



Trinity Lutheran Church Early Childhood Center

SAC Child Information Record

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 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		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 <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	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.

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.

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	Yearly PSOR Clearance	Yearly PSOR Clearance	Yearly PSOR Clearance
(Date)	(Date)	(Date)	(Date)

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.

My child will attend ___ before / ___ after school on the following days: ___ M ___ T ___ W ___ Th ___ F

My child will attend ___ snow days ___ Holiday breaks

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.

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.

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.

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.

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

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 _____