



Trinity Lutheran Church Early Childhood Center

Child Information Record

Half Day 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				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:							
<input type="checkbox"/> 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.							
<input type="checkbox"/> 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 _____

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 Hawaiian or Pacific Islander _____ White

CHILDCARE CONTRACT FOR GSRP STUDENTS

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: _____

2. Care will include morning snack, hot lunch, 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 7:45 AM. You must inform us by 9 AM if your child will be not be in attendance so that we have an accurate count for lunch.

3. The current charge for care of the child named above is \$ 4.65 per hour. There is a minimum charge of 1/2 hour. After the first 1/2 hour fees will be charges to the 10th of the hour.

4. 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.

5. Payment to the Provider will be made in the following manner:

By check or money order by Friday for the week previous.

Payment is considered late if not received on this day. If payment is not received by Friday 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. If you receive State assistance for childcare we will give you an estimate of your co-pay each Monday, and payment is expected by Friday.

6. 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 in this regard occurs.

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

8. 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)

(Signature)

(Printed Name)

Karen A. Pitters
(Printed Name)

(Relationship to Children)

Childcare Director
(Title)

DATE _____

DATE _____

Preschool Questionnaire

Name: _____

What name does your child go by and or nicknames?

Has your child ever been in a preschool or group setting? (Please describe)

What language(s) are spoken in your home?

What are your goals for your child in the Preschool or what would you like them to learn?

What activities do you do at home to encourage learning?

Alphabet

Numbers/counting

Writing

Other

Do you have any concerns about your child?

Medical?

Behavioral?

Emotional?

Describe your child's special talents:

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

What are your child's favorite activities?

Is your child completely toilet trained?

Goes to the bathroom when needed without reminders? _____

Wipes on their own? _____

Flushes without reminders? _____

Washes hands independently? _____

Does your child have any bathroom habits we should be aware of such as undressing, prefers to sit backwards, etc.?

How can we best assist your child with toileting?

Do you have pets (what kind and their name)?

Are there any ways you would like to contribute to the classroom?

What else would you like us to know?