

# Good Shepherd Preschool Fax 260-484-7415



## HEALTH CARE PROGRAM FOR CHILD CARE CENTERS CHILD CARE CENTER HEALTH RECORD

State Form 49969 (R2 / 11-06) / BCC 0019

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

Name of child ( <i>last, first</i> )	Date of birth ( <i>month, day, year</i> )	Date of admission ( <i>month, day, year</i> )
Address ( <i>number and street, city, state, and ZIP code</i> )		
Child lives with ( <i>relationship</i> )	Name	Telephone number (      )

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
Measles		Allergies:	-----
Rubella (German Measles)		Handicapping conditions:	-----
Chickenpox			-----
Mumps		Other:	-----
Scarlet Fever			-----
Whooping Cough			-----
Other: _____			-----

PHYSICAL EXAMINATION	
Date of exam ( <i>month, day, year</i> )	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

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Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (*including sports*)?     Yes     No    If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

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Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

Yes     No

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**HISTORY OF IMMUNIZATIONS AND TEST** (indicate month / day / year)

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* Influenza (Flu)					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
Rotavirus (RGE)			

	1	2		
Varicella (Varivax)			or Chicken Pox Disease	Month / year

	1	2	3	4
Pneumococcal (PCV) (Prennar)				

	1	2
HEPA		

	1	2	3
HBV (HEP B)			

\* Recommended yearly.

Name of physician / nurse practitioner completing form (please print)

Telephone number

(     )

Signature of physician / nurse practitioner

**ADDITIONAL NOTES AND INSTRUCTIONS**

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2  
4  
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2  
5

BUREAU OF CHILD CARE  
DIVISION OF FAMILY RESOURCES

SAFE TRANSPORTAION 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): \_\_\_\_\_

2024-25

## Good Shepherd Preschool Discipline Policy

It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for your children, we may have to respond to your child's misbehavior. Rules at Good Shepherd are centered on safety and supporting a school family. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child or teacher are not safe.

We do see misbehavior as a missing skill and as a teachable moment. We also know that it takes time to learn a new skill, so we understand that teachable moments happen over and over.

In response to misbehavior, the teacher will:

- Respect your child and use his or her name

- Maintain composure and eye contact.

- Reaffirm the established rules

  - "You may not hit. Hitting hurts."

- Use positive language to explain desired behavior.

  - "If you want Joe to move, say 'Move, please.' Try it with me now....."

- Give clear, positive choices

  - "It is time to clean up. You have a choice. You can pick up the blocks first, or you can pick up the cars. Which do you choose?"

- Redirect your child to a new activity

  - "Michael, Lilly is playing with that puzzle now. When she is finished you may have a turn. Waiting is hard. What would you like to do while you wait? Play cars or Draw?"

- Natural consequences are the best way to learn unless those consequences are dangerous.

- Ultimately, the goal for the child is to learn what to do next time to avoid these situations.

In response to misbehavior, our teachers will *not* use:

- Threats or bribes

- Physical punishment

- Deprive your child of food or other basic needs

- Humiliation or isolation

If your child's behavior is very disruptive or harmful to himself or other children, it will be discussed with you privately either by the teacher, director or both. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other arrangements.

Each child is unique and as a parent, you may have some special concerns or wish to offer suggestions. Use the lines below to share strategies that work well with your child.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

2024-25



### Good Shepherd Preschool Food Allergy Instructions

Child's name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Food Allergy No \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Child's name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Food Allergy Yes \_\_\_\_\_

You have indicated that your child has food allergies. In an effort to guard the health of your child while in our care, please complete the following questions with your child's health provider and return to us prior to your child's first day of attendance. Be specific with your answers. For example, if your child is allergic to eggs, is he allowed to have foods containing eggs?

- Food: \_\_\_\_\_

Is this allergy life threatening? \_\_\_\_\_

By ingestion? \_\_\_\_\_ By touch? \_\_\_\_\_ Both? \_\_\_\_\_

If eaten, the reaction we would expect to see would include (Rash? Stomach upset? Trouble breathing?)

\_\_\_\_\_

In response to either eating and/or exposure to this allergen, the following steps and/or medicine(s) should be taken. (Include name of medicine and dose)

\_\_\_\_\_

- Food: \_\_\_\_\_

Is this allergy life threatening? \_\_\_\_\_

By ingestion? \_\_\_\_\_ By touch? \_\_\_\_\_ Both? \_\_\_\_\_

If eaten, the reaction we would expect to see would include (Rash? Stomach upset? Trouble breathing?)

\_\_\_\_\_

In response to either eating and/or exposure to this allergen, the following steps and/or medicine(s) should be taken. (Include name of medicine and dose)

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

**\*No physician signature required if no allergies are present**



**PARENT'S NOTICE**  
State Form 49444 (11-99) / BCD 0035

2024-25

I understand that this day care ministry is not licensed under the laws of 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 needs 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.

Name of facility	Good Shepherd Preschool
Address of facility (number and street, city, state, ZIP code)	4700 Vance Ave. Fort Wayne, IN 46815
County	Allen

2024-25

**PARENTS' AGREEMENT GOOD SHEPHERD PRESCHOOL**

I consent to the enrollment of \_\_\_\_\_  
(Full name of child)

in Good Shepherd Preschool and agree that Good Shepherd Preschool shall not be responsible in case of sickness or injury of this child while in attendance of a Preschool facility or to and from the facility.

