

New App.	_____
	Date
Renewing	_____
	Date
Start Date	_____

When complete, please return this form along with the Enrollment Form and the Annual Registration Fee to the God's Garden Business Office at 4200 Lowe Rd., Jackson, MI 49203 or to God's Garden Early Learning Center located at Encounter Church.

GOD'S GARDEN CARE AGREEMENT
Please Complete A Separate Form For Each Child

Child's Name _____ Date of Birth _____ Office use _____
 Parent's Name(s) _____ Date received: _____
 Parent's Phone _____ Parent's Email _____

GETTING STARTED COSTS FOR ALL AGES:

- 1. Annual Registration Fee:** \$85 - One child OR \$110 – Families enrolling more than one child
Registration Fee is due with the Enrollment Form and Care Agreement. After the first year this fee is invoiced annually during the month of your renewal.
- 2. Activity Fee:** \$25.00
Activity Fee is due with the Enrollment Form and Care Agreement. After the first year this fee is invoiced annually during the month of your renewal.
- 3. Up To First Two Weeks Of Care - \$\$ Varies according to what day of the month your care begins.**
Our business office will confirm this amount and provide an invoice for up to the first two weeks of care costs. This payment is due before your first day of care begins at God's Garden Early Learning Center.

Infant And Toddler Care Selection - Birth to 36 Months

CIRCLE THE DAYS OF CARE NEEDED FOR YOUR CHILD AGES BIRTH TO 36 MONTHS

Monday Tuesday Wednesday Thursday Friday

DROP-OFF AND PICK UP TIMES

Daily Drop Off _____ (no earlier than 7:15 AM) Daily Pick up _____ (no later than 5:45 PM)

SELECT ONE 12 Month Care Agreement Partial Year Agreement - Months of care _____

INFANT/ TODDLER CARE (BIRTH – 36 MONTHS)
\$52.00 per day for full time - 5 days per week (Effective 9/1/2022)
\$56.00 per day for part time - 3 days (Monday, Wednesday, Friday) per week (Effective 9/1/2022)
\$60.00 per day for part time - 2 days (Tuesday, Thursday) per week (Effective 9/1/2022)
Drop-In Rates, add \$5 to rates above – IF AVAILABLE

Childcare and Preschool payments are due in advance, monthly and will be deducted through F.A.C.T.S. Tuition Management Service from your designated checking or savings account on the 1st of the month or on the 1st and the 15th of the month, according to the payment plan you select. If you are approved for DHS assistance you are responsible for costs over and above the DHS approved amount.

F.A.C.T.S. Tuition Management will collect a \$30 non-sufficient funds fee when a payment cannot be deducted.

Additionally, a late fee of \$25 will be charged by God's Garden Early Learning Center if payments are not received as scheduled. Late fees are added automatically.

A record of your account is provided online through FACTS and through your banking statement.

God's Garden Early Learning Center reserves the right to dismiss any student whose financial obligation is more than 7 business days past due.

Adjustments will not be made for days a child does not attend for illness and appointments with the exception of vacation days. **Vacation days are determined by the number of days enrolled.**

Parents are required to bring diapers and supplies for their child. If the child runs out of supplies, parents will be charged an additional fee of \$1 per diaper. These additional charges, if any, will be added to your next FACTS payment.

This childcare center is year round, with the exception of days listed on our calendar page. Days that the Center is not in session are already factored removed from your monthly payment; pricing has already been adjusted for these days. Parents are asked to sign a Care Agreement indicating the days of the week and times of day that child care will be provided.

A two week advance notice, in writing, is required when permanently reducing the number of days your child is scheduled to attend. If less than a two week notice is given, the full monthly charge will be due. Financial accounts of students who discontinue enrollment at any point during the school year will be adjusted according to the number of days contracted through the last day of attendance. A final adjusting payment through FACTS or a reimbursement check will be issued.

Prices subject to change with a 30 day notice.

Every effort will be made to accommodate families who wish to add occasional days. Increasing days is subject to available space and staffing. Requests for additional days may be made through the Preschool Director. A \$5 additional cost per day is added to the normal Child Care Costs for additional days. Charges for additional days will be added to your next FACTS payment.

By signing below, I affirm that I have read and agree with the financial policies in this document.

