



Enrollment Form

Welcome to New Generation Child Care

Where big hearts shape little minds

Center Phone Number: 317-600-3328

Director Number: 317-374-2420

Address: 1632 Columbia Ave

Indianapolis, IN 46202



EMERGENCY CONTACT/AUTHORIZED ADULT FORM

**NAME OF AUTHORIZED PERSONS OR EMERGENCY CONTACT WHO CAN BE CALLED TO COME
FOR MY CHILD IN CASE OF ILLNESS OR PICK UP IF I CANNOT BE REACHED:**

Name: _____ Relationship: _____ Phone: _____

Address: _____

Alternate Phone: _____ Authorized: _____ OR _____ Emergency

Name: _____ Relationship: _____ Phone: _____

Address: _____

Alternate Phone: _____ Authorized: _____ OR _____ Emergency

Name: _____ Relationship: _____ Phone: _____

Address: _____

Alternate Phone: _____ Authorized: _____ OR _____ Emergency

Name: _____ Relationship: _____ Phone: _____

Address: _____

Alternate Phone: _____ Authorized: _____ OR _____ Emergency

**** YOU MUST NOTIFY THE CENTER VIA PHONE OR IN PERSON IF SOMEONE OTHER THAN AN
AUTHORIZED AND REGISTERED PERSON ON YOUR ACCOUNT WILL BE PICKING UP YOUR CHILD. WE
WILL NOT RELEASE YOUR CHILD TO ANYONE OTHER THAN AN AUTHORIZED AND REGISTERED
PERSON, IF YOU DO NOTIFY US.**

_____(parent initial here)

ALSO, DUE TO CUSTODY ISSUES, EACH CUSTODIAL GUARDIAN MUST APPROVE THE LIST OF AUTHORIZED PERSONS, OR THE ONLY INDIVIDUALS ALLOWED TO PICK UP WILL BE THE CUSTODIAL GUARDIANS.

_____(parent initial here)

Child's Physician: _____ Phone: _____

Address: _____

Child's Dentist: _____ Phone: _____

Address: _____

Please indicate your reply by initialing beside the following items and placing a check on the space provided:

_____ I understand that my child teacher will schedule a parent/teacher conferences each year.

_____ I understand that my child must receive a pre-entrance physical exam.

_____ I understand that the daycare has the right to deny admittance to any child whose needs cannot be met by **the** existing program

_____ I understand that I must sign my child's medication daily. I understand that if the medication is an over-the-counter drug that I will make sure that the doctor's authorization form is on file at the center for the drug.

_____ I understand that if my child/children are ill or staying home, I must call the center to let the Director know by 9 AM. This way the staff will not attempt to hold up classroom time for a student who will not be attending that day.

_____ I understand that my child should not bring any toys to childcare. The only items allowed will be blankets, pillows, and a comfort item for quiet time. The only days that special items may be brought are for show and tell or when notified by their teacher.

_____ I understand that all food substitutions must be on record with the Director at each center, including any substitutions due to allergies/medical reasons, or religious reasons. No other food substitutions will be allowed.

_____ I Understand that transportation times to and from the schools are posted at each center. I am aware that the buses cannot delay the students if my family is running late. It is possible that I may have to transport my child in that case. Furthermore, if my child is not at the pick-up location from class, the drivers cannot wait longer than 5 minutes as they have other students that need picked up from school

_____ I understand that the Center has a Zero Tolerance Policy regarding the handling of tobacco, firearms, alcohol or drugs on the premises both inside and outside. Company property, building or direct visual contact with the children is not acceptable.

_____ I understand that if my child ever reports inappropriate conduct, neglect or abuse to a staff member, CPS (Family and Social Services) must be called by law, or the center can lose their license.

GETTING TO KNOW YOU

Child's Name: _____

1. What is your child's primary language used at home? _____ _

Are there any cultural/ religious observances that we need to be aware of?

2. Is your child allergic to any food(s) or are there special dietary reasons why we should need substitute foods for your child or children (medical i.e., lactose intolerance or religious i.e., pork)? (In order to substitute any food items, we will require a doctor's statement stating the reason for the substitution and a recommended substitution item.)

