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# Trinity Lutheran Church Early Childhood Center

## SAC Child Information Record

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			
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.)							
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.	( )	( )	( )	( )			
<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.	( )	( )			
I give permission to <u>TRINITY EARLY CHILDHOOD</u> , licensed by the Department of Human Services 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 \_\_\_\_\_ 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, 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**.

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):

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 Hawaiiin or Pacific Islander \_\_\_\_\_ White