



GOD'S GARDEN

Early Learning Centers

Enrollment Packet

Thank you for your interest in God's Garden Early Learning Center.

This is a packet of enrollment forms and information for you to complete as part of the process for your child's attendance at God's Garden.


Included in this packet:

- Child Enrollment Information Form
- God's Garden Annual Care Agreement
 - ✓ ***The registration fee must be paid when your Care Agreement is submitted.***
- Health Appraisal Form (to be completed by your family physician)
 - ✓ ***An immunization record must be attached and your child must be up to date on his/her immunizations.***
- Child Information Record
- Permission to Dispense Occasional Medication Form
- Licensing and Parent Handbook Form

Also, please submit a copy of your child's Birth Certificate before their attendance.

If you have any questions contact Karen Williams, the Executive Director, at 517-917-8783.

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.

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: _____

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. **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 _____
2 days of summer care required to maintain enrollment

INFANT/ TODDLER CARE (BIRTH – 36 MONTHS)
\$45.00 per Day (Effective 8/1/2020)
Drop In Rates, add \$5 to rates above

FINANCIAL POLICIES

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.

A ministry partnership with Jackson Christian School

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 and must be requested with two weeks advance notice.**

JCELC will issue a tax statement annually for tax purposes. Consult your tax advisor for details about your eligibility for the child care deduction.

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.

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 _____, 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.

Developed in Cooperation With:

HEALTH APPRAISAL

- School
Children's Group
Child Care Center
Child Caring Institution
Other:

Department of Human Services
Departments of Community Health, and Education;
Michigan State Medical Society;
Michigan Association of Osteopathic Physicians and Surgeons

Dear Parent or Guardian: The following information is requested so that the school and parent can work together to meet the physical, intellectual, and emotional needs of the child. Fill out the information requested in Section I. Section II may be certified by transcription of information from the certificate of immunization. The remaining sections (111, IV, V) are to be completed by a doctor, nurse, and dentist. (BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)

PERSONAL

Child's Name Last First Middle Sex Date of Birth
Address Number & Street City Zip
Today's Date
Parent's or Guardian's Name Last First Middle Telephone (Home)
Address Number & Street City Zip Telephone (Work)

SECTION I -- HEALTH HISTORY

Table with 3 columns: Problem description, Yes, No. Rows include allergies, hay fever, eczema, convulsions, heart trouble, diabetes, colds, etc.

Does your child take any medications regularly? Yes No
If yes, what medication?
Reason for Medication:
Parent's Signature:

SECTION II --IMMUNIZATIONS

Statements such as "UP TO DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information. *

Table with columns: VACCINES, DATE ADMINISTERED (Type, Mo/Day/Yr). Rows include Hepatitis B, DTaP/DTP/DT/Td/Tdap, Haemophilus Influenza type b (HIB), Polio (IPV/OPV), Pneumococcal Conjugate (PCV7), Rotavirus (Rota), Measles, Mumps, Rubella (MMR), Varicella (Chickenpox), Hepatitis A (Hep A), Influenza TIV/LAIV, Meningococcal MCV4/MPSV4 (Specify Type), Human Papillomavirus HPV, Other Vaccines.

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

I certify that the immunization dates are true to the best of my knowledge

Validating Signature Title Date

*According to Act 368, Public Acts of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious, and other objections provided that waiver forms are properly prepared, signed, and delivered to school administrators.

SECTION III -- PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS

EXAMINATIONS AND/OR INSPECTIONS

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

TESTS AND MEASUREMENTS

	Within Normal Limits	Under Care	Referred		Within Normal Limits	Under Care	Referred
Vision Tested? <input type="checkbox"/> Visual Activity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Muscle Imbalance Date _____ <input type="checkbox"/> Other _____ <small>(Specify)</small>				Urinalysis Done? <input type="checkbox"/> Sugar <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Albumin Date _____ <input type="checkbox"/> Microscopic			
Hearing Tested? <input type="checkbox"/> Audiometer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ <small>(Specify)</small> Date _____				Blood Pressure Measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Reading _____			
Hemoglobin/Hemotocrit Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No				Height _____ Weight _____ Other:			
Blood Lead Level Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Result _____				Blood Lead level recommended for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high risk areas should be tested at the same intervals as noted above.			

