

RAINBOW YEARS LEARNING MINISTRY

7235W 100 N, Shipshewana, In 46565-9120

260-768-7153

Intake Agreement and Enrollment Contract

Child's Full Name..... Date of Birth.....

Home Address.....

Primary Care-giver Language spoken at home.....

Mother's Name.....

Soc. Sec. #..... License#.....

Home/Postal Address.....

Home phone (.....). Cell phone (.....).

Mother's workplace & phone.....

Father's Name.....

Soc. Sec. #..... License #.....

Home/Postal Address.....

Home phone (.....). Cell phone (.....).

Father's workplace & phone.....

Does either parent have limited access to their child?

If so, legal documentation must be produced and on file.

Legal Guardian, if other than above.....

Home/Postal address.....

Home phone (.....). Cell phone (.....).

Workplace name & phone number.....

Should RYLM be unable to reach the parents/guardians in an emergency, who can we call?

Emergency Contact..... Phone (.....).

What relationship is this person to your child?

Names and ages of brothers/sisters.....

Family pets and names.....

Does your child have any religious/cultural needs that the staff should be aware of?

HEALTH INFORMATION:

My signature here authorizes emergency care for my child at the nearest hospital. I understand that every effort will be made to notify me before such action is taken **X**_____

Child's Physician Phone (.....).

Physician's Address.....

Child's Dentist..... Phone (.....).

Dentist's Address.....

SPECIAL CARE/NEEDS:

Food and/or environmental allergies.....

Dietary needs..... Personal food dislikes.....

Regular medication..... Medicine allergies.....

Eyesight challenges..... Hearing challenges.....
Any serious illness/injury.....
Diagnosed medical condition and /or developmental delays.....
Other relevant information about your child's health and development.....
.....

All children require proof of a recent medical examination and a complete immunization record must be kept on file.
Staff will notify parents if any problems occur for their child, including infectious diseases within RYLM.

ATTENDANCE SCHEDULE & FEES:

Approximate entry date:

I wish to enroll my child for the following contracted attendance times:

Mon__ : __ - __ : __ Tues__ : __ - __ : __ Wed__ : __ - __ : __ Thu__ : __ - __ : __ Fri__ : __ - __ : __
_____ *Part-time _____ *Full-time

My contracted fee per week is _____, unless other fees apply. The contracted fee is paid even in case of absence. I understand, if my child attends any additional hours, other than contracted, or payments are not received as specified, I will be charged accordingly.

I accept the Ministry policy that all fees must be paid weekly in advance. A late payment charge of \$20 will be applied to my account if payment is late (one week). No payment received by the second week will result in permanent dismissal.

AUTHORIZED PEOPLE:

The following people may collect my child from RYLM. Each understands they may be asked by staff for proof of identity. I clearly understand and accept that any adult who collects or delivers my child must first advise staff that they are at the daycare for that purpose.

Name and phone: Drivers License #.....
Name and phone: Drivers License #.....
Name and phone: Drivers License #.....

PLEASE READ THE FOLLOWING STATEMENTS AND SIGN.

- ✓ I understand that pictures may be taken of activities and/or projects that occur at the ministry. Photographs taken by the RYLM staff will not be used outside of the Shore Mennonite Church facility. By signing below I give RYLM permission to take photographs of my child to be used solely for ministry purposes only.
- ✓ I have read the Ministry's brochures and policies, which includes the Ministry's discipline policy and procedure, titled Behavior Management.
- ✓ I agree to keep the information in this contract up to date at all times and I will notify staff of any relevant changes.
- ✓ When our family leaves RYLM, I agree to make arrangements with the administration to pay my debt in full.

The signatures below indicate acceptance of this contract.

Mother's signature X _____ Date.....
Father's signature X _____ Date.....
Legal guardian's signature X _____ Date.....
Director's signature X _____ Date.....