

ECP FEES – SUMMER/FALL 2026

Registration: \$150/family

Child's Class	Half-Day Rate 8:30am - 12:30pm 1:00pm – 5:00pm	Full-Day Rate	Full-Day – 5 days a week discounted rate*
Newborn	\$41.00 (summer only)	\$74.00 (summer only)	\$350.00
Nursery	\$40.00 (summer only)	\$73.00 (summer only)	\$340.00
Toddler	\$39.00	\$72.00	\$306.00
2's	\$38.00	\$71.00	\$297.00
3's	\$37.00	\$69.00	\$287.00
4/5's Pre-K	\$36.00	\$67.00	\$283.00
6 and up	\$36.00	\$67.00	\$283.00

Other Services: Before School Care (7:30am-8:30am) _____ \$7.00/day
 Extended Care (5:00-5:30pm) _____ \$4.00/day

*Children enrolled full time (5 full days a week) have the option of using Before Care or Extended Care at no additional cost. Please only mark days you will be using weekly.

SUMMER SESSION - PLEASE MARK ALL DESIRED SESSIONS

(For full day, mark both am and pm)

	Mon	Tues	Wed	Thur
Sessions	am pm	am pm	am pm	am pm
Before School Care (7:30-8:30am)				
Extended Care (5-5:30pm)				

FALL SESSION - PLEASE MARK ALL DESIRED SESSIONS

(For full day, mark both am and pm)

	Mon	Tues	Wed	Thur	Fri
Sessions	am pm	am pm	am pm	am pm	am pm
Before School Care (7:30-8:30am)					
Extended Care (5-5:30pm)					

**CLAY CHURCH EARLY CHILDHOOD PROGRAM
2026-2027 REGISTRATION**

Child's Full Name: _____

DOB: ___ / ___ / _____ Gender: Male Female Other

Home address: _____

City/State/Zip Code: _____

Primary Parent/Guardian: _____

Relationship to child: _____

Phone #: _____ Email: _____

Workplace/Employer: _____

Work Phone: _____

Secondary Parent/Guardian: _____

Relationship to child: _____

Phone #: _____ Email: _____

Workplace/Employer: _____

Work Phone: _____

Emergency Contacts/Authorized Pickup

Name: _____ Relationship to Child: _____

Phone #: _____ Pickup Authorization: Yes No

Name: _____ Relationship to Child: _____

Phone #: _____ Pickup Authorization: Yes No

Medical Information

Does your child have any allergies? Yes No

If yes, please list: _____

Any medical conditions or special needs? Yes No

If yes, please explain: _____

Primary Physician Name: _____

Primary Care Phone #: _____

Preferred Hospital: _____

Health Insurance Provider: _____

Policy Number: _____

DISCIPLINE POLICY

Our staff strives to provide a positive, accepting, and encouraging environment while promoting independence as a part of each child's daily routine. The child is seen as responsible for his/her actions and behaviors. Each of our classrooms has rules that are shared with the students as well as their families so that families know what type of behavior is expected while their child is in our care. Discipline is viewed as a process of guiding and teaching rather than a control mechanism, and it is seen as any other skill that must be developed. Children are provided with appropriate opportunities that allow for self-discipline, and they are encouraged to settle disputes peacefully. If the children are unable to settle a dispute peacefully, they may be directed to a quiet area, followed up by the adult talking with the children about the inappropriate behavior. Our staff is unable to provide one-on-one supervision for a child due to discipline reasons or for any other reason.

The health and safety of children are among our highest priorities. When one child exhibits recurring inappropriate behaviors that could be potentially dangerous to themselves or to others, it will be reported to the parents and noted in the child's record. If this method is unsuccessful in diminishing unacceptable continuous or chronic behavior, we will respectfully withdraw your child's registration and attendance from the Early Childhood Programs.

I have read and understand the discipline policy.

Signature: _____ Date: _____

PARENT'S NOTICE

I understand that early childhood programs are not licensed under Indiana's laws. However, I understand that this daycare ministry complies with the State rules concerning sanitation and fire safety for the primary use of a 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 daycare ministry.

Signature: _____ Date: _____

FINANCIAL POLICIES

I have read and agree to comply with the financial policies for the program(s) in which my child is enrolled.

Signature: _____ Date: _____

MEDICAL CONSENT

I authorize the staff of the Clay Church Early Childhood Programs to obtain emergency medical treatment deemed necessary for my child when he/she is left in their supervision.

Signature: _____ Date: _____

PHOTO CONSENT

I give permission for my child to be photographed or videotaped for classroom purposes and/or internal events. Yes No

I give permission for my child to be photographed or videotaped for newsletters, social media, and/or the website. Yes No

BUREAU OF CHILD CARE DIVISION OF FAMILY RESOURCES

SAFE TRANSPORTATION AND FOOD RESPONSIBILITY

Food must be brought to the facility in clean, insulated, sanitizable containers, which keep food at 41 F or below and hot food at 135 F 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 the correct food temperatures until served.

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.

Signature: _____ Date: _____

MAILING ADDRESS:

Clay Church Early Childhood Program
17646 Cleveland Road
South Bend, IN 46635