4. Is your child allergic to any medication? (If yes, please list)

5. Is your child allergic to bee stings? (If yes, please indicate preferred emergency procedure)

6. Does your child have any other issues (health related) that we should be aware of while caring for your child?

7. Are there any behavioral concerns that the teachers need to be aware of? (If yes, please explain)

8. Has your child or children been disenrolled from another center? (If yes, please explain)

9. Has your child gone through any traumatic experiences or changes lately?

11. Are there any special processes you go through to comfort or discipline your child?
12. Does your child have any younger or older siblings? (If so, please state the ages)
13. Is there any other additional information regarding your child that you would like to share with us?
14. How did you find out about our center?
15. What is your child's race? (Please circle answer)

White African American Asian South Asian Hispanic Pacific Islander Other

FINANCIAL POLICIES

(PLEASE *INITIAL* ON THE LINE NEXT TO THE LINE ITEM)

Child's Name: _____

My weekly tuition during the school year will be\$ _____ (initial) ____ _

My weekly tuition during the Summer will be \$ _____ (initial) ____ _

_____ I am a cash paying client. Or _____ I am a CCDF client.

_____ I understand that the weekly tuition is due every Monday. I understand that if I do not pay on time, my account will be charged a late payment fee automatically.

_____ I understand that each time the tuition rate either increases or decreases or my child's tuition rate changes due to his/her change in age, I will have to sign a new financial contract with the center.

_____ I understand that if I pay this tuition after Monday of any given week, I will be charged a late payment of \$25.00 unless I have made prior arrangements with the Director.

_____ I understand and agree to provide the center with a written 2-week disenrollment notice. I understand that I will be held liable to pay for these two weeks even if I am unable to provide such a notice. I also understand that I cannot use any of my vacation days in my disenrollment notice.

_____ I understand that if my outstanding balance due to the center exceeds two weeks of tuition, all services will be discontinued until the account is in current standing. I agree to pay the outstanding balance.

_____ I understand that there will be no reduction of fees due to my child's absence due to holidays, illnesses, or for any other reason.

_____ I understand and agree that if I bring any personal items for my child into the center, that I do so at my own risk. I also understand and agree that if any of these items become lost, stolen or broken, that I will not hold the center responsible. I also understand and agree that the center will not be responsible for any items left after my child is disenrolled from the center. including, but not be limited to, items such as: clothing, bottles, blankets, backpacks, coats, games etc.

FOR CCDF Parents Only:

(In addition to the above, please initial below also)

_____ I understand and agree that the below listed items are my financial responsibilities and not the responsibility of the state.

_____ I understand that enrollment fees, Field trip fees, Late Pick-up fees, NSF charges and any other charges not classified as tuition and are not covered by CCDF and that I am responsible for their payments.

_____ I understand that the co-pay that I am responsible for paying to the center on a weekly basis is determined by taking the difference between what the center charges, and the subsidy the state provides and I am responsible for the weekly payment.

_____ I will be responsible for clocking my children in and out of the state issued POS system daily.

_____ I understand that if my total hours clocked in during any given week do not equal, or exceed, the required hours for that week, that the state will only pay ½ of the subsidy, and I will be financially responsible for the other half.

_____ I am aware that the center provides a service of tracking my voucher recertification date and I realize that it is my responsibility to recertify for state funding. I am also aware that I must provide the center with my appointment date at least two (2) weeks prior to the appointment.

_____ I understand that I must call CCDF to arrange for an appointment when my recertification date is two weeks away.

_____ I understand that I need to swipe personal days for days when my child does not attend the center. I understand that I cannot swipe hours for those days that my child does not attend.

_____ I understand that I cannot ask any staff of the center to swipe on my behalf at any time. This is considered fraud and a felony.

_____ I understand that I cannot give my card to any staff member at any time to use on my behalf. This is considered fraud and a felony.

By signing below, I acknowledge that I have read and understand and agree to abide by all of the items in the rates, policies and procedures packet.

Mothers' Signature

Date of Birth

Social Security Number

Mother's Name (print)

Father's Signature

Date of Birth

Social Security Number

Father's Name (print)

Behavioral Management Policy

Please refer to the appropriate form. You are to follow the disciplinary procedures in this schedule. You must not deviate from the prescribed methods. This policy complies with federal and state civil rights laws.

