



Trinity Lutheran Church Early Childhood Center

Child Information Record

Infants Toddlers Transition Preschool 3 Preschool 4

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” is 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
Parent/Legal Guardian's Name		Primary Phone ()	Parent/Legal Guardian's Name (Optional)		Primary Phone ()
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)		2 nd Phone (if applicable) ()
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/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: <small>(Attach additional sheets, if necessary.)</small>					
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 <u>Trinity Lutheran Early Childhood</u> , 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
LARA is an equal opportunity employer/program.				AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation	

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, initial, 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. _____ (initials)

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. _____ (initials)

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. _____ (initials)

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. _____ (initials)

The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last years. The licensing notebook is available to parents/guardians during regular business hours. Reports from the past three years are available at www.michigan.gov/michildcare

The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare

Picture Release: I consent that photographs or videos of my child may be used by Trinity in classrooms & hallways, website, FACEBOOK or other social media and for marketing purposes. Furthermore, I consent that such photographs and or videos shall be the property of Trinity, which has the right to duplicate, reproduce and make other uses, as Trinity deems necessary.

I DO give my consent

I DO NOT give my consent

Parent Signature

Date

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 Hawaiian or Pacific Islander _____ White

Yearly PSOR Clearance (Date)	Yearly PSOR Clearance (Date)	Yearly PSOR Clearance (Date)	Yearly PSOR Clearance (Date)
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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 \$.50 per minute after 6 PM closing. The current charge for returned check is \$35.00. 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, money order, cash or online credit card or Direct Debit payment. Payment is due on the first day your child attends each week.** Payment is considered late if not received on this day and a \$20 late fee will be assessed. If payment is not received by the end of the week, you will be reminded that childcare privileges have been suspended until payment is made.
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 be 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 \$50 per child or \$70 per family will be assessed on the first Tuesday in September each year. I also understand that I will need to review my child's registration form or 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 look 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)

(Signature)

(Printed Name)

Jessica Platte

(Printed Name)

(Relationship to Children)

Childcare Director

(Title)

DATE _____

DATE _____

Infant Questionnaire

Name:

What name does your baby go by and or nicknames?

What language(s) are spoken in your home?

Will you or do you use sign language with your baby?

What are your goals for your baby in the Infant Room?

Do you have any concerns about your child?

Medical?

Behavioral?

Emotional?

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

Does your baby use a pacifier and when?

Do you have any special ways to help your baby go to sleep?

Does your baby cry when going to sleep?

What is your baby's present sleeping schedule?

What is your baby's present eating schedule?

Is your baby breast fed?

Does your baby need to be burped (when and how)?

What are your child's favorite activities?

Does your baby have a comfort toy?

What is it and how is it used?

What else would you like us to know?

Michigan Department of Education
Child and Adult Care Food Program

Formula/Food Sign-Off Statement

Dear Parent,

Your childcare center participates in the Child and Adult Care Food Program (CACFP). The CACFP is a child nutrition program of the United States Department of Agriculture (USDA). Childcare centers are reimbursed a meal rate to help with the cost of serving nutritious meals to enrolled children. The meals must meet CACFP meal pattern requirements for children and infants.

To meet CACFP requirements, this child care center offers formula and other required infant food to all enrolled infants. The iron-fortified infant formula(s) provided for infants until they turn one year of age is: Sam's Club Member's Mark Infant Formula.

As the parent or guardian, you may decline the formula offered by the center and supply the infant's formula yourself. However, when your infant turns one year of age, the center will begin to provide milk and the other required food items to meet the meal pattern requirements for toddler-age children.

To assist us in your infant formula and food preferences, please complete the questions below by checking one item each in the formula and solid food sections.

Please Check Your Preferences:

Formula or Breast Milk: (check up to two)

- I want the center to provide formula for my infant.
- I will bring iron-fortified infant formula for my infant.
- I will bring expressed breast milk for my infant.
- I will come to the center to breast feed my infant.

Solid Food: (check one)

- I want the center to provide solid food for my infant when s/he is developmentally ready for it.
- I will bring solid food for my infant when s/he is developmentally ready for it.

Infant's Name: _____ Birth date: _____

Parent/Guardian Signature: _____ Date: _____

Non-Discrimination Statement

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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