



Trinity Lutheran Church Early Childhood Center

Child Information Record

Terrific Twos Three Year Old Class Four Year Old Class Young Fives
 ___ Fri AM ___ Tue/Thu AM ___ Mon/Wed/Fri AM ___ M-TH 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			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	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 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.

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

Transition/Terrific Twos Questionnaire **Name:**

What name does your child go by and or nicknames?

What language(s) are spoken in your home?

What are your goals for your child in the Transition 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?

What are your child's favorite activities?

Does your child have a comfort toy?

What is it and how is it used?

Is your child Toilet Trained?

If yes, how can we assist?

If no, what are your goals for Toilet Training?

What else would you like us to know?