



**middletown  
church of the  
nazarene**



## Welcome to The Ark Daycare & Preschool

*A Ministry of Middletown Church of the Nazarene*

Dear Parent / Guardian,

I want to personally welcome your family to The Ark. We look forward to serving you and your child's needs the best we can. While we hope this registration handbook will answer many of the questions you might have, do not hesitate to ask us if you need to know anything not mentioned in this packet. We are always here for you.

The packet of papers for you to fill out is to help us become better acquainted with you and your child. We are required to keep certain things on file and we like to have information on hand to better serve you. We need this packet, an up-to-date immunization record, and your registration fee of \$50.00 before your child may begin attending The Ark. This fee reserve a spot even if your child may not start immediately are due at the time of enrollment. This \$50.00 registration fee is due at the start of each school year that your child is enrolled at The Ark to help pay for additional supplies to have the best classroom environments for your child. Families with multiple children enrolled at The Ark will be charged a total of \$75.00 per year for registration fees.

We hope that The Ark is a perfect fit for your child and are excited to have you join The Ark family. Let us know how we can help you and your family in this time of transition.

Sincerely,

Pastor Matt Gargiulo  
Director, The Ark Daycare & Preschool Ministry  
Family & Discipleship Pastor, Middletown Church of the Nazarene  
[thearkmiddletown@gmail.com](mailto:thearkmiddletown@gmail.com)  
Phone (765) 354-4976

Please plan to have the following materials ready for your first day:

- All paperwork completed, including signed childcare contract
- Annual registration fee of \$50.00 (maximum \$75.00 per family)
- First week (daycare) or month (preschool) tuition
- Immunization record
- 1-2 sets of spare clothes (seasonally appropriate)
- Diapers / pull-ups (unopened), if needed
- Lunch (if enrolled in daycare) *in sanitizable, insulated lunch box and labeled each day with your child's name and date*

**PLEASE KEEP THIS FRONT PAGE FOR YOUR RECORDS**



**middletown  
church of the  
nazarene**



## Mission, Philosophy, and Goals

### Mission:

*To provide the highest quality, Christian care and early learning possible in a clean, safe, and fun environment for the children and families we serve.*

### Philosophy:

*Our philosophy is that every child deserves the best possible start in life through exceptional early learning, social, spiritual, and moral development alongside people to love and support them on this journey. We believe children learn best through play and in discovering the world that God has created around us. It is our joy to serve alongside your family in the holistic development of your child.*

### Our goals are...

- *To provide a clean, safe environment for all to learn*
- *To provide a developmentally appropriate curriculum that enhances all areas of development and is sensitive to each child's needs*
- *To prepare students for kindergarten, further learning, and life*
- *To share the transformative love and hope of Jesus Christ with each child and family in our community*
- *To create an environment where each child is known and loved by both our staff and by God.*

## Our Contact Information

The Ark Daycare & Preschool Ministry  
698 N. Fifth Street  
Middletown, IN 47356  
Director: Matt Gargiulo  
Hours of Operation: 6:30AM-5:30PM M-F

Daycare Phone: (765) 354-4976  
Church Phone: (765) 354-2327  
Email: [thearkmiddletown@gmail.com](mailto:thearkmiddletown@gmail.com)  
Website: [www.thearkmiddletown.weebly.com](http://www.thearkmiddletown.weebly.com)  
Fax (765) 354-4980



Quality Care & Early Learning in a Christian Environment  
DAYCARE | PRESCHOOL | (765) 354-4976



**middletown  
church of the  
nazarene**



## The Ark Daycare & Preschool Ministry

Registration for 2017 – 2018 School Year

### CHILD'S PERSONAL INFORMATION

Child's Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Name of Mother or Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer & Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Name of Father or Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer & Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Parents' Marital Status (check all that apply): Married: \_\_\_ Living together: \_\_\_ Single: \_\_\_ Separated: \_\_\_ Divorced: \_\_\_  
 Custody / Visiting Arrangements: \_\_\_\_\_

### CLASSROOM SELECTION (WITH WEEKLY DAYCARE & PRESCHOOL FEES)

#### DAYCARE

\_\_\_ Infant Room (\$150/wk)    \_\_\_ Toddler Room (12-23 mo. - \$135/wk)    \_\_\_ 2's Room (24-36 mo. - \$120/wk)