1. We always begin with positive reinforcement and redirection.

- a. This is a simple concept: when a child begins to engage in something or with someone in an inappropriate way, it is the teachers' job to shift their attention elsewhere.
- b. Redirecting inappropriate behavior avoids escalating situations that can result in tears, temper tantrums or fights between young children and preschoolers.
- c. If redirection is unsuccessful
 - i. Verbally correct the child in a firm tone by getting down to the child's level providing direct eye contact.
 - ii. Verbally correct the child's behavior and let the child know that if they continue, he or she will have to sit in the quiet area.
 - iii. In other words, they may need to sit down to gain control of their emotions.

2. If step 1 has found to be ineffective:

- a. The next step is to page the manager on duty for assistance.
- b. The manager will work with the child **INSIDE THE CLASSROOM** until the situation is under control.
- c. If the manager is unsuccessful in the classroom, the manager will remove the child to the office.
WE WILL NOT PHYSICALLY RESTRAIN THE CHILD AT ANY TIME.
 - i. The manager will allow the child to calm down and then communicate the proper behavior that is expected when the child returns to the classroom.
 - ii. If the manager is successful, the child will return to the classroom within 10-15 minutes.
- d. If the manager is unsuccessful in the office
 - i. A phone call is to be placed to the parent or guardian.
 - ii. First a discussion with the parent or guardian and the child will be attempted.
 - iii. If this is unsuccessful, the parent will be required to pick the child up or make arrangements for the child to be picked up within 30 minutes.
- e. If the parent is unable to be reached
 - i. The manager will then begin calling emergency contacts to request pick up.
 - ii. If the emergency contact agrees to pick the child up, the manager will be required to leave a voice message on the parent's cell, home, or work phone regarding the pickup arrangement.
 - iii. The manager will also advise the parent of a behavior report that was issued.

3. Rules of Engagement:

- a. Never put a child in a chair using a "time out" method.
- b. Never handle a child physically unless the child is:
 - i. Escaping out of the classroom or playground
 - ii. Physically trying to hurt you
 - iii. Throwing equipment that could cause injury
 - iv. Try to hurt another child
- c. Never use foul language with or in front of a child, or call the child by any name of any kind
- d. Never "yell" at a child in a loud voice.
- e. Never use any forms of physical abuse including and not limited to the following examples: hitting, slapping, pinching, pulling, and spanking.
- f. Never use any forms of psychological abuse including and not limited to the following examples: name calling, humiliation, ridicule, sarcasm, making threats, or withholding affection.
- g. Never use any forms of coercion including and not limited to the following examples: rough handling, physically forcing a child to sit down or lay down, or physically forcing a child to perform an action (ex: such as eating or cleaning up).

4. If you must handle a child:

- a. When picking up a child, do so under their armpits.
- b. Block a child's throws by placing your hands and arms in front of you.

- c. Separate and place yourself between 2 children if a child is in harm's way of another.
- d. Begin disciplinary procedures from step 1 onwards.
 - i. Always page management for assistance if a child needs to be handled.

5. Behavior reports will be issued, and the following protocol will be followed.

6. Aggressive pushing, shoving, physical altercations, and anything else deemed fit under the guidelines.

- a. 1 report - will lead to a suspension.
- b. 2 suspensions - will lead to disenrollment.

7. Cursing

- a. Use of Cuss words or offensive language
 - i. 5 reports (infants-3-year-olds) will lead to a suspension.
 - ii. 3 reports (4 years and older) will lead to a suspension.
 - iii. 3 suspensions - will lead to disenrollment.

8. Dangerous/Unsafe Violent Behavior

- a. Throwing Chairs
- b. Throwing toys and injuring a child causing a minor injury report
- c. Running out of the classroom
- d. Pushing, pulling hair and rough behavior
- e. Climbing on furniture multiple times
- f. Refusing to buckle on the bus
- g. Refusing to remain seated on the bus
 - i. 2 reports - will lead to a suspension
 - ii. 3 suspensions - will lead to disenrollment

9. Disruptive Behavior

- a. Disrupting learning environment
- b. Disruptive behavior at nap time
- c. Running around the classroom disrupting the class
- d. Screaming/multiple meltdowns
 - i. 5 reports - will lead to a suspension.
 - ii. 3 suspensions - will lead to disenrollment.

