



NORTH VERMILLION ELEMENTARY SCHOOL

5585 North Falcon Drive
Cayuga, IN 47928

Mr. Brian Byrum, Principal
Mr. Dan Nelson, Superintendent

Phone (765) 492-7010
Fax (765) 492-7017
www.nvc.k12.in.us

WELCOME TO FALCON DAYCARE!

We want to take a moment to thank you for choosing the North Vermillion Elementary Daycare for your child. In this packet, you will find several forms that need to be filled out and returned. Because your child will be enrolled in a public school daycare, we will need some information to enter them into our data system.

- Daycare Application
This needs to be filled out and returned. We will be capped depending on the number of students at each age level.
- Daycare "Get to Know Me" Sheet
This needs to be filled out and returned to help us know a little about your child before day 1.
- Parent Contract Agreement
This needs to be filled out and returned for understanding the financial obligation and terms of the agreement.
- Student Demographic Sheet (Yellow)
This needs to be filled out and returned for our Harmony Data system.
- Medical Information Sheet (White)
This needs to be filled out and returned and kept on file with our school nurse in the event medication or assistance is needed.
- CHIRP Release Sheet (Green)
This needs to be signed and returned allowing the release of immunization records to be shared with us for state compliance.

**We will also need a copy of your child's birth certificate, immunization records, and any custodial papers (if applicable).

If you have any questions, please feel free to call the school at 765-492-7010.



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Daycare Application

- ★ Daycare hours are from 7:30am - 3:30pm
- ★ The daycare will follow the NVCSC's board-approved calendar
- ★ Transportation is not provided by the school

STUDENT NAME _____ DOB _____

PARENTS NAME (Mom) _____ Phone Number _____

(Dad) _____ Phone Number _____

ADDRESS _____ CITY _____ ZIP _____

The fee for NVCSC Daycare is \$75 a week. This is required no matter how many days you attend to cover staff costs. Shortened weeks per school calendar or if school is canceled, the rate will adjust by \$15 per day.

Do you prefer to pay: ___ Weekly ___ Bi-Weekly ___ Monthly

Will your child be age 2 by August 1st? ___ YES ___ NO

Will your child be age 5 by August 1st? ___ YES ___ NO

Is your child eligible for Head Start services? ___ YES ___ NO

Does your child receive special education services? ___ YES ___ NO

If yes, what category of eligibility? _____

An Information Packet and Agreement Form must be completed before the student's first day of daycare. Thank you!



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GET TO KNOW ME

Child's Name (or goes by) _____

Circle One: Left-Handed Right-Handed Uses Both at This Time

Is your Child Potty Trained? _____

Does your child use the following at home? (Please circle all that apply)

Crayons	Scissors	Pen/Pencil	Markers	Play-Doh	Puzzles
Finger-paint	Computer	Spoon/Fork	Blocks	Balls	Ride tricycle
Books	Glue				

Favorite things (toys, books, songs, or games)

What are things your child enjoys doing?

When your child gets angry, what does typical behavior look like?

My child becomes fearful or frightened when

Anything you feel we should know about your child?



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Daycare Parent Contract Agreement

Student Name _____ (Please Print)

Parent Name(s) _____ (Please Print)

I understand that by enrolling my child in the daycare program I am adhering to the policies and procedures of North Vermillion Community School Corporation.

I understand that payment for daycare services must be paid regardless if my child attends school every day or not. (Exception: if school is canceled)

I understand that by enrolling in daycare that I may be contacted to pick up my child in the event he/she is sick or has a behavior incident that warrants the child to be removed from the classroom.

I understand that lunch can be brought to school by my child, or purchased from the cafeteria at the student rate.

I understand that transportation to and from daycare is the responsibility of the parent/guardian unless an agreement under an Individualized Education Plan has been determined by a case conference committee.

I agree to pay the following amount \$ _____ every _____

for daycare services for the 2023-2024 school year. Failure to pay may result in legal action to collect payment for services and/or your student being removed from the program.

Parent Signature _____ Date _____

Checks made payable to NVE.

Last Name _____
First Name _____
Middle Name _____
Nick Name _____
Phone _____
Grade _____
Teacher Email (Student) _____
Bus Number _____
Alt Bus _____

DOB _____
SSN _____
Mailing Address _____
Physical Address _____
County _____
Township _____
Cell Phone _____
Birth Place _____

Sex Male Female

Race American Indian or Alaskan Native
 Black not of Hispanic Origin
 Asian or Pacific Islander

Hispanic
 White not of Hispanic Origin

Multiracial - check all that apply

Guardian Information

Guardian Father Foster Parent Grand Parent Mother Other Parents

Email _____
Text Messaging Address _____
Responsible for Book Fees _____

Guardian (If other than parent)

Last Name _____
First Name _____
Address _____

Cell Phone _____
Phone _____

Father

Last Name _____
First Name _____
Address _____

Phone _____
Cell Phone _____

Guardian Employer

Employer _____
Address _____

Work Phone _____

Paternal Employer

Employer _____
Address _____

Work Phone _____ Ext _____

Pager _____

Mother

Last Name _____
First Name _____
Address _____

Phone _____
Cell Phone _____

Maternal Employer

Employer _____
Address _____

Work Phone _____ Ext _____

Pager _____

Emergency Contact Information

	Last Name	First Name	Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Physician Information

Physician _____ Phone _____

Health Concerns _____

Sibling Information

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NORTH VERMILLION ELEMENTARY SCHOOL

MEDICAL INFORMATION SHEET

Student _____

Grade _____

Circle any health problems or concerns.

ADD

ADHD

Allergies

Bee Stings Reaction _____

Food Reaction _____

Other Reaction _____

Asthma

Diabetic

Digestive Problems

Heart Condition

Hemophilia

Incontinence of Urine or Bowel

Migraine Headaches

Seizures

Other _____

Please explain anything circled above. _____

List any medications taken at home on a daily basis.

Circle anything that your child may need special assistance with.

Braces (arms, legs)

Crutches

Catheterization

Daily Medication

Diabetic Sugar Tests

Hickman/Intervenous Medication

Respiratory Assistance; such as Nebulizer machine

Tube Feeding

Wheelchair

Feeding Difficulties

Other _____

Please explain anything circled above.

My child's hair color is _____

My child's eye color is _____

Parent Signature _____

Date _____

NORTH VERMILLION SCHOOL CORPORATION

Dear Parent/Guardian,

The Indiana State Department of Health maintains an immunization registry entitled Children and Hoosiers Immunization Registry Program (CHIRP). Chirp allows all health care providers within the state of Indiana to enter immunization data as a method of electronic documentation. Recently, the Indiana Department of Education mandated that all schools within the state of Indiana utilize CHIRP to document annual reports. Schools are required to submit these immunization reports to maintain accreditation. Your permission is being requested to submit the immunization status of your child. The Indiana Department of Education attorney Dana Long, collaborating with the Indiana State Department of Health, has prepared the consent at the bottom. If you have any questions, please call Gina Byrum, RN at 765-492-7010. Thank You.

I, _____, give the North Vermillion School Corporation, permission to release the following information concerning my child _____ to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

STUDENT'S FULL NAME, DATE OF BIRTH, IMMUNIZATION DATE, AND SCHOOL IN ATTENDANCE

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

I hereby consent to the release of such information.

Signature

Date

Printed Name of Parent or Guardian

Address

() _____
Telephone Number

Child's Name

Grade Level

School