

# Grace Academy

4001 Lincolnway East  
Mishawaka, IN 46544  
(574) 257-8539

---

## Application For Admission

Today's Date \_\_\_\_\_ Child's Gender:    **M**    **F**

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Home Phone \_\_\_\_\_

Address of Child \_\_\_\_\_

Mother's (or guardian) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_    Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_    Employer \_\_\_\_\_

Father's (or guardian) Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_    Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_    Employer \_\_\_\_\_

**Emergency Contact** (other than parents) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_    Relationship to child \_\_\_\_\_

**Martial Status:**    \_\_\_ Married, living together    \_\_\_ Single  
                             \_\_\_ Married, living separately    \_\_\_ Divorced

**Child lives with:** \_\_\_\_\_

### Notice to Parent(s) or Guardian(s) by Unlicensed Ministries

I understand that this state registered childcare ministry is not licensed under the laws of Indiana. However, I understand that this state registered childcare ministry must comply with the state rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the childcare ministry. This does not absolve Grace Academy from liability for injury to your child while the child is at Grace Academy if the cause is negligence or intentional wrong doing on the part of Grace Academy or an employee of Grace Academy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Fee Agreement

Fee Amount: \$ \_\_\_\_\_

Number of Days per Week: \_\_\_\_\_

Specify Part-Time Day Schedule: \_\_\_\_\_

Child's Arrival Time: \_\_\_\_\_

Child's Departure Time: \_\_\_\_\_

Extra services to be provided at an additional fee if applicable:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the parent/guardian of \_\_\_\_\_ agrees to the fee agreement, policy and procedures established by Grace Academy in the Parent Handbook. Childcare is provided to parents on a week-to-week basis. Fees are paid weekly for the days your child is enrolled even if your child does not attend. A \$25.00 late fee will be added to your child's account if tuition is not received on the first day of attendance. I understand that policy and procedures will be updated and parent/guardians will be notified in writing of changes. One-week (Fee not-paid) vacation time is allowed per child each year after one year of enrollment. Fees for weeks with holidays are not reduced. Part time fees must also be paid if holidays fall on your days chosen (your child may attend another day that week if openings are available).

Parent/guardian further agrees to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### Authorized Pick Up List

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Emergency Medical Authorization

I, (print parent/guardian name) \_\_\_\_\_ agree, and by my signature give consent that in case of an accident/injury or illness of a serious nature, my child (print child's name) \_\_\_\_\_ will be given emergency medical care. I understand that I will be contacted as soon as possible. If for some reason I am unable to be reached, the emergency contact will be notified.

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

Hospital or Clinic \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

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

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

**NOTE: Copy of Insurance Card (front & back) must be provided at enrollment and any time changes occur in insurance.**

I understand that Grace Academy does carry General Liability Insurance, but does not provide any type of health insurance on my child while my child is in their care. Cost of health insurance and medical care are totally those of the parent or guardian

### **Parent / Guardian Notification:**

**Illness, Serious Injury or Death of Provider:**

In the event that Grace Academy personnel who supervise children are unable to provide care in the event of illness, serious injury, or a death, the Director and staff will notify parents and guardians of necessary changes and alternative plans for the care of all children at the facility.

### **In Case of Emergency:**

In the event of an emergency involving a child or children in the care of Grace Academy, parents and guardians will be notified and consulted, if at all possible. If immediate medical attention is required for a child and the parent or guardians are unavailable, Grace Academy management will respond and facilitate emergency steps to provide the needed care. Parents will continue to be contacted until that contact is made.

## Authorization to Administer Medicine

Parents/Guardians must sign this form. All over the counter and prescription medications **MUST be brought to Grace Academy in the original container. Prescriptions must have an intact prescription label with the following information:**

Child's Name  
Dosage Information  
Date prescription was filled

Prescriptions **WILL NOT BE ADMINISTERED** without this information. Over the counter medications will only be given **AFTER** a physician has provided authorization for that medication. Please be sure the prescription authorization is **brand specific**.

Example: If your physician authorizes your child to have an antihistamine, the authorization needs to say antihistamine. If your physician specifies "Benadryl", you will need to provide "Benadryl." In that case Grace Academy will not be able to administer a store brand medication.

Child's Name \_\_\_\_\_

This certifies that I, the undersigned parent/guardian, authorize the staff of Grace Academy to administer the following medication to my child. I understand that Grace Academy is not liable for civil damages as a result of medication administered to my child by the staff of Grace Academy. My signature, instruction and medication information are provided below.

Medication(s) with dosage instructions:

\_\_\_\_\_  
\_\_\_\_\_

Instructions/Comments:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Printed Name

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature

### Physician's Authorization

I authorize the above named child to receive the following over the counter medications.

Please include correct dosage:

\_\_\_\_\_  
\_\_\_\_\_

Physician Printed Name \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_