

In His Hands Daycare Registration Packet



In His Hands Daycare

A Ministry of the Dover Hill Christian Union Church

Please mail registration forms to:

In His Hands Daycare
15581 North State Road 450
Shoals, IN 47581

**For more info, please call Mike Newland (812)709-0517 or Misty Newland (812)709-0786.
Email us: mnewland39@frontier.com*

Our Philosophy:

We maintain a warm and loving Christ-centered environment with planned activities appropriate for children and their developmental stages. Each child experiences success and builds upon the foundation for their future. Through our staff, children learn of the unconditional love of Jesus. We partner with parents to help them grow and celebrate God's blessing in their lives.

Matthew 19:14 Jesus said, "Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these."

Our Commitment:

The goal of our daycare is to provide a place where parents can be confident that their child will be safe, loved and nurtured. Daycare is offered for all children from infants through 12 years old.

Proverbs 22:6 "Point your kids in the right direction –when they're old they won't be lost."

Our Staff:

The staff has a wide range of experience working with and educating children. Everyone here has a heart dedicated to inspire children to grow spiritually, academically and socially. Also, all staff members have First Aid and Infant and Child CPR training.

Hours of Operation:

In His Hands Daycare normal operating hours are from **5:30 am** to **5:15 pm** Monday through Friday. A late pick-up fee of \$10.00 per family for each 15 minutes will be charged after 5:15pm. The late pick-up fee may be waived by the director if the following conditions are met:

- a) The parent calls IHHD before 5:15 to notify of the late pick-up.
- b) The reason for the late pick-up is weather or traffic related.

Tuition Payment Policies:

A nonrefundable *annual* registration fee of **\$50.00** for one child and **\$75.00** for a family (more than one child) is due at the time of enrollment and every additional calendar school year that your child is enrolled in IHHD.

- 1) Weekly tuition payments must be paid on Monday for the current week or in advance. Payment options include weekly by cash or check.
- 2) Short Weeks: Full tuition is due for the weeks in which IHHD is closed for the holidays. Regular tuition is also required if and when IHHD must close early or for an entire day, due to inclement weather conditions.
- 3) The full week’s tuition is due whether your child is here all five days or not, unless you have a regular part time schedule and/or make prior arrangements with the director.

PROGRAM	FULL TIME (5 day)	Part Time/Drop-Ins	
Infants (6 weeks-one year)	\$100.00/week	\$25.00/daily	
Toddler (1-3 years)	\$90.00/week	\$20.00/daily	
3-5 years	\$90.00/week	\$20.00/daily	
Preschool Only	\$20.00/week	N/A	
Preschool & Daycare	\$100.00/week	N/A	
Before OR After School Care	\$5.00/daily		
Before & After School Care	\$7.00/daily	N/A	

Discounts:

Multi-child: 10% discount for second child enrolled.

Dover Hill CCCU members: 10% discount for parents of child enrolled.

Late Fee Policies:

- 1) If no payment by Wednesday = \$15 late fee and parent notified
 - 2) If no payment by Friday = Child cannot return until full balance is paid
- Accounts one week in arrears may result in immediate termination of care, however, upon payment in full enrollment may be reinstated as long as a spot is still available.

Returned Check Policy:

There is a \$25 charge for any check which is returned by the bank for any reason.

Withdraw/Termination Policy:

IHHD requires a two week written notice of your intentions to withdraw your child from our daycare. If the two week notice is not given, you will be charged tuition for the two weeks following end of care.

Either party can cancel the tuition and policy contract at any time with a two week written notice if it is determined to be in the best interest of the children or IHHD.

Vacation Policy:

Children who are enrolled at the full time rate will have 10 vacation days that can be applied towards an absence, sick or vacation. Children who are enrolled as part time or drop-ins will have 5 vacation days that can be applied towards an absence, sick or vacation.

Days Closed:

IHHD **will not** be open for business on the following holidays:

- New Year's Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Eve
- Christmas Day
- New Year's Eve

Snow Day Policy:

IHHD is committed to being available for your daycare/preschool needs, but there may be days when inclement weather does not allow us to open. Notification to parents will be made via text messaging, phone calls and/or emails. On days the daycare is closed due to bad weather, tuition charges will be the same as for a full week.

In His Hands Daycare Registration Form

Name of Child: _____ Birth date: __/__/__ Sex: M__ F__

Child's Age _____

Child's Doctor: _____ Phone: _____

Full name of Mother: _____

Full name of Father: _____

Mother's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer Name: _____

Father's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer Name: _____

Person(s) to contact in case of emergency

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Person(s) Authorized to pick up child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Program Requested:

___ Full Time

___ Part Time (please indicate days needed below)

M ___

T ___

W ___

T ___

F ___

___ Before School Care ___ After School Care ___ Before & After School Care

Child's Health History

Does child have any known health problems? Yes () No () (If yes attach documentation)

Check (√) any of the following illnesses the child has had:

- Asthma Earaches Whooping Cough Bronchitis
Eczema Pneumonia Chicken Pox Frequent Colds
Croup Convulsions Other: _____

Does your child have any known allergies? Yes () No () if yes, what are they and what are your child's reactions: _____

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

*Are your Child's immunizations up to date? Yes () No ()
If no please explain: _____

Please comment on any other medical information/ or special need the child care provider should be aware of: _____

I authorize the child care provider/staff to obtain the following services for this child if necessary: Physician and or Ambulance in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian)

(Date)

(Signature of parent/guardian)

(Signature of child care provider)

Note: Please attach a copy of child's immunization records