

ZION LUTHERAN SCHOOL

2019 - 2020

EXTEND CARE

SCHOOL YEAR REGISTRATION FORM

PLEASE PROVIDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE & IMMUNIZATION RECORDS

Child's Name _____
(Last) (First) (Middle)

What do you wish for your child to be called at school? _____

_____ Male _____ Female Birthdate _____

Church Membership _____ Has your child been baptized? _____

Legal Father _____ Employer _____

Legal Mother _____ Employer _____

Status of Parents' relationship

() Married () Divorced () Widowed () Never Married

Alternative Family Information (step-parents, adoptive parents, guardians, etc.)

Does the child live with both legal parents? () Y () N

If no, please explain _____

Current Mailing Address _____

City State Zip code

Home Phone _____

MOM Work Phone _____ DAD Work Phone _____

MOM Cell Phone _____ DAD Cell Phone _____

Cell Phone Provider _____ Cell Phone Provider _____

Email Address Mom _____ Email Address Dad _____

Please indicate the days your child will be attending Extend Care:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Before school _____

After school _____

School Holidays, Breaks, Snow Days:

Extend Care Hours of operation are Monday through Friday 6:30 a.m. to 6:00 p.m. during summer, school breaks and snow days.

On school days: 6:30-8:30 and 3:00-6:00.

Please complete this form and return as soon as possible to hold your spot in the Extend Care program.

Extend Care will be filled based on registration receipt date.

PLEASE PROVIDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE & IMMUNIZATION RECORDS

OVER

Parent Authorization

1. I authorize the school to release information about my child for further education and/or treatment.
 Y N
2. I authorize the school to act in case of illness or injury if I cannot be reached.
 Y N
3. I authorize the school to use pictures which include my child.
 Y N
4. I agree to have my name and phone number included on the parent roster.
 Y N
5. I agree to allow my child to take supervised trips to other areas of the church building and grounds with a teacher or teacher's assistant (chapel, back yard).
 Y N
6. I agree to allow teachers or staff to apply antibiotic ointment to minor cuts and scrapes.
 Y N
7. I have read and agree with the Behavior Policy.
 Y N
8. I have read and agree with the Bullying Prevention Policy.
 Y N
9. I have read and agree with the policies and procedures as outlined in the Parent Handbook.
 Y N

Parent Signature _____

Office Use Only. Parents: Do NOT fill out this section.

Date Application Received _____

Registration Fee \$ 40.00

Check number _____

Scripture Instruction in the Classroom

Thank you for your interest in our school. Zion Lutheran School has an admissions policy that opens the school to families who are spiritually like-minded, who are supportive of our philosophy, objectives, and standards of education, and whose children meet our enrollment standards. Our purpose is to serve families who desire not simply a private education, but a distinctly Christian education for their children.

Before applying for admission to our school, please read the Zion Lutheran School handbook provided in the enrollment packet. The handbook will introduce you to many of the school's policies, procedures, and expectations for both parents and students.

The first several pages of the handbook explain our religious purpose, mission, and beliefs. Zion Lutheran School is a ministry of Zion Lutheran Church, which is a member of the Lutheran—Church Missouri Synod. As a member congregation (and its associated school), we believe, teach, and confess without reservation the doctrines (teachings) of God's Word (the Holy Scriptures) and practice them in every area of our school ministry.

For example, if a question regarding biblical lifestyles arises in chapel or in your child's classroom, the pastor/teacher will answer from a biblical viewpoint consistent with our mission and belief statement. If your beliefs and lifestyle choices are not in agreement with our beliefs, the teacher's answer may create conflict in your child's heart and mind.

You may learn more about our biblical teachings through our church website (zionseymour.org) and especially through the LCMS website (lcms.org). You may also contact Zion's pastor for more information or to discuss any concerns that you may have about our teachings.

Biblical principles are integrated into all subject matter taught at our school. Our staff is committed not only to academic excellence, but also to teaching students how to apply the truths of God's Word to every aspect of life. If you are supportive of the teachings as outlined above and on the websites referenced, our school will complement the beliefs and ideals your child is taught at home. We look forward to partnering with you to educate your child in God's truth.

I (we) understand it is a privilege to send our child to Zion Lutheran School and we shall support the principles, practices, and educational policies of the school in every way.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

**Zion Lutheran School
Transportation Policy**

We do not transport students at any time for any reason.
Parents are responsible for transportation to and from school.

I understand and agree with the Transportation Policy.

Parent Signature

Date

Parent Printed Name

ZION LUTHERAN EXTEND CARE

Welcome to Zion Extend Care!

We would like for your child to bring in the following items for use in Extend Care:

- A small photo of their self to put above their name on their coat hook.
- If your child sleeps, we will need a small travel size pillow and blanket. (A beach towel is fine too if you do not have a small blanket) Please put your child's name on both items.
- Please bring in a spare change of weather appropriate clothes in case of an accident or a spill.
- We will be sending home some paper work that needs to be filled out and brought back in 30 days of your starting date. (Per Licensing guidelines for Daycare Ministries)

If you have any questions please call the school office at 522-5911. If there is no answer, please leave your name and a phone number and we will return the call.