*\*\*\*Please Note: Rates for Infants, Toddlers, & Twos are for up to 40 hours per week.  
 Any additional time will incur additional charges of \$4.00/hr.*

\_\_\_ Potty-trained 3's, 4's & 5's    (5 days - \$110/wk, 4 days - \$100/wk, 3 days - \$80/wk, 2 days - \$60/wk, 1 day - \$30/wk)

\_\_\_ School-Age (Aug.-May)    (Registered for 0-5 hrs - \$20/wk, 5.25-9.75 hrs - \$30/wk, 10-15hrs - \$40/wk)

\_\_\_ School-Age Breaks    (5 days - \$100/wk, 4 days - \$90/wk, 3 days - \$75/wk, 2 days - \$50/wk, 1 day - \$25/wk)

#### PRESCHOOL

\_\_\_ Busy Bees    Must be 3 by Aug. 1    8:30AM-11:00AM    Tuesday & Thursday  
 \$70/month (only \$10/week if dual-enrolled in daycare)

\_\_\_ Pre-K Adventurers    Must be 4 by Aug. 1    8:30AM-11:00AM    Monday, Wednesday, & Friday  
 \$100/month (only \$15/week if dual-enrolled in daycare)

\_\_\_ Pre-K Explorers    Must be 4 by Aug. 1    11:45AM – 2:15PM    Monday, Wednesday, & Friday  
 \$100/month (only \$15/week if dual-enrolled in daycare)



**middletown  
church of the  
nazarene**



## Child Care Contract

Child Name: \_\_\_\_\_

Day	Arrival Time	Departure Time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

**Sick Day / Vacation Policy** I understand my child will be allowed one week of their contracted days to use as sick time / vacation time, with no fees due to The Ark Daycare & Preschool Ministry per school year. I understand I am responsible to pay for all other days contracted regardless of attendance after these days are used.

*Example:*

<i>Attends 5 days a week</i>	<i>No payment due = 5 days per year</i>
<i>Attends 3 days a week</i>	<i>No payment due = 3 days per year</i>
<i>Attends 1 day per week</i>	<i>No payment due = 1 day per year</i>

**Absent Day Notice** I understand I must complete and submit a vacation/absent daytime ticket available at the front reception desk to let the daycare office change your weekly invoice prior to the free day being used.

**Tuition Rate Table** I understand that parents choosing to use The Ark's childcare program must set a regular schedule that is paid for each week, regardless of attendance (minus the above mentioned sick/vacation days).

Child Name	Class Selection	5 days	4 days	3 days	2 days	1 day	Total Due
	<b>Infants</b>	\$150/wk (up to 40 hrs) + \$4/hr past 40 hrs					
	<b>Toddlers (12-23 mo.)</b>	\$135/wk (up to 40 hrs) + \$4/hr past 40 hrs					
	<b>2's</b>	\$120/wk (up to 40 hrs) + \$4/hr past 40 hrs					
	<b>3's, 4's &amp; 5's</b>	\$110/wk	\$100/wk	\$80/wk	\$60/wk	\$30/wk	
	<b>School-Age Breaks</b>	\$100/wk	\$90/wk	\$75/wk	\$50/wk	\$25/wk	
	<b>School-Age (Aug.-May)</b>	0-5 hrs - \$20/wk, 5.25-9.75 hrs - \$30/wk, 10-15hrs - \$40/wk					
	<b>Busy Bees</b>	\$70/month (only \$10/wk if enrolled in daycare)					
	<b>Pre-K Adventurers</b>	\$100/month (only \$15/wk if enrolled in daycare)					
	<b>Pre-K Explorers</b>	\$100/month (only \$15/wk if enrolled in daycare)					
<b>Total Due WEEKLY or MONTHLY (Circle Frequency)</b>							

**Withdrawal Policy** I understand that two weeks' notice must be given in writing to the director of any change to this schedule. Any parent failing to do so will be charged their normal tuition rate for two weeks. All balances will be sent to collections after 30 days of the last day the child attends the program.

