



Dear Parent,

Thank you for considering Trinity Lutheran Church Early Childhood Center for your child's Preschool Education! We love serving families and look forward to having you become part of our Trinity family. You have indicated that you would like to enroll in the Great Start Readiness Program (GSRP). You may begin the enrollment process now, but we cannot finalize enrollment until the State School Bill has been signed and allocations have been announced. This means you will be placed on a waiting list until mid-to-end of August. We will contact you at that time to finish the enrollment process.

GSRP is a state-funded, FREE PreK program for ALL four-year-olds. As a nationally recognized program, Macomb County GSRP provides developmentally appropriate learning in a safe, nurturing, and positive environment, balancing high-quality instruction with play-based learning rich in language and literacy.

Your child must be 4 years old by September 1 of the school year you are enrolling in. Sometimes, GSRP allows us to enroll children who are 4 by December 1, but only if space is available after September 1. We will need a copy of your child's birth certificate. We will also need a copy of your child's immunization record. If you are not current on immunizations or want to request a waiver, you will need to contact the Macomb County Health Department (see attached notice from the Health Department).

We have attached forms and additional information that you will need:

- Registration Form
- Health Appraisal Form
- Placement Contract
- Enrollment Form
- Screening Consent Form
- Parent Notice of Program Measurement

To begin the enrollment process:

- Fill out the Registration Packet
- Call the center to set up an enrollment meeting with Jessica Platte at 586-463-8803
- Please bring the completed registration packet to your meeting with Jessica Platte, along with the completed health appraisal form (signed by a doctor), immunization record or waiver, driver's license, and proof of birth (birth certificate).

To finalize enrollment (in August):

- Wait for a contact from TLC to say that you are on the roster for the GSRP classroom.
- You will receive a letter in the first week of August with information about the school year, along with a list of forms that may still need to be submitted to finalize enrollment.
- Attend the open house during the last week of August (dates provided in August letter)

We look forward to serving your family. If you have any questions, please get in touch with us at 586-463-8803 or tlcecc@trinityct.org.

Sincerely,
Jessica Platte
Early Childhood Director

TLC Early Childhood Center

GSRP Room Description



Program Overview

- GSRP is a state-funded, free PreK program for all four-year-olds. As a nationally recognized program, Macomb County GSRP provides developmentally appropriate learning in a safe, nurturing, and positive environment, balancing high-quality instruction with play-based learning rich in language and literacy.

Eligibility

- Child must turn 4 by September 1
- Classroom ages: 4–5 years
- After September 1, children who turn 5 by December 1 may enroll if space is available

Schedule & Class Size

- Monday–Friday | 8:00 a.m.–3:00 p.m.
- Maximum 18 children
- 1 Teacher & 1 Associate Teacher

Curriculum, Assessment, & Learning Environment

- Creative Curriculum
- GOLD Assessment used to guide instruction
- Parent–teacher conferences are held several times each year
- Centers include blocks, dramatic play, toys & games, science, sensory, art, literacy, music, and large motor/climber
- Weekly cooking activities

Faith Component

- No religious instruction during GSRP hours
- Free Jesus Time is offered immediately after GSRP
- Bible stories, songs, and lessons are taught at an age-appropriate level

Daily Routine

- Consistent daily schedule
- Literacy and math instruction daily
- Large & small group learning
- Child-directed play
- Outdoor play or gym daily
- Short daily rest time (cot provided)
- Parents provide a small blanket and an optional pillow

Meals

- Morning snack, hot lunch, and afternoon snack included
- Monthly menus are available on the website

Outdoor Play

- Swings, climbers, trikes, trike track, sand area, and gardens
- Outdoor play year-round, weather permitting. Please send weather-appropriate clothing.

Independence & Communication

- Children learn to care for their belongings and clean up
- Each child has a cubby, a bedding bag, and a mailbox
- Please check mailboxes daily

Family Involvement

- We encourage parent involvement through classroom volunteer opportunities and parent educational nights.



Trinity Lutheran Church Early Childhood Center

Child Information Record

Great Start Readiness Program

State of Michigan Department of Human Services - Bureau of Children and Adult 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	
Father/Legal Guardian's Name		Home Phone ()		Mother/Legal Guardian's Name		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 (optional)				
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.)								
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.								
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.		()		
I give permission to _____, licensed by the Department of Human Services (Provider's Name)								
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.								
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	
Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.		

