**Trinity Lutheran Church Early Childhood Center**

**Child Information Record**

Terrific Twos Three Year Old Class Four Year Old Class

\_\_\_Fri AM \_\_\_Tue/Thu AM \_\_\_Mon/Wed/Fri AM

\_\_\_Tue/Thu PM \_\_\_Mon/Wed/Fri PM

State of Michigan Department of Licensing and Regulatory Affairs – Child Care 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** Date of Admission Date of Discharge  **Use Only:** | | | | | | |  | | | | |
| Name of Child (Last, First, Middle Initial) | | | | | | | | | | Child’s Date of Birth | |
| Address (Number and Street, Building/Apartment Number) | | | | | City | | | State | | Zip Code | |
| Parent/Legal Guardian’s Name | | | Home Phone  **( )** | | Parent/Legal Guardian’s Name (Optional) | | | | | 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 Initials:**

\_\_\_\_\_\_\_ I give permission to Trinity Lutheran Early Childhood, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care.

**I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.**

**Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  |  |  |  |  |  |  |  |
| LARA is an equal opportunity employer/program. | | | | | | AUTHORITY: 1973 PA 116  COMPLETION: Required  PENALTY: Rule Violation | |

BCAL-3731 (Rev. 6-17) Previous editions 4 – 16, 6 – 15 and 7-12 may be used until September 30, 2018.

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**](http://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 Hawaiin 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?