



Trinity Lutheran Church Early Childhood Center

Child Information Record

Infants ☐ Toddlers ☐ Transition ☐ Preschool 3 ☐ Preschool 4 ☐

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” is 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		Primary Phone ()	Parent/Legal Guardian's Name (Optional)		Primary Phone ()
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)		2 nd Phone (if applicable) ()
City	State	Zip Code	City	State	Zip Code
Email Address			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/or Special Instructions? Yes ☐ No ☐ If yes, explain: (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. 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 <u>Trinity Lutheran Early Childhood</u> , 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
LARA is an equal opportunity employer/program.					AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation

Name child goes by _____ Baptism or Dedication Date _____

Church you attend regularly _____ Church Membership _____

Names and ages of brothers and sisters _____

Parent's marital status _____

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, initial, 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. _____ (initials)

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. _____ (initials)

I will provide breakfast for my child either at home or brought to the center. I understand that TLC staff will serve breakfast that I provide from 6:30 AM to 8 AM. _____ (initials)

I understand and will support the purpose and philosophy of TLC Early Childhood Ministries. I look forward to my partnership with TLC in its' programs, educational activities and fellowship events. _____ (initials)

- ☒ The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last years. The licensing notebook is available to parents/guardians during regular business hours. Reports from the past three years are available at www.michigan.gov/michildcare
- ☐ The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare

Picture Release: I consent that photographs or videos of my child may be used by Trinity in classrooms & hallways, website, FACEBOOK or other social media and for marketing purposes. Furthermore, I consent that such photographs and or videos shall be the property of Trinity, which has the right to duplicate, reproduce and make other uses, as Trinity deems necessary.

☐ I **DO** give my consent

☐ I **DO NOT** give my consent

Parent Signature

Date

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

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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 Hawaiian or Pacific Islander _____ White

Yearly PSOR Clearance	Yearly PSOR Clearance	Yearly PSOR Clearance	Yearly PSOR Clearance
(Date)	(Date)	(Date)	(Date)

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

Care will normally begin at _____ o'clock and end at _____ o'clock on the following days of the week: _____.

A two-week notice is required to change schedules or withdraw your child from the program to avoid weekly tuition charges. Without this notice, you will be responsible for this payment, which will be charged to your Brightwheel account.

1. I have signed a separate CACFP contract stipulating if I will be participating in Trinity ECC providing snack and lunch, or I will be providing food from home. Please inform us by 9:00 AM if your child will be attending lunch.
2. The current charge for care of the child named above is \$ _____ per _____. Current overtime charges are \$ 0.50 per minute after 6:00 PM closing. The current charge for a returned check is \$35.00. I understand that these charges and rates are subject to change, as they may be adjusted by the bank. If two checks are returned from the same family, we will no longer accept checks.
3. Payment to the Provider will be made in the following manner: **by check, money order, cash, online credit card, or Direct Debit payment. Payment is due on the first day your child attends each week.** 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.
4. Two weeks' credit will be given each calendar year to be used for absences for which you are not obligated to pay. The number of days of credit depends on the number of days per week that your child is enrolled. If your child is enrolled for 5 days, you will be given 10 days' credit, 4 days per week = 8 days' credit, and so on. You may use these days for any absence or for holidays when the center is closed. Once the annual allowance is used, payment is expected for any additional absences. The center charges for the following holidays: Labor Day, the day before Thanksgiving, Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, Memorial Day, July 4 (or the Monday in observance of the holiday), and Labor Day.
5. I understand that a non-refundable yearly registration fee of \$200 per child or \$250 per family will be assessed on the last Monday of August. A registration fee of \$150 per child is due at the time of registration for children new to the program. I also understand that I will need to review my child's registration form or fill out and submit a new registration form by the first Tuesday of September each year, as required by licensing rules.
6. I understand that I must provide immunization records or advise the center of a 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 in this regard occurs.
7. I understand and will be supporting the purpose and philosophy of TLC Early Childhood Ministries, as stated in the Parent Information Booklet. I look forward to my partnership with TLC in its programs, educational activities, and fellowship events.
8. No modifications can be made to this contract except in writing.
9. I understand that this is a legally binding contract, which I have read and understand.

Upon signing this agreement, the parent, legal guardian, or responsible adult, and the childcare facility agree to abide by all provisions contained in this contract. The parties to this contract have executed it as of the specified date.

Parent, Legal Guardian or Responsible Adult

TLC Early Childhood Center

(Signature)

(Signature)

(Printed Name)

Jacqueline Chaney
(Printed Name)

(Relationship to Children)

Childcare Director
(Title)

DATE _____

DATE _____

Transition Questionnaire

Name:

What name does your child go by and or nicknames?

What language(s) are spoken in your home?

What are your goals for your child in the Transition Room?

Do you have any concerns about your child?

Medical?

Behavioral?

Emotional?

How do you comfort your child or what soothes your child when upset?

Does your child use a pacifier and when?

Do you have any special ways to help your child go to sleep?

What is your child's present sleeping schedule?

What is your child's present eating schedule?

What are your child's favorite activities?

Does your child have a comfort toy?

What is it and how is it used?

Is your child Toilet Trained?

If yes, how can we assist?

If no, what are your goals for Toilet Training?

What else would you like us to know?