10. Biting

- a. Biting classmates/teachers

All Ages

- 1. 4 reports - will lead to a suspension
- 2. 2 additional reports - will lead to a suspension
- 3. 2 more report - will lead to a suspension
- 4. 3 suspensions - will lead to a disenrollment.

11. Running away from center's bus

- a. Running from the bus away from teacher causing a ratio issue
 - i. Automatic Disenrollment

12. Running out of exit doors

- a. Running out of any exit doors leading to the outside of the center
 - i. Automatic Disenrollment

13. Causing a major injury another child

- a. A child is injured requiring a major injury report to be filed with the state an emergency room or other medical treatment
 - i. Automatic Disenrollment

14. Refusing to follow safety protocols of the center's bus

- a. Opening an emergency door while on the bus when emergency is not occurring while in motion i.

Automatic Disenrollment

15. Damage to company property

- a. 2 reports - will lead to a suspension
- b. 3 reports - will lead to disenrollment

At the time of disenrollment, a written disenrollment notice will be provided to the parent. In such a situation, the 2-week disenrollment notice per the financial contract the parent signed will be waived.

THE PARENT WILL BE EXPECTED TO PAY OFF ANY BALANCE ON THE ACCOUNT AT THE TIME OF DISENROLLMENT OR THE 2 WEEK DISENROLLMENT NOTICE WILL REMAIN IN FORCE. IF THE BALANCE IS NOT PAID OFF, THE ACCOUNT WILL BE SENT TO COLLECTIONS WITH ALL LATE FEES AND LEGAL COSTS PERTAINING TO IT.

1. In regards to biting - parents will be called, both victim and biter, for informational purposes only.
2. At no time, will any New Generation Child Care staff members, relay the information of any other involved party (child's name, parent's name or phone number), due to security and protection of all involved.
3. Behavioral and incident reports will be made out for children involved in daily issues and will remain on file in the office. **These reports will not be released to any parent or emergency contact.**
4. Our center reserves the right to disenroll any child who is beyond our expertise of care that may require more assistance and one on one care at any time, due to developmental, emotional, physical or behavioral circumstances beyond our control. The Center Director reserves the right to alter the behavioral report tracking to assist with the child's behavioral action plan in place.
5. Parents will be expected to reimburse the center or replace any items that are broken due to their child's behavior.

NEVER PHYSICALLY RESTRAIN A CHILD AT ANY TIME.

I have read and understand the above behavioral management policy of the center and agree to abide by them.

Father's Signature

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Mother's Signature

Date

Suspension and Expulsion Policy

New Generation Child Care 's goal is to help each child have a successful day while in our care. The children will be provided a purposeful, engaging environment that represents and supports cultural diversity and the different stages of child development by having engaging curriculum, child directed play, and intentionally planned activities that stimulate the child's interest and desires throughout the day. The staff will be provided with ongoing training to help develop their teaching strategy skills. During the training, teachers will receive guidance on what is developmentally appropriate behavior compared to what is concerning behaviors.

The children will be provided with a classroom environment that promotes help with self-regulation by focusing on helping the children recognize their emotions and how to deal with them. The children will have help with conflict resolution by the teacher first allowing them to work out the problem themselves (if possible), second the children will be encouraged to identify their feelings, third the teacher will help them identify the problem, and fourth the teachers will help the children come up with an alternative solution if they are unable to come up with one. The teachers will encourage relationship building by providing small and/or large group activities to promote working together principles. The teachers will strive to help the children become more aware of their feelings by teaching them how to express their emotions using the appropriate words. For example: "I feel sad. I am mad. You are tired."

Teachers will continue to use positive reinforcement in the classroom. The teacher will be proactive to prevent any behavioral situations and will provide redirection when needed. The children will be provided a regular daily schedule and routine that is posted and visible to all parents on the Parent Board inside the classroom. Creative transitions will be used to keep the children engaged when moving from one activity to the next. A visual schedule will be created for the children who need assistance during transition times.

Family collaboration regarding a child's behavior is our utmost importance. The teacher, with the assistance of the director, will reach out to the family to see what solutions have worked at home and in other settings. If the collaborative solutions can be implemented into our classroom setting, the teacher will include the parents' guidance in that child's daily plan.

