



Trinity Lutheran Church Early Childhood Center

Child Information Record

Infants
 Toddlers
 Transition
 Preschool 3
 Preschool 4

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		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. 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 must initial one of the following: _____ I give permission to <u>Trinity Early Childhood</u> , licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. _____ I do not give permission to <u>Trinity Early Childhood</u> , licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. I understand I assume responsibility for all emergency medical care.			
Signature of Parent or Guardian:			Date:
Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program. Auxiliary aids. Services and other reasonable accommodations are available upon request to individuals.			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

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 \$5.00 for every 10 minutes 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 or money order by Friday for the current week on the first day that the child is scheduled to attend.

Payment is considered late if not received on this day. If payment is not received by Wednesday at 6 PM, a late fee of \$20 will be assessed. If payment is not received by the following Wednesday at 6 PM, childcare privileges will be terminated.

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 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 \$30 per child or \$50 per family will be assessed on the first Tuesday in September each year. I also understand that I will need to 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 took 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 _____

Toddler Questionnaire

Name:

What name does your child go by and or nicknames?

What language(s) are spoken in your home?

Do you use sign language with your child?

What are your goals for your child in the Toddler 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?

Does your child use a spoon or fork?

Does your child have any food sensitivities or dislikes?

What are your child's favorite activities?

Does your child have a comfort toy?

What is it and how is it used?

What else would you like us to know?