Parent Signature

Date


Parent Signature

Date

NON-DISCRIMINATION POLICY

Jackson Christian Early Education Centers, Inc 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.

A ministry partnership with Jackson Christian School

 We are excited that you are interested in enrolling your child in God's Garden Early Learning Center. As our name implies, this is a place where young ones will be nurtured, taken care of, and encouraged to grow. This Garden belongs to God, who gives life, and holds all things together! We desire to honor God with our childcare center.

During your child's time in our care, we will be teaching many things. We will emphasize foundational academic skills, language and social development, and large and small motor skill development. We will also teach Christian values from a Biblical perspective. From their earliest days, we will share God's principles, and teach simple, Biblical truths to the children in our care. Specifically, we will teach that:

- *God created our world to be a wonderful home for us.*
- *God loves us, and desires to have a close relationship with us.*
- *God sent His own son, Jesus, to help us know God.*
- *God created the family. His design includes one man and one woman.*
- *God answers prayer. He wants us to talk to Him each day.*
- *God created the church to help us live a joyful life!*

Encounter Church is hosting this site through a partnership with Jackson Christian School. The people at Encounter Church hope to be an encouragement to young families and want you to know that they will go out of their way to make your experience here a positive one! The Church will be offering family workshops, as well as social opportunities; you are welcome to take part in any or all of these activities! Throughout the year, they will send you occasional notices of upcoming events that may interest you. Encounter Church desires to serve you and help you as young parents nurture your little ones!

Your "little sprouts" will be given lots of TLC from our wonderful, experienced staff! We will be singing songs, having fun, and teaching your child Christian Biblical truths! It's going to be GREAT!

Child Enrollment Information Form— Select one			<input type="checkbox"/> 12 Month Ofc. use: Date Rec'd _____
			<input type="checkbox"/> Partial Year - Fees may be required
Name of Child: First, Middle, Last	Gender Male/ Female	Child's Date of Birth: MM/DD/YYYY	
Child's Address : Number, Street/Apt Number)	City/ State/ Zip		
Name of Mother (Legal Guardian): First, Last	Mother's Home Phone and Cell Phone, including area code		
Mother's Address if different from child	City/ State/ Zip		
Name of Father (Legal Guardian): First, Last	Father's Home Phone and Cell Phone, including area code		
Father's Address if different from child	City/ State/ Zip		
Mother's Email Address	Name of Mother's Employer/ Work Phone		
Father's Email Address	Name of Father's Employer/ Work Phone		
Primary Language Spoken at Home	Secondary language spoken at home, if any	Does Child Have Special Needs, Does child have IEP or 504 ?	

CONTINUED ON BACK

Child's Primary Physician or Health Clinic

Physician's Phone

Preferred Hospital for Treatment

List Known Allergies (Use additional sheet if necessary)

Health Insurance Company/ Policy Number/ Group Number

List Health Conditions and Regular Medications, if any

My child may occasionally require the following medications listed below due to occasional discomfort or illness. I, the parent/guardian, give my permission to the staff of God's Garden Early Learning Center to dispense the following medications as required. Name of Medications _____ Reasons for Use _____ Dosage _____ Times to Administer _____

In case of accident or serious illness, I request that God's Garden Early Learning Center contact me. If I cannot be reached, I hereby authorize the center to call the physician indicated above, and follow his/her directions. If the physician cannot be contacted, the center may take whatever measures deemed necessary. It is understood that parents will assume responsibility for payment of any resulting expenses not covered by insurance.

Who will routinely drop off and pick up your child? AM/ PM

List other persons who may drop off and pick up your child

Emergency Contact Name	Relationship to Child	Does this person have permission to transport child?	Phone Number
------------------------	-----------------------	--	--------------

Emergency Contact Name	Relationship to Child	Does this person have permission to transport child?	Phone Number
------------------------	-----------------------	--	--------------

Emergency Contact Name	Relationship to Child	Does this person have permission to transport child?	Phone Number
------------------------	-----------------------	--	--------------

I/we understand that God's Garden Early Learning Center is a year round center operated by Jackson Christian Early Learning Centers. I/we will select the days and times that I/we are contracting for care on the Annual Care Agreement. I/we will provide two weeks advance notice, in writing, as required when permanently changing the number of days my child is scheduled to attend. If less than a two week notice is given, I/we understand that the full monthly charge will be due. All child care costs are collected one month in advance through FACTS Tuition Management, automatically, via a saving or checking account. Families who receive DHS assistance are responsible for all costs above DHS benefits. Prices subject to change with a 30 day notice.

