



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