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

--	--

Tuberculin Test (if given) Date _____ Type _____ Negative Positive _____ mm.

SECTION IV -- RECOMMENDATIONS

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action? Yes No
 If yes, please explain:

--	--

Should the student's activity be restricted because of any physical defect or illness? Yes No If yes, check below and explain degree of restriction:

Classroom Playground Gymnasium Swimming Pool Competitive Sports Camp Other

--	--

Examiner's Signature _____ Date _____ Examiner's Name (print or type) _____ Degree or License _____

Number & Street _____ City _____ Zip _____ Telephone _____

SECTION V -- DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ teeth and make the following recommendations as for treatment:

Child's Name _____

--	--

 Dentist's Signature Date

COMMENTS

Permission to Dispense Occasional Medications

My child, _____ will occasionally require the following medication listed below due to occasional discomfort or illness.

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</u>	<u>Specific Time</u>
<u>Sunscreen</u>	_____	_____
<u>Diaper rash cream/ointment</u>	_____	_____
_____	_____	_____

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 Parent/Guardian

Date Submitted

Daytime Telephone Number

Licensing Notebook Statement

1. The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
2. The licensing notebook is available to parents during regular business hours.
3. Licensing inspection and special investigation reports from at least the past 2 years are available on the child care licensing website at www.michigan.gov/michildcare .

Parent

Date

Receipt of Parent Handbook verification

I verify that I have received a Parent Handbook from Jackson Christian Early Learning Center/God's Garden. I have read and agree to follow all policies in the handbook.

Parent

Date

2020 Calendar

God's Garden
Dates Closed

January							February							March						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
29	30	31	7	2	3	4	26	27	28	29	30	31	1	1	2	3	4	5	6	7
5	6	7	8	9	10	11	2	3	4	5	6	7	8	8	9	10	11	12	13	14
12	13	14	15	16	17	18	9	10	11	12	13	14	15	15	16	17	18	19	20	21
19	20	21	22	23	24	25	16	17	18	19	20	21	22	22	23	24	25	26	27	28
26	27	28	29	30	31	1	23	24	25	26	27	28	29	29	30	31	1	2	3	4

April							May							June						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
29	30	31	7	8	9	4	26	27	28	29	30	1	2	31	1	2	3	4	5	6
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27
26	27	28	29	30	1	2	24	25	26	27	28	29	30	28	29	30	1	2	3	4
							31	1	2	3	4	5	6							

July							August							September						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	1	2	3	4	26	27	28	29	30	31	1	30	31	1	2	3	4	5
5	6	7	8	9	10	11	2	3	4	5	6	7	8	6	7	8	9	10	11	12
12	13	14	15	16	17	18	9	10	11	12	13	14	15	13	14	15	16	17	18	19
19	20	21	22	23	24	25	16	17	18	19	20	21	22	20	21	22	23	24	25	26
26	27	28	29	30	31	1	23	24	25	26	27	28	29	27	28	29	30	1	2	3
							30	31	1	2	3	4	5							

October							November							December						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	1	2	3	1	2	3	4	5	6	7	29	30	1	2	3	4	5
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26
25	26	27	28	29	30	31	29	30	1	2	3	4	5	27	28	29	30	31	1	2

Holidays and common observances

1 Jan.	New Year's Day	7 Sept.	Labor Day
20 Jan.	Birthday of Martin Luther King, Jr.	12 Oct.	Columbus Day
17 Feb.	Washington's Birthday (Presidents' Day)	11 Nov.	Veterans Day
12 Apr.	Easter	26 Nov.	Thanksgiving Day
25 May	Memorial Day	25 Dec.	Christmas
4 July	Independence Day		