My/our signatures below are agreement that, my/our child will be cared for in a Christian environment, and have no objection to God's Garden teaching Christian Biblical Principles. By signing below I/we agree that the information provided is accurate and true. I/we understand that providing false information may result in the immediate dismissal of my/our child.

God's Garden Early Learning Center is a partnership ministry with Jackson Christian School. Admittance into God's

Signature of Parent/Legal Guardian	Date
------------------------------------	------

Signature of Parent/Legal Guardian	Date
------------------------------------	------

Garden Early Learning Center does not imply admittance into Jackson Christian School. Jackson Christian School maintains separate admittance policies and interview process.

Non Discrimination Policy: Jackson Christian Early Education Centers, Inc 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.

WRITTEN INFORMATION PACKET DOCUMENTATION
Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

Child(ren)'s Name(s) (Last, First)	Center Name <u>God's Garden</u> <u>Early Learning Center</u>
------------------------------------	---

A written information packet has been provided at the time of enrollment. The packet included all the following information:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
 - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
 - The licensing notebook is available to parents during regular business hours.
 - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at www.michigan.gov/michildcare.
- Other _____

I certify that I received all of the above items.

Parent/Guardian Signature _____
Date

Note: A single BCAL-4340 form may be used for all children in the same family.

LARA is an equal opportunity employer/program.

Permission to Dispense Occasional Medications

My Child, _____ will occasionally require the following medication listed below due to occasional discomfort or preventative treatment.

I, _____, the parent/guardian of the above listed child, give my permission to the staff of God's Garden ELC to dispense the following medications, as required.

<u>Name of Medication</u>	<u>Amount to be given/used</u>	<u>When to be given/used</u>
Sunscreen		
Diaper rash cream/ointment		

I have brought the above listed medications/herbs/vitamins/cream/ointment/spray to the center with each container clearly marked with my child's name, the dosage and the specific timing instructions for dispensing of the medication, if needed.

I request _____, I do not request _____ the staff of God's Garden ELC to contact me by telephone for approval before dispensing the above medications.

Signature of the Parent/Guardian

Date Submitted

Daytime Telephone Number



GOD'S GARDEN

Early Learning Centers

Dear Parents,

Children's pictures are sometimes used in *God's Garden* newsletters, on the web site, or in other promotional materials. We would like to make a power point presentation about "A Day in *God's Garden*" for our website. Please indicate below your preference for these forms of communication.

____ I have **no** objections at all to my child's picture being used in newsletters, on the *God's Garden* website or any promotional/printed materials.

I **do object** to my child's picture being used in the following: (check all that apply)

____ I do not wish my child's picture to be used on the **God's Garden web site.**

____ I do not wish my child's picture to be used **in God's Garden newsletters or any promotional materials.**

____ I do not wish my child's picture be used **in any newspaper publications.**

____ I do not wish my child's picture be used for **closed viewing events held for God's Garden children and Jackson Christian families.**

Thank you,

Karen Williams
Executive Director
God's Garden Early Learning Center

Student Name

Grade

Parent Signature

Date

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:	Date of Admission	Date of Discharge
Name of Child (Last, First, Middle Initial)		Child's Date of Birth / /
Address (Number and Street, Building/Apartment Number)		City State Zip Code
Parent/Legal Guardian's Name	Home Phone ()	Parent/Legal Guardian's Name (Optional) Home Phone ()
Home Address (if not child's address)	Cell Phone ()	Home Address (if not child's address) Cell Phone ()
City State Zip Code		City State Zip Code
Email Address (optional)		Email Address
Employer Name	Work Phone ()	Employer Name Work Phone ()
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()
Hospital Preferred for Emergency Treatment (optional)		
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)		

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)		
1.	()	()
2.	()	()
3.	()	()
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)		
1.	()	2. ()
3.	()	4. ()

Parent/Legal Guardian Initials: _____ I give permission to <u>God's Garden ELC</u> , licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care.
--

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.	
Signature of Parent or Guardian _____	Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation	

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.