

e91 Early Learning Ministry Student Information 2020-2021

Child's Name: _____ Nicknames: _____

DOB: _____ Male: ___ Female: ___ Age: _____ Race: _____

Child's Home Address: _____

Primary Phone Number: _____

Family Information

Parent/Guardian Name: _____

Phone: _____ Do you wish to receive text messages? Yes No

Email Address: _____

Parent/Guardian Name: _____

Phone: _____ Do you wish to receive text messages? Yes No

Email Address _____

Siblings (name and age) _____

Medical/Health Information

Special Health Information - (Include all allergies, reactions, seizures, behaviors etc.)

This must be completed. If there are none, please write "NONE"

Name of Physician: _____ Contact Number: _____

Name of Dentist: _____ Contact Number: _____

Special Information about your child:

Emergency Contact Information-In case of an emergency, if parents can't be reached, please name two people who reside locally, who can pick up your child at school and give care if he/she become ill.

Name	Phone	Relationship

I understand that every effort will be made to contact me in case of an emergency, and, if possible, before any medical treatment is administered. In the event of an emergency, I hereby give permission to the e91 Early Learning Staff of E91st Christian Church to secure proper treatment for my child named on this form. If necessary, this includes selection of physician and closest medical treatment facility to be authorized to perform such medical treatments as deemed necessary to protect the health of my child. I hereby release E91st Christian Church from any responsibility other than normal supervision and care. In case of an accident, I will not hold E91st Christian Church, its staff members, management, or officers liable for secure treatment.

Signature of Parent or Guardian: _____ Date: _____
 Effective dates: August 1, 2020 - July 31, 2021

Authorized Pick-up Information

***The following are approved to pick up your child (including both parents if applicable):

Name	Phone	Relationship

***Under no circumstances will your child be released to anyone unknown by the staff without authorization from parents or guardian.

Signature of Parent or Guardian: _____ Date: _____

Miscellaneous Information

Church Home: _____ No Church Home: _____

How did you hear about e91 Early Learning Ministry? _____



myprocare[®]

Dear Parent/Guardian,

e91 Early Learning is pleased to offer **MyProcure**, a free online portal for you to access account information and easily pay tuition. You are able to print statements from your account. **MyProcure** is safe, secure and created with your convenience in mind.

Log in today!

1. Go to MyProcure.com
2. Enter your email address (the one you have on file with e91 Early Learning) and choose **Go**.
3. Enter the confirmation code sent to your email, choose a password, and press **Go**.
4. Then you may:
 - a. View your child's account information.
 - b. Use the **Pay** button to make a payment with your card.

Thank you!

e91 Early Learning and MyProcure



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) e91 Early Learning to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

- Circle One: 1. Monthly on 5th
2. Monthly on 20th
3. Semi-monthly 5th & 20

SECTION A (Credit Card)

Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date

SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking, Savings, Authorized Signature, Date

For Official Use Only

Form fields for official use: Date Received, Employee Signature





BREAST MILK PROCEDURE

State Form 49854 (1-01) / BCD 0067

BUREAU OF CHILD DEVELOPMENT
CHILD CARE HEALTH SECTION
402 W. WASHINGTON ST., RM W386
INDIANAPOLIS, IN 46204

Breast milk is a very special product. Provide a safe and excellent source of nutrition to your breast-fed infants by following the procedure below:

1. The facility or the mother must supply sterilized bottles or disposable nurser bags (see "Parent Agreement").
2. The mother will store her milk in a bottle or bag and refrigerate or freeze the milk. The bottle or bag should contain no more than the amount of milk the child would drink at one feeding. The milk must be labeled with the child's name and the date and time collected.
3. The bottles or disposable bags must be brought to the center in a clean, insulated container which keeps the milk at 41° F or below (see "Parent Agreement").
4. Fresh, refrigerated breast milk must be used within 48 hours of the time expressed. Frozen milk may be stored in a refrigerator freezer for 2 months or stored in a deep freezer at 0° F for 6 months.
5. Frozen breast milk may be thawed as follows:
 - (a) Frozen breast milk may be thawed under warm water, gently mixed, used within one (1) hour or refrigerated immediately and used within three (3) hours. Label the bottle with the time and date thawed and method used for thawing ("warm water" or "heat thaw").
 - (b) Frozen breast milk may be thawed in the refrigerator at 41° F or below. Label the bottle with the time and date moved to the refrigerator and "cold thaw" method and use within twenty-four (24) hours. With this method, never warm the breast milk until ready to feed the child.

NEVER HEAT BREAST MILK IN A MICROWAVE!

Note: Once a bottle is fed to infant, the remainder must be discarded and cannot be returned to the refrigerator.

PARENT AGREEMENT

I, _____, agree to provide my breast milk for my child _____ in sterilized bottles or sterile nurser bags. I will store my milk in the appropriate serving size for my child. I take full responsibility for maintaining this milk at 41° F or below during home storage and transport to the center.

