



# 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		Home Phone ( )	Parent/Legal Guardian's Name (Optional)		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			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 Special Instructions (Attach additional sheets, if necessary.)					
<b>Emergency Contact &amp; Release of Child:</b> 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.		( )			( )
<b>Release of Child Only:</b> 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.		( )
<b>Parent/Legal Guardian Initials:</b> _____ 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.					
<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b>					
<b>Signature of Parent or Guardian:</b> _____ <b>Date Signed:</b> _____					
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.

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.

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.

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.

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](http://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 them. I understand that compliance with these rules and responsibilities is a condition of my child's enrollment and is a part of this contract.

1. 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.

2. Care will include morning snack, hot lunch, and afternoon snack if child is in attendance at the point of service. We do not provide breakfast but will serve breakfast brought from home between 6:30 AM and 8:00 AM. You must inform us by 9 AM if your child will be in attendance for lunch.

3. The current charge for care of the child named above is \$\_\_\_\_\_ per \_\_\_\_\_. Current overtime charges are \$.50 per minute after 6 PM closing. The current charge for returned check is \$15.00. I understand that these charges and rates are subject to change as changes may occur from the bank. If two checks are returned from the same family, we will no longer accept checks.

4. Payment to the Provider will be made in the following manner: **by check, money order, cash or online credit card 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.

5. 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 credit depends on the number of days per week that your child is enrolled. If your child is enrolled 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 allowance for year is used, payment is expected for any additional absences. The center charges for the following holidays: New Year's Day, Memorial Day, July 4, Labor Day, Thanksgiving Day, and Christmas Day.

6. I understand that a yearly registration fee of \$40 per child or \$60 per family will be assessed on the first Tuesday in September each year. I also understand that I will need to review my child's registration form or fill out and turn in a new registration form by the first Tuesday of September of each year as required by licensing rules.

7. I understand that I must provide immunization records or approved waiver of immunizations to the center upon enrollment and as immunizations are updated. I must also provide a completed health form upon enrollment and yearly after that. 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.

8. 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.

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

10. 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 agrees to abide by all of the provisions contained in this contract.**

The parties hereto have executed this contract as of the specified date.

**Parent, Legal Guardian or Responsible Adult      TLC Early Childhood Center**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Relationship to Children)

DATE \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Karen A. Pitters  
(Printed Name)

Childcare Director  
(Title)

DATE \_\_\_\_\_

# **Infant Questionnaire**

**Name:**

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What name does your baby go by and or nicknames?

What language(s) are spoken in your home?

Will you or do you use sign language with your baby?

What are your goals for your baby in the Infant Room?

Do you have any concerns about your child?

Medical?

Behavioral?

Emotional?

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

Does your baby use a pacifier and when?

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

Does your baby cry when going to sleep?

What is your baby's present sleeping schedule?

What is your baby's present eating schedule?

Is your baby breast fed?

Does your baby need to be burped (when and how)?

What are your child's favorite activities?

Does your baby have a comfort toy?

What is it and how is it used?

What else would you like us to know?

Michigan Department of Education  
Child and Adult Care Food Program

**Formula/Food Sign-Off Statement**

Dear Parent,

Your childcare center participates in the Child and Adult Care Food Program (CACFP). The CACFP is a child nutrition program of the United States Department of Agriculture (USDA). Childcare centers are reimbursed a meal rate to help with the cost of serving nutritious meals to enrolled children. The meals must meet CACFP meal pattern requirements for children and infants.

To meet CACFP requirements, this child care center offers formula and other required infant food to all enrolled infants. The iron-fortified infant formula(s) provided for infants until they turn one year of age is: Sam's Club Member's Mark Infant Formula.

As the parent or guardian, you may decline the formula offered by the center and supply the infant's formula yourself. However, when your infant turns one year of age, the center will begin to provide milk and the other required food items to meet the meal pattern requirements for toddler-age children.

To assist us in your infant formula and food preferences, please complete the questions below by checking one item each in the formula and solid food sections.

**Please Check Your Preferences:**

**Formula or Breast Milk: (check up to two)**

- I want the center to provide formula for my infant.
- I will bring iron-fortified infant formula for my infant.
- I will bring expressed breast milk for my infant.
- I will come to the center to breast feed my infant.

**Solid Food: (check one)**

- I want the center to provide solid food for my infant when s/he is developmentally ready for it.
- I will bring solid food for my infant when s/he is developmentally ready for it.

Infant's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

**Non-Discrimination Statement**

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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