappropriate level
- Redirect inappropriate behavior
- Putting children into small groups and assigning them to stations to change the focus of the inappropriate activity or behavior
- Provide alternatives for inappropriate behavior
- Protect the safety of others by removing a child from the group when necessary, giving them a "Time Out".

A "Time-Out" takes place in the room where the child is supervised while taking a few minutes to reflect on the fact that his/her actions did not represent good decision making. After a brief interval, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over. The period of time a child is in time-out is equal to one minute for each year of age. Before re-engaging in activities the staff will discuss with the child why the time out occurred and what other options the child had at their disposal to create a better outcome.

Discipline Procedures for Correcting Disruptive Behaviors: When a child's behavior requires stronger measures, the teacher will determine an appropriate response such as a short time out, for the child to calm down and think through what has just occurred. If this occurs, it is expected that parents will work constructively with staff to resolve the issue.

- Step 1: Contact will be made via email, text, etc.) discussing the incidents(s) that led to disciplinary actions being taken by the staff.
- Step 2: Parents will be notified of the inappropriate behavior and how it is being handled at school with a written notice
- Step 3: The teacher will discuss the issue with the director to develop a suitable strategy for correcting the child's inappropriate behavior.
- Step 4: Parents will meet with the teacher and the director to discuss how this can be handled differently and how it is being handled at home. We will work together to devise a consistent and positive plan of action to modify the behavior.
- Step 5: If the child continues to behave inappropriately, becomes dangerous to his surroundings and others around him/her; and there is no acceptable solution, the child may be suspended or terminated from the preschool and/or childcare program entirely. The actions taken and the incidents that have occurred will be brought to the School Board's attention, and it will be decided by the School Board what course of action will take place. If the School board deems that the child's actions lead to dismissal, there will be no refunds for termination of services.

The staff of Faith Lutheran Preschool and Childcare will not:

- Handle a child roughly in a way to include shaking, pushing, shoving, pinching, slapping, biting, kicking, or spanking
- Place a child in a locked room, closet, or box
- Discipline a child for toileting accidents or any other accidents
- Delegate a child to administer discipline to another child
- Withhold food as a form of discipline
- Verbally abuse, belittle, or shame a child

Discipline Policy Agreement: I have read the Preschool Disciplinary Policies and Procedures. I have discussed this with my child and agree to comply with the discipline policies and procedures of The Early Learning Academy.

Parent Signature: _____ **Date:** _____

Please fill out for children 12 months and younger:

BUREAU OF CHILD DEVELOPMENT
CHILD CARE HEALTH SECTION
402 W. WASHINGTON ST., RM W386
INDIANAPOLIS, IN 46204

Breast Milk Procedure

Taken from - State form 49954 (1-01) BCD 0067

Breast milk is a very special product. Provide a safe and excellent source of nutrition to your breast-fed infants by following the procedure below:

1. The facility or the mother must supply sterilized bottles of disposable nurser bags.
2. The mother will store her milk in a bottle or bag and refrigerate or freeze the milk. The bottle or bag should contain no more than the amount of milk the child would drink at one feeding. The milk must be labeled with the child's name and the date and time collected.
3. The bottles or disposable bags must be brought to the center in a clean, insulated container which keeps the milk at 41°F or below.
4. Fresh, refrigerated breast milk must be used within 48 hours of the time expressed, Frozen milk may be stored in a refrigerator freezer for 2 months or stored in a deep freezer at 0°F for 6 months.
5. Frozen breast milk may be thawed as follows:
 - Frozen breast milk may be thawed under warm water, gently mixed, used within one (1) hour or refrigerated immediately and used within (3) hours. Label the bottle with the time and date thawed and method used for thawing ("warm water" or "heat thawed")
 - Frozen breast milk may be thawed in the refrigerator at 41°F or below. Label the bottle with the time and date moved to the refrigerator and "cold thaw" method and use within twenty-four (24) hours. With the method, **never warm** the breast milk until ready to feed the child.

NEVER HEAT BREAST MILK IN THE MICROWAVE!

Note: Once a bottle is fed to an infant, the remainder must be discarded and cannot be returned to the refrigerator.

PARENT AGREEMENT

I, _____, agree to provide my breast milk for my child _____
(Parent's name) (Child's name)

in sterilized bottles or sterile nurser bags. I will store my milk in the appropriate serving size for my child. I take full responsibility for maintaining this milk at 41°F or below during home storage and transport to the center.

