



Trinity Lutheran Church Early Childhood Center

Child Information Record

Terrific Twos	Three Year Old Class	Four Year Old Class	Young 5's
___ Tues/Thu AM	___ Tue/Thu AM	___ Mon/Wed/Fri AM	___ Mon-Thu PM
	___ Tue/Thu PM	___ Mon/Wed/Fri PM	

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 (optional)			Email Address (optional)		
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.		()		()	
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. ()	

I give permission to _____, licensed by the Department of Human Services
(Provider's Name)

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
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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) _____

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 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.

While my child is attending Half Day Preschool, I will provide snacks 4 times per year for my child's class.

Parent Signature

Date

Please check your choices below:

I give my permission for Trinity Lutheran Church to use pictures of my child:

_____ for classroom use. _____ for use in brochures, displays or other advertisement

_____ for use on displays within Trinity Lutheran Church, School or Early Childhood Center Building

_____ on social media (ie Trinity's FACEBOOK)

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 Hawaii 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 _____

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?