



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	Zip Code	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
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 _____

Child's current grade in school _____

Does your child need to be released for any special activities (please list) _____

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 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.

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)

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 Hawaii or Pacific Islander _____ White

SAC

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 8:00 AM. You must inform us by 9 AM if your child will 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 \$ 3.65 per hour. 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 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.

5. I understand that a yearly registration fee of \$25 per child or \$50 per family will be assessed on the first Tuesday in September for the current school 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.

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. 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.

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

9. 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 _____