If a child is experiencing some behavioral challenges and all methods have been used to curb the behavior, the center will reach out to our local Child Care Resource and Referral Agency or Paths to Quality/ Coach for assistance and guidance for the teacher to assist with coaching and professional development on positive social/ emotional and behavioral development to ensure children's development needs are being met. If more assistance is needed, New Generation Child Care will schedule a visit with the specialist to observe the classroom and possibly the child. Parents please be advised that when an observation is scheduled, it will be scheduled with the specialist . The Directors will log the date and time that the call for assistance was placed. The teachers will be expected to collaborate with the specialist to develop behavioral management strategies.

The family will receive support from New Generation Child Care through providing recommended services that may be available to them to assist them with their child's behavioral needs. The resources provided to parents will provide them assistance with support to address challenging behaviors, early childhood mental consultations, early intervention, and preschool special education.

The Area Director will be made aware when family collaboration is deemed necessary. At that time, she will work with the parents, the director, and the teachers, to analyze and determine the area of weakness (if any) and begin to develop solutions.

Expulsions will be the last resort taken. **New Generation Child Care** will make every effort possible to follow the steps listed above and will only use expulsion measures when a serious safety threat exists and can't be addressed

with reasonable modifications and/or the use of positive behavioral supports. If expulsion occurs, the parent will be again provided the list of resources within their area and will be directed to www.childcarefinder.com website to find alternative placement options.

I have read and understand the above suspension and expulsion policy of the center and agree to abide by them.

Father's Signature

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Mother's Signature

Date

Authorization to seek Medical Treatment

Child's Name: _____

I authorize **New Generation Child Care** to seek medical assistance at the nearest medical facility in case of an emergency with my child. I also authorize them to share copies of the medical records they have on file in case of allergic reactions or medical conditions that the medical facility and their staff need to be aware of during such an emergency.

Father's Signature

Date

Mother's Signature

Date

Emergency Plan for New Generation
Child Care

_____In the case of an emergency, I acknowledge that New Generation Child Care has permission to evacuate my child from the premises, and if necessary transport them to a safe shelter.

_____ Should the center be closed due to damage, the Director will notify all families in the hopes that they are able to make temporary arrangements.

_____ For a fire my child will be located outside of the center, but a safe distance from the danger. The staff will contact me immediately on the emergency contact numbers I have provided. If I cannot be reached the listed emergency contacts have permission to pick up my child/children.

_____Should there be a tornado; I acknowledge that the staff will protect my child. However, the children need to be evacuated to the closest safe spot _____. I know that the staff will call for pick up as soon as it is safe to travel.

_____ I have identified where the maps for emergency evacuation are inside the center and have talked to my child about safety.

Father's Signature

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Mother's Signature

Date

**Field Trip & Bus Transportation Policies and Procedures for New Generation Child
Care**

Child's name: _____

_____ I understand that the center will be taking children on various field trips, after the age of 5, throughout the year, as well as during summer camp.

_____ I understand that these field trips are a privilege that must be earned by good behavior.

_____ I understand that the center reserves the right to refuse to take my child on any field trips, or provide bus transportation to school, if his/her behavior is considered inappropriate to warrant this decision.

_____ I understand that, if I wish to participate in any of the field trips, I must inform the center well in advance for proper planning. I understand that I will need to provide my own transportation to and from the field trip, since the insurance for the school transportation is for my child only.

_____ I understand that my child will not be allowed to attend any field trips, if my balance is not current. All outstanding balances must be paid in full prior to the application of funds to field trip fees.

_____ I understand that I will not hold the center responsible for any injuries that my child incurs while on a field trip.

_____ I acknowledge the policy of the school, that children are not to bring additional spending money for field trips at any time. If a child brings spending money, the center will not be responsible for any money lost on the field trips.

_____ I understand that any sibling discount that I may be receiving for my school age will be voided during the summer, spring break, winter break, and fall break. I understand that during these breaks, the full tuition will be applied.

_____ I understand that if I do not want my child to participate in any field trip, that the center reserves the right to deny service for that day if the child staff ratios for that day will not permit the center to provide service.