Zion Lutheran School Extend Care Staff

Chrissy Heiss, Principal
Zion Lutheran School

**Zion Lutheran School
Extend Care Application**

Child Information

Name: _____

Birthday: _____

Address: _____

Home Phone: _____

Any known food allergies: _____

Family Information

Mother

Name: _____

Address: _____

Home Phone: _____

Work phone: _____

Cell phone: _____

Email Address: _____

Employer: _____

Father

Name: _____

Address: _____

Home Phone: _____

Work phone: _____

Cell phone: _____

Email Address: _____

Employer: _____

Responsible Persons

Responsible persons who may be called to come pick up my child in case of illness or other emergencies when the parent cannot be reached, or who are authorized to bring/pick up my child.

Name: _____

Phone: _____

Name _____

Phone: _____

Name _____

Phone _____

I give permission for the staff at Zion Lutheran Extend Care to administer minor first aid to my child and to obtain emergency medical care or dental treatment if I cannot be reached by phone to come for my child. I understand I am responsible for any charges incurred.

Parent's Signature: _____

Arrival/Departure

I understand that my child will be released only to the parent(s) or persons named. If anyone other than the child's parent is picking them up, please notify us with a phone call or note with the persons name and pertinent information.

(Please initial)

Payment Policy

Billing rates are on a per day basis, but are charged on a weekly commitment. If your child is scheduled for 5 days per week, you will be charged for 5 days per week. If your child is scheduled for every Tuesday and Thursday, you will be charged for those days. You will be charged for the days you commit, regardless if your child is not in attendance due to illness, vacation, work schedule changes, etc.

Note: During the summer program only, which runs from the end of May through the middle of August (the Friday before school starts), you will be given "grace" days, depending upon how many days your child is scheduled to attend. If your child attends 3 days, you will be given 3 "grace" days in which your child can be absent and will not be charged; if your child attends 5 days you will be given 5 "grace" days, etc. Please give extend care a weeks advanced notice if you would like to use these days.

*Statements are prepared every Friday. Your payment is expected the following Wednesday. Any account over \$200.00 could result in dismissal. Recurring problems with late payments could result in the termination of your child's care.

(Please initial)

Rate Increase

Rates will not be increased more than once per calendar year. There may be a cost of living increase per child each year, effective August 1st.

(Please initial)

Dismissal /Denial of Service

Your child may be dismissed or denied service for failure of the parent to complete all required paperwork, for failure to pay fees (registration, weekly), if your account balance exceeds \$200.00 , or for persistent behavior by your child that is injurious to one's self or to others.

(Please initial)

Termination of Services

Should you decide at any time to take your child out of Zion Lutheran Extend Care, you are required to give a **written 2 week notice**. If you do not give a 2 week notice, you will be charged for the 2 week period.

(Please initial)

Absence Policy

A 24- hour notice is appreciated if you know your child is going to be absent. Please call and notify us if your child is absent due to illness.

(Please initial)

Registration Requirements

All children must be registered with the following paperwork completed **before** any child attends Zion Lutheran Extend Care:

- Child Enrollment Application
- Up to date Immunization Records(a copy for our records)
- Parental Notice Form 49444
- Transportation Policy

(Please initial)

Meals

Zion Lutheran Extend Care provides your child with lunch daily and an afternoon snack. Please notify us in writing if your child has any food allergies. A Doctor's statement will be needed for children with special dietary needs resulting in bringing lunch/snacks from home.

- Breakfast: Children may bring in a breakfast from 6:30 am to 8:15 am
- Morning Snack: Is served at 9:00 am
- Lunch: Is served at 11:30 am
- Snack: Is served by groups starting at 3:15 pm

If your child brings in a cup from home, please label it with your child's name.

(Please initial)

Naps and Quiet Time

There will be daily nap and/or quiet time for all children in our care. Nap time is from 1:00 pm to 2:30 pm.

(Please initial)

Reporting Changes

Parents are responsible for reporting any changes in address, phone number, employment, work hours, or persons designated to pick up your child as soon as possible.

(Please initial)

Health

You will be informed of any significant occurrence of problems that may affect your child, including health concerns, accidents, and exposure to communicable disease. You will be called to pick up your child when symptoms of illness are present.

Some symptoms, which may prevent your child from attending Extend Care are:

- Vomiting
- Diarrhea
- Pink eye
- A temperature of 101 degrees or higher
- Communicable Diseases

If or when your child is put on medication that is to be administered by our staff, you will need to bring in a signed statement with the medication with the following information listed on it:

- Child's name
- Medication name
- Dosage
- Time of Administration of Medication
- Reason for Medication

We must have this information on file, or we will not be able to administer the medication. This is a requirement of the State in case an emergency person should have to be called. Then, the correct information can be relayed to this person.

(Please initial)

Parents Notice: 49444

I understand that Zion Lutheran Extend Care is a daycare ministry. I understand that this daycare ministry is not licensed under the laws of Indiana. However, I understand that this daycare ministry complies with the State rules concerning sanitation and fire safety for 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 daycare ministry.

Signature of Parent or Guardian

Name of enrolled child

Date

This notice does not absolve a day care ministry from liability for injury to a child while this child is at the daycare ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the daycare ministry or an employee of the day care ministry.

**ZION LUTHERAN EXTEND CARE
DISCIPLINE/GUIDANCE POLICY**

Provider Name Zion Lutheran Extend Care Staff

It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for children, I may have to respond to your child's misbehavior. Biting, hitting, spitting, hostile verbal behavior and other behaviors which will hurt another child or staff member are not permitted.

In response to these behaviors, I will not use:

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

In response to misbehavior, I 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 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 and staff, I 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 _____