I, \_\_\_\_\_, agree to abide by the above listed financial policies of The Ark Daycare & Middletown Church of the Nazarene. I agree to pay \_\_\_\_\_ per \_\_\_\_\_ by Monday of each week if paying weekly and by the 1<sup>st</sup> of the month if paying monthly. I agree to pay a \$20 late payment fee each week that I have an outstanding balance on the Friday after payment is due.

Parent Signature: \_\_\_\_\_ Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_



**middletown  
church of the  
nazarene**



**Child Name:** \_\_\_\_\_

**Emergency Information**

Person(s) authorized to be notified in an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

**Person(s) Authorized to Pick-up Your Child from School**

*Please include parent/guardians on this list!*

No one will be allowed to pick-up your child unless they are listed on this form.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

**Name and Phone Number of Child's Doctor**

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Medical Consent, Transportation, & Field Trip Authroization**

*In the event of an injury, accident, illness or other emergency, and if the above stated physician cannot be reached, I authorize \_\_\_\_\_ (child's name) to be transported for care, and treated by certified emergency personnel such as emergency medical technicians, emergency room physicians, and other emergency room personnel, such as nurses and laboratory technicians. I agree to accept all financial responsibility for the costs related to any medical treatment.*

*I also give my child, \_\_\_\_\_, permission to be transported by The Ark / Middletown Church of the Nazarene for field trips and activities on vehicle owned or leased by Middletown Church of the Nazarene.*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Phone

**Photo Release**

I give my permission for my child's picture to be taken at The Ark Daycare & Preschool, and I understand these photos may be used in publications, The Ark Daycare & Preschool / Middletown Church of the Nazarene website or Facebook page. \_\_\_\_\_ (Please initial).



middletown church of the nazarene



Child Name: \_\_\_\_\_

**Child's Developmental Information**

At what age did your child: sit up: \_\_\_\_\_ walk unassisted: \_\_\_\_\_ speak \_\_\_\_\_

begin toilet training: \_\_\_\_\_ Complete toilet training: \_\_\_\_\_

Daily Routines: What time does your child get up? \_\_\_\_\_ Go to bed? \_\_\_\_\_ Sleep well? \_\_\_\_\_

Does your child sleep during the day? \_\_\_\_\_ When? \_\_\_\_\_ How long? \_\_\_\_\_

Please explain any problems that your child has with his/her vision or hearing: \_\_\_\_\_

Please explain any health problems or medical conditions your child has that we should be aware of: \_\_\_\_\_

Does your child have any allergies? (including food): \_\_\_\_\_

Please explain any medication your child is taking: \_\_\_\_\_

Please list any language other than English used at home: \_\_\_\_\_

List siblings' names and ages: \_\_\_\_\_

Has your child had any group play experience, child care experience, or been cared by others besides parents? \_\_\_\_\_

Describe that experience and list a reference for someone that has provided care in the past (if applicable):

Do you have any concerns about any aspect of your child's development? \_\_\_\_\_

Circle any of the following activities your child needs help with:

- Dressing      Undressing      Eating      Washing hands      Toileting

Describe in your own words your child's personality: \_\_\_\_\_

Please indicate "yes," "no," or "somewhat" to the following:

Is your child talkative: \_\_\_\_\_ Does your child respond impulsively? \_\_\_\_\_

Does your child have a good attention span? \_\_\_\_\_ Does your child go quickly from one activity to another? \_\_\_\_\_

What do you hope your child to gain from this experience: \_\_\_\_\_



**middletown  
church of the  
nazarene**



**BUREAU OF CHILD CARE  
DIVISION OF FAMILY RESOURCES**

**SAFE TRANSPORTATION OF FOOD RESPONSIBILITY**

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food at 41° F or below and hot food at 135° or above. Containers must be clearly labeled with the child's name and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

**PARENT AGREEMENT**

I, \_\_\_\_\_ (Parent's name) will  
provide food for \_\_\_\_\_ (Child's name).

I take full responsibility for the safety of my child's food during preparation, storage, and transportation to the facility.

(Parent's Signature): \_\_\_\_\_

(Date): \_\_\_\_\_