_____ I agree to allow the school to transport my children on their buses to their appropriate schools.

Father's Signature

Date

Mother's Signature

Date

Policies on Sick Children for New Generation
Child Care

The following are the steps and procedures of New Generation Child Care regarding sick/ill children:

1. If your child has any of the following symptoms:
 - a. Fever of 100.4 or above
 - b. 3 loose bowel movements during the day
 - c. vomiting
 - d. upper respiratory distress
 - e. unexplained rash
 - f. persistent cough
 - g. continuous yellow green discharge from the nose

You will be called to come and pick your child up from the center. If We are unable to contact you, your emergency contacts will be called.

1. Your child will be isolated in the office area until you or your emergency contact arrives at the center.
2. Upon arrival, you or your emergency contact will be asked to sign an illness report.
3. **State Licensing Regulations mandate that if a child is removed from the center due to any of the symptoms listed in #1 above, the child will not be allowed to return without a doctor's note (if it is something that is contagious) or the child is symptom free without medication for 24 hours.**
4. We are not allowed to dispense any medication to your child without a doctor's note. This includes diaper creams, lip balm, sunscreen or any other over the counter medications.
5. Any contagious diseases reported to us by a parent will be posted on the parent board.

Father's Signature

Date

Mother's Signature

Date

POLICY ON INTOXICATION AND IMPAIRMENT

_____ I am aware of the Zero
Child Care, and that at no time will I
influenced by alcohol or drugs. I also
into the center at any time. Should I
will not be released to me, and other
child. The center will also have
order to protect the safety and well



Tolerance Policy held by **New Generation**
ever come to the center incapacitated, or
realize that I cannot bring any kind of weapon
choose to do so, I understand that my child
arrangements will be made for the care of my
authority to contact any and all authorities in
being of my child/children.

As per state regulations, should an
to pick up a child/children, the police will be called immediately.

intoxicated or impaired person enter the center

State Rule-401IAC 3-4.7-16 Sec 16

Father's Signature

Date

Mother's Signature

Date

TRANSPORTATION POLICY

Date: _____

Parent's Name: _____



Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

I give permission to **New Generation Child Care** to provide transportation to my child/children on their state approved buses to and from school.

I also give permission to **New Generation Child Care** to transport my child/children in their personal car if any one of the buses that my child/children have been assigned to breaks down.

Please select which school your child/children attend by placing a check mark beside it.

Parent's Signature

Date

Disclaimer: New Generation Child Care reserves the right to add or remove transportation to a listed school, at any time, pending the number of families requiring transportation to that location or changes in school times that cannot be accommodated.

Photo Consent, Waiver, and Release

For and in consideration of benefits to be derived from the furtherance of New Generation Child Care. (I), (We), the undersigned parent(s) or legal guardian (s) of _____, an attendee of **New Generation Child Care** at _____ do hereby consent, authorize, and grant permission to **New Generation Child Care**, its agents, employees, or duly authorized representatives to take photographs, motion pictures or video tapes of said student, and do further consent to the publication, circulation and dissemination of said photograph, motion pictures or video tapes, or any duplication of facsimile thereof for any purposes that it may deem proper within the laws of the United States of America.

In granting such permission, (I) (We) hereby relinquish and give to **New Generation Child Care** all right title and



interest, (I) (We) may have in the finished pictures, negatives, reproductions or copies, and further waive any and all right to approve the right to compensation for the publication or other use of said photographs, motion pictures, or video tapes and do release **New Generation Child Care** it's agents, officers, licensees, and other representatives and assigns from any and all claims of any nature arising from their use.

PARENTAL OR LEGAL GUARDIAN SIGNATURE: - - - - - **HOME**

ADDRESS:

CITY/STATE/ZIP CODE: _____

PHONE NUMBER: _____

In accordance with Rule 4.7.Child Care Centers; Licensing (<https://www.ill.gov/fssa/files/Rule4.7.pdf>) 470 IAC 3-1.1-37 it is our policy to have complete and up to date records for the following within 30 days of the child's enrollment into our school.

"Sec. 16. The director shall discuss and give the following information, in writing, to the parent at the time of the child's enrollment:

(12) A statement regarding the necessity of a health examination for the child, including up-to-date immunizations.

(Division of Family Resources; 470 /AC 3-4.7-16; f Ued Aug 11, 2003, 3:00 p.m.: 27 IR 123)"

Parent Signature_____ Date _____