- I give my consent for my child to be diaper changed and/or assisted with bathroom needs as necessary if my child is 2 or younger. I understand the children 3 yrs. and older cannot be assisted by a teacher in bath-rooming.
- I agree to have on file current shot records for my child and that my child's shots are up to date.
- I agree to keep my contact information which includes address and phone numbers current.
- I agree to abide by the payment agreement and other policies detailed in the parent handbook.
- I give permission for Good Shepherd Preschool to treat my child in case of an emergency.
- I agree to allow my child to be vision screened by the Lions Club if they are ages 2 and to have their hearing screened if they are age 3 and up.
- I give permission for my child to be outside of the school building on Good Shepherd UMC Property while supervised by a Good Shepherd Preschool Staff Member for special events and outdoor activities.
- \*\*\* I understand that pictures taken at preschool and during preschool activities may be used for publicity purposes.
- \*\*\* I \_\_\_ agree \_\_\_ disagree to having my child's name along with my own name, address, and phone number given to classmates in the form of a class list.

In addition to the previous forms that you have received and signed please go to our website <https://goodshepherdpreschool.weebly.com/documents.html> and review the parent handbook under "documents", once you have done that please fill out the online form stating that you have read and understand the contents. Documentation that you have reviewed the handbook is part of our state requirements.

Thanks You,  
Good Shepherd Preschool

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(Parent or Legal Guardian)

2024-25

**PARENTS' AGREEMENT**  
**Extended Care and/or Before and After School Care**

I consent to the enrollment of \_\_\_\_\_

(Full name of child)

in the Good Shepherd Preschool extended care program and I agree that Good Shepherd Preschool shall not be responsible in case of sickness or injury of this child while in attendance at this Preschool facility or to and from the facility.

- I give my consent for my child to be diaper changed and/or assisted with bathroom needs as necessary if my child is 2 or younger. I understand the children 3 yrs. and older cannot be assisted by a teacher in bath-rooming.
- I agree to abide by the payment agreement and other policies detailed in the parent handbook.
- I agree to call the Preschool with changes in my schedule by 10:00 AM the preceding business day. If I fail to meet the deadline I understand I will be charged for the day.
- I understand I must call or e-mail the Preschool by 10:00 a.m. the preceding business day to add an additional time to my child's schedule or change an already submitted schedule. Adding additional days/time is dependent on attendance and staffing numbers. Failure to make approved arrangements could result in being refused care if we are not prepared to receive your child.
- I understand that lunch and snack are provided as a part of the extended care program. If my child has allergies or specific dietary needs, I will send my child's lunch. A lunch menu will be provided on a monthly basis.
- I give my consent for my child to be picked up from and/or taken to Glenwood Elementary by a staff member of Good Shepherd Preschool. (Elementary School Children Only)
- I further agree that, in case of accident or injury, emergency medical care may be given in the event that I cannot be contacted immediately.
- I give permission for my child to be outside of the school building on Good Shepherd UMC Property while supervised by a Good Shepherd Preschool Staff Member for special events and outdoor activities.
- \*\*\*I understand that pictures taken at preschool and during preschool activities may be used for publicity purposes.
- \*\*\*I \_\_\_ agree \_\_\_ disagree to having my child's along with my own name, address, and phone number given to classmates in the form of a class list.

In addition to the previous forms that you have received and signed please go to our website <https://goodshepherdpreschool.weebly.com/documents.html> and review the parent handbook under "documents", once you have done that please fill out the online form stating that you have read and understand the contents. Documentation that you have reviewed the handbook is part of our state requirements.

Thanks You,

Good Shepherd Preschool

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(Parent or Legal Guardian)



Payment Agreement

2024-25
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Payment Agreement for (Child’s Full Name):

Each person who is responsible for payment needs to complete this form.

Payer #1

Name	Email Address	Street Address	Zip Code
Primary Number	Secondary Number	Place of Employment	Work Number
Responsible for ___% of Payment	Responsible for both Preschool Tuition and Extended Care Fees _____	Responsible for only Extended Care Fees___	Responsible for only Preschool Tuition_____

Payer #2

Name	Email Address	Street Address	Zip Code
Primary Number	Secondary Number	Place of Employment	Work Number
Responsible for ___% of Payment	Responsible for both Preschool Tuition and Extended Care Fees _____	Responsible for only Extended Care Fees___	Responsible for only Preschool Tuition_____

- I have read and understood the Parent Handbook of Good Shepherd Preschool. I agree to be responsible for the payment of my child’s fees and/or tuition.
- I understand that I am also responsible for any late fees that may be assessed to the account that I am responsible for.
- I understand that there will be a \$25 charge for any returned checks.
- I understand that if I use Tuition Express, there will be a \$25 charge for any declined charges.
- I understand a delinquent account as described in the Parent Handbook means that enrollment at Good Shepherd Preschool and Extended Care is forfeit. If I wish to re-enroll my student(s) I will have to re-pay the registration fee for that program. I will only be able to re-enroll if the spot is still available in that program.
- I understand that if payer 1 and payer 2 have separate ledger cards, Good Shepherd Preschool is obligated to communicate to both payers and parents if a child in in danger of expulsion due to a delinquent account.

If I choose to withdraw my student(s), I understand I will be responsible for all previous charges. I will notify the Good Shepherd Preschool in writing of my intent to withdraw from the program 30 days prior to withdrawal. I will be responsible for all fees and tuition until withdrawn.

Payer #1 \_\_\_\_\_ Date \_\_\_\_\_

Payer #2 \_\_\_\_\_ Date \_\_\_\_\_

# In Case of Emergency:

2024-25

I give Good shepherd Preschool Permission, in the event of a medical or dental emergency, to seek emergency treatment for my child.

Child's Full Name: \_\_\_\_\_

Child's Date of Birth; \_\_\_\_\_

Health Insurance Company; \_\_\_\_\_

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

List of any known allergies to medications: \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

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