Signature of Parent: _____ Date: _____

Safe Sleep Practice:

Dear Parent:

Providing your infant with a safe environment in which to grow and learn is of extreme importance to us. To that end, our childcare facility has implemented policies and procedures to create a safe sleep environment for your infant.

We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Safety Commission for the safe sleep environments to reduce the risk of sudden infant death syndrome (SIDS). SIDS is the "sudden death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history."

Our written policy is as follows:

- All infants will be placed on their backs in safety-approved cribs unless an alternate sleep position is needed for medical reasons and a written note from the infant's health professional is provided.
- Infants will not sleep on water beds, sofas, soft mattresses, or other soft surfaces.
- Soft materials such as pillows, quilts, comforters, sheepskins, stuffed toys, and loose bedding will not be placed in the infants' sleep environments.
- Infants will not share a safety-approved crib with other children
- Infants will remain lightly clothed and comfortable while sleeping
- Supervised "tummy time" will be observed while infant is awake
- No smoking will be allowed in our infants' environment.

Since the start of 1994 national campaign that provided guidelines for parents, health professionals and other caregivers to place infants on their backs to sleep, the number of infants dying from SIDS has decreased by 42%.

Signature of Director: *Rachel Stults* Date: January 8, 2024

Signature of Parent: _____ Date: _____

Fee Schedule for Preschool 2024-2025

Preschool (ages 3-5 years)

Please circle the days in each box that you would like to attend.
Cost listed is the amount you will pay for each day that you select.

OPTION A: Early Care 7:45-8:15: M T W R F
\$3.50 per day selected

OPTION B: Before Care 8:15-8:45: M T W R F
\$3.50 per day selected

OPTION C: AM Session 8:45-11:45: M T W R F
\$13.80 per day selected

OPTION D: Lunch Bunch 11:45-12:45: M T W R F
\$6.50 per day selected

OPTION E: PM Session 12:45-3:45: M T W R F
\$13.80 per day selected

OPTION F: After Care 3:45-4:30: M T W R F
\$4.75 per day selected

OPTION G: Extended Care 4:30-5:00: M T W R F
\$3.50 per day selected

Sibling Discounts:

2 children = 5%

3 children = 10%

4 children = 15%

5 children = 20%

Late Fee Policy \$1.00 per
minute charge for first ten
minutes and \$5.00 per minute
after the first ten minutes.

Fee Schedule for Childcare 2024-2025

Toddlers (ages 1-3 years)

Please circle the days in each box that you would like to attend.
Cost listed is the amount you will pay for each day that you select.

OPTION A: Early Care 7:45-8:15: M T W R F
\$3.50 per day selected

OPTION B: Before Care 8:15-8:45: M T W R F
\$3.50 per day selected

OPTION C: AM Session 8:45-11:45: M T W R F
\$15.00 per day selected

OPTION D: Lunch Bunch 11:45-12:45: M T W R F
\$6.50 per day selected

OPTION E: PM Session 12:45-3:45: M T W R F
\$15.00 per day selected

OPTION F: After Care 3:45-4:30: M T W R F
\$4.75 per day selected

OPTION G: Extended Care 4:30-5:00: M T W R F
\$3.50 per day selected

Sibling Discounts:

2 children = 5%

3 children = 10%

4 children = 15%

5 children = 20%

Late Fee Policy \$1.00 per
minute charge for first ten
minutes and \$5.00 per minute
after the first ten minutes.

Fee Schedule for Infant care 2024-2025

Infants (ages 6 weeks to 1 year)

Please circle the days in each box that you would like to attend.
Cost listed is the amount you will pay for each day that you select.

OPTION A: Early Care 7:45-8:15: M T W R F
\$3.50 per day selected

OPTION B: Before Care 8:15-8:45: M T W R F
\$3.50 per day selected

OPTION C: AM Session 8:45-11:45: M T W R F
\$17.50 per day selected

OPTION D: Lunch Bunch 11:45-12:45: M T W R F
\$6.50 per day selected

OPTION E: PM Session 12:45-3:45: M T W R F
\$17.50 per day selected

OPTION F: After Care 3:45-4:30: M T W R F
\$4.75 per day selected

OPTION G: Extended Care 4:30-5:00: M T W R F
\$3.50 per day selected

Sibling Discounts:

2 children = 5%

3 children = 10%

4 children = 15%

5 children = 20%

Late Fee Policy \$1.00 per
minute charge for first ten
minutes and \$5.00 per minute
after the first ten minutes.