Name child goes by _____

Names and ages of brothers and sisters _____

Are there any special custody issues? (please attach any court orders) _____

Would you like additional information about Trinity School or Trinity Church such as events or available resources?

Please read, sign and date the following statements:

My child, _____ is in good health and any restrictions are noted on the front of this registration form. My child's immunizations are up to date and I have provided the record or waiver to TLC or it is on file at my child's school. I assume responsibility for the child's state of health while at TLC Early Childhood Center. I also understand that I will be notified immediately if anything unforeseen is this regard occurs.

I have read and agree to the conditions of TLC Early Childhood Center Parent Booklet. This includes: Criteria for admission and withdrawal, Schedule, Fee Policy, Discipline of children, Nutrition and Food program, Program Philosophy, daily schedules and Health care plan.

The center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. The notebook is available to parents for review during regular business hours. Licensing inspection reports from the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

Please check your choices below:

I give my permission for Trinity Lutheran Church to use pictures of my child:

_____ for classroom use.

_____ for use on displays internally within Trinity Lutheran Church, School or Early Childhood Center Building

_____ for external use on social media (ie Trinity's FACEBOOK)

_____ for external use in brochures, displays or other advertisement

Furthermore, I consent that such photographs and or videos shall be the property of the Early Childhood Center, which has the right to duplicate, reproduce and make other uses as the Early Childhood Center deems necessary within the parent's choices for use.

Parent Signature

Date

Information below is for reporting purposes only (to Lutheran Church Missouri Synod, State or Federal Agencies):

Please select the ethnicity of your child: _____ Hispanic or Latino _____ Not Hispanic or Latino

Please select one of more racial designations of your child: _____ American Indian or Alaskan Native

_____ Asian _____ Black or African American _____ Native Hawaiiin or Pacific Islander _____ White

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections 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)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code)	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code)	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

	Yes	No	Resolved	# Is your child having any of the problems listed below?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	Birth History: Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: If yes, list medications: Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?		
				Reason for Medication		
				_____ / /		
				Parent/Guardian Signature		
				Date		

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Height Weight Other: _____				
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE Reading: _____				
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / / Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm				
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				NOTE: Blood lead level required 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 listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

Childcare and Biblical Instruction

Dear GSRP Applicant,

Trinity Lutheran Church Early Childhood Center is excited to offer childcare after GSRP classroom hours.

Childcare is available Monday through Thursday from 3:20 PM to 6:00 PM and will take place in the GSRP2 classroom. Please note that childcare is not available during scheduled breaks, including spring break, parent-teacher conferences, holiday breaks, or weather-related closures.

The hourly rate for childcare is \$5.60. Billing for the previous week is completed on Mondays, and you will be notified of the charges. Payment is due by Wednesday of that same week. Families may qualify for a childcare subsidy through the State of Michigan. If approved, we will bill the state and notify you of your co-pay amount for the previous week on Monday.

Trinity's mission is to make fully devoted followers of Jesus through Christ-centered care and education of children. While we are unable to share Biblical instruction during GSRP classroom hours, we are grateful for the opportunity to offer this experience to families after GSRP hours. We are pleased to offer free care from 3:05 PM to 3:20 PM. During this time, children will participate in age-appropriate Biblical teaching through "Jesus Time" activities, including Bible stories, songs, finger plays, and more. All children are welcome to participate at no charge during this time. Childcare fees will begin at 3:20 PM.

If you would like to utilize the childcare program, please complete the attached contract and indicate the days and hours your child will attend so we can plan staffing and activities accordingly.

Sincerely,



Jessica Platte

Early Childhood Director

GSRP Childcare Child Placement Contract (for children who will need childcare before or after GSRP)

For _____ (name of child), I have received and read the Parent Information Booklet and agree to comply with all rules and responsibilities stated in them. I understand that compliance with these rules and responsibilities is a condition of my child's enrollment and part of this contract.

Care will normally begin from _____ to _____ on the following days of the week: _____. Children may stay for Jesus Time from 3:05 to 3:20 PM, Monday through Friday, at no charge.