Signature of parent

Date (month, day, year)

Child Care Licensing Unit
Bureau of Child Care
Division of Family Resources

SAFE TRANSPORTATION OF FOOD RESPONSIBILITY

Food must be brought to the school in clean, insulated, sanitized containers, which keep cold food at 41 degrees F. or below and hot food at 135 degrees F. or above.

Upon received the food from the parent, the school shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the school will NOT accept the food.

Upon accepting the food, the school shall maintain correct food temperatures.

PARENT AGREEMENT

I, _____ (Parent's Name)

Will provide for _____ (Child's Name).

I take full responsibility for the safety of the food during preparation, storage and transport to the school for meeting the needs of my child.

_____ (Parent Signature)

Date: ____/____/____

SAFE SLEEP POLICY

e91 Early Learning Ministry

Dear Parents,

Providing your infant with a safe environment in which to grow and learn is of extreme importance to us. To that end, our child care facility has implemented policies and procedures to create a safe sleep environment.

We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Safety Commission for safe sleep environments to reduce the risk of sudden infant death syndrome (SIDS). SIDS is the “sudden infant death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.”

Our written policy is as follows:

- All infants will be placed on their backs in safety-approved cribs unless an alternate sleep position is needed for a medical reason and a written note from the infant’s health professional is provided.
- Infants will not sleep on soft surfaces.
- Soft materials such as pillows, quilts, comforters, sheepskins, stuffed toys and loose bedding will not be placed in infants’ sleep environments.
- Infants will not share a safety-approved crib with other children.
- Infants will remain lightly clothed and comfortable while sleeping.
- Supervised “tummy time” will be observed while the infant is awake.

Since the start of the 1994 national campaign that provided guidelines for parents, health professionals and other caregivers to place infants on their backs to sleep, the number of infants dying of SIDS has decreased by 42%.

Again, safety of your infant is paramount to us. By signing below, you, as the parent, understand and comply with policies of e91st Early Learning Ministry.

Signature of Parent

Date

Diaper Cream Consent Form

I give the staff at e91 Early Learning Ministry permission to apply the diaper cream I have provided on my child.

Date

Name of Child

Signature of Parent

e91 Early Learning Consent Form for Outdoor Activities

1. Throughout the year, classes will take walks outside on our school property. This will happen various times throughout the year to enhance their curriculum. In the spring and summer children ages 3-5 walk to Sahm Park.
2. Summer Water Fun Activities ages 2-5 years, I give permission for my child to participate in water activities.
3. Sun Screen – I will provide sun screen for my child and I give permission for the teacher to re-apply as needed.

The undersigned hereby consents and certifies to the following:

1. That he/she is the parent/guardian of _____, a minor.
2. That he/she is aware of the walks sponsored by e91 Early Learning.
3. That he/she is aware that the activities involved in this function may involve the usual and customary risk normally associated with this function or similar functions.
4. That he/she consents to _____ attending this function, traveling by the designated method or such substitute as may be reasonably used, and remaining with the sponsoring group during the designated period, or such period, as may become necessary due to unforeseen events out of control of the sponsoring organization.
5. That he/she hereby agrees as the parent/ guardian of the child to assume all risk or injury, or other calamity, which may arise as a result of the child's participation.

Signature: _____
August 1, 2020 – July 31, 2021

Date: _____



I understand, as a parent, that when bringing my child to e91ELM that my child will participate in all of the following programming:

- Play-based learning in every classroom
- Authentic assessment of your child's skills each semester
- A daily Bible curriculum that focuses on Christ as our Savior
- A weekly chapel where they will learn to sing praises to Jesus

By signing below, I am agreeing that my child will not be excluded from any of the above programming and will participate daily when they are at e91ELM.

Date: _____

Student's Name _____

Parent's Signature _____

e91 Early Learning Ministry Photo Release Form 2020-2021

Dear Parents/Guardians,

Please sign this form to give your permission for your child to have their photo taken while at e91 Early Learning. Your child's photo may be used on our website or social media.

___ YES, I give permission for my child to have his/her photo taken for classroom use only.

___ YES, for website or social media. Pictures are taken in a group with no names attached.

___ NO, I do not give permission for my child to have his/her photo taken.

Child's Name: _____

Parent Signature: _____ Date: _____



PARENT'S NOTICE

I understand that this day care ministry is not licensed under the laws of the Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health need of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

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

e91st Street Early Learning Ministry

Name of facility

6049 East 91st Street, Indianapolis, IN 46250

Address of facility (*number and street, city, state, ZIP code*)

Marion County

County

Parents:

Sign-Up for Text Messages

All School Text Message:

Text "E91nextgen e91el" to 39970

We are excited to be able to communicate quickly through texting. Follow the instructions to get signed up!

Immunization Record

Since e91 Early Learning Ministry is registered with the state, please include a copy of your child's most *current* Immunizations Record with returning paper work.