The current charge for caring for the above child is \$5.60 per hour. A \$10 fee will be assessed per child for each 5 minutes your child is in attendance past 6 PM, with a minimum fee of \$10. The current charge for returning a check is \$35.00. I understand that these charges and rates are subject to change, as they may be updated by the bank. If two checks are returned from the same family, we will no longer accept checks.

Payment to the Provider will be made in the following manner: **by check, money order, cash, or online credit card payment. We bill on Monday for the previous week, and payment is due by Wednesday.** Payment is considered late if not received on this day, and a \$20 late fee will be assessed. If payment is not received by the end of the week, you will be reminded that childcare privileges have been suspended until payment is made.

I understand that I must provide the center with immunization records or an approved waiver of immunizations upon enrollment and as immunizations are updated. I must also provide a completed health form upon enrollment and annually thereafter. I assume responsibility for my child's state of health while at TLC Early Childhood Center. I also understand that I will be notified immediately if anything unforeseen occurs.

No modifications can be made to this contract except in writing.

I understand this is a legally binding contract, which I have read. By **signing this agreement, the parent, legal guardian, or responsible adult and the childcare facility agree to abide by all its provisions.** The parties hereto have executed this contract as of the specified date.

Parent, Legal Guardian, or Responsible Adult

(Signature)

(Printed Name)

(Relationship to Children)

DATE _____

TLC Early Childhood Center



(Signature)

Jessica Platte

(Printed Name)

Childcare Director

(Title)

DATE _____



Great Start Readiness Program Enrollment Form

Child's Legal Name:

Last _____ First _____ Middle Name _____

Birthdate ____/____/____ Sex: Male__ Female__ Home Language: _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Phone Number _____ Phone Number _____

Address _____ City _____ Zip _____

Resident School District _____

Email Address _____

Email Address _____

Race:

- American Indian or Alaska Native
- Asian American
- Black or African American

- Native Hawaiian or other Pacific Islander
- White
- Hispanic or Latino

LIST ALL PERSONS WHO LIVE IN THE HOME

For any children 17 and under, please also include birthdate

Name	Birthdate	Relationship

Please self-report your gross annual household income:	
---------------------------------------------------------------	--

Please check all that apply:

	PRIORITIZATION FACTORS
<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Foster Care
<input type="checkbox"/>	IEP (General Education Setting)

I hereby affirm the information provided in this form is true to the best of my knowledge and belief

Parent/Guardian Signature

Date



Screening Consent Form

The first 5 years of life set the stage for success in school and for a life time.

The Ages & Stages Questionnaire-3 (ASQ-3) and the Ages & Stages-Social Emotional (ASQ-SE) are screening tools that ask questions about your child's overall and social emotional development, looking at how children are doing in the important areas of communication, physical ability, social skills and problem-solving skills.

These screens can help identify your child's strengths, as well as, any areas where your child may need support. The screening should take about 10-20 minutes to answer questions about your child.

Your individual information is protected to ensure confidentiality. Information is entered on a web based database that is secure and password protected. Identifying information from the screen will be seen only by the developmental screening specialist, who scores your screening and provides the results to you.

General information about the ages and results of children's screening scores are compiled at the Macomb Intermediate School District in order to better understand the strengths and challenges of the children living in Macomb County.

I have read the above description and give Great Start Macomb and Trinity Lutheran Church Early Childhood Center consent to screen my child(ren).

- Yes, I do wish to participate
- No, I do NOT wish to participate

Parent/Guardian Signature

Date

Child's name & birth date



Parent Notice of Program Measurement*

TLC Early Childhood Center is required to work with the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP) to measure the effect of the state-wide Great Start Readiness Program (GSRP). Information is sometimes collected about GSRP staff, enrolled children, and their families. Program staff or a representative from MiLEAP might:

- Ask parents questions about their child and family.
- Observe children in the classroom.
- Measure what children know about letters, words, and numbers.
- Ask teachers how children are learning and growing.

Information from you and about your child will not be shared with others in any way that you or your child could be identified. It is protected by law.

Questions?

Contact: MiLEAP-GSRP@Michigan.gov or (517)241-7004

Or

MiLEAP, Office of Early Education,
105 W. Allegan Street, Lansing, MI 48933

*Provided to parents upon enrollment.

Parent Signature

Date



GSRP Staff Signature

Ec Director

Position/Title

Date