Dear future Trinity parent:

We're excited to share this registration packet with you, because that means you and your child might soon join the Trinity family. What a blessing!

Please complete the attached forms and return them to the school office. If you have questions anywhere along the way, you can contact the office at 517-750-2105 | office@tlsjackson.com.

Your early Childhood Center spot will be considered secured once we have received the following:

- ☐ Registration Form
- ☐ Contract (must be reviewed and signed by director)
- ☐ Child Information Record
- ☐ $50-per-child registration fee; max of $100 per family

These other forms must be submitted by the first day of school for your child to attend:

- ☐ Health Appraisal (infant through Preschool 4) / Health Statement (school-aged children)
- ☐ Acknowledgement of Licensing Handbook
- ☐ Permission Form for Topical Medications
- ☐ Photo Release Form
- ☐ Infant All About Me Form (for parents of infants)
- ☐ Parent Handbook Agreement

Thanks for your attention to this paperwork. It helps us take the best care of your child we can. We want to be good communicators with our school parents, so please call, email, or stop by any time with any questions or concerns.

Welcome to Trinity, where we love kids like Jesus does!

Kristen Dill
Trinity Early Childhood Center Director

Trinity Lutheran
School and Childcare Center

Trinity Lutheran Early Childhood Center
REGISTRATION FORM

Today's Date: _____ Child Care Start Date: _____

We are: _____ new to Trinity _____ a returning Trinity family

Child(ren)

Last _____ First _____ Age _____ Birthdate _____ Boy / Girl

Last _____ First _____ Age _____ Birthdate _____ Boy / Girl

Last _____ First _____ Age _____ Birthdate _____ Boy / Girl

Parent or Guardian Name(s) _____

Address _____ City _____ Zip _____

Home Phone # _____ Cell Phone # _____

E-Mail Address _____

Church Home _____ Baptism/Dedication Date _____

Registration fee of $50 per student or $100 per family must accompany registration. The registration fee is non-refundable unless a family moves farther than 50 miles from TLS/ECC prior to the first day of school.

(for office use only)

Check # _____ Amount: _____ Date: _____

Trinity Lutheran School and Childcare Center

Trinity Lutheran Early Childhood Center

CONTRACT

This contract is made between **parent(s)/guardian(s)**: ____

and **Trinity Lutheran Early Childhood Center** for the care of the following child(ren):

CHILD'S NAME: ____

___ Infants ___ Toddler 1 ___ Toddler 2 ___ Preschool 3 ___ Preschool 4 ___ Before/After Care

___ Half Days ___ Full Days M Tu W Th F Drop off time: _________ Pick up time: _________

CHILD'S NAME: ____

___ Infants ___ Toddler 1 ___ Toddler 2 ___ Preschool 3 ___ Preschool 4 ___ Before/After Care

___ Half Days ___ Full Days M Tu W Th F Drop off time: _________ Pick up time: _________

CHILD'S NAME: ____

___ Infants ___ Toddler 1 ___ Toddler 2 ___ Preschool 3 ___ Preschool 4 ___ Before/After Care

___ Half Days ___ Full Days M Tu W Th F Drop off time: _________ Pick up time: _________

PAYMENT TERMS:

Preschool Tuition is due monthly. A payment of $_____________ per month is due by the 20th of the previous month.

Child Care Tuition is due weekly. A payment of $_____________ per week, based on the schedule described above, is due by the Friday of the previous week.

See the attached **Tuition Plan** for a detailed explanation of these amounts.

Registration Fee: $50.00 per child; $100.00 per family; nonrefundable.
This is a one-time fee as long as your child(ren) are enrolled continuously. The registration fee will be charged again to families who withdraw their child(ren) from the program for the summer or other extended periods of time.

Tuition Payment Policy: Tuition is due for the days your child has been scheduled in advance to attend, regardless of absence due to illness, vacation, or other reasons. A two-week notice must be given to cancel scheduled child care to avoid future charges.

Family Discounts: A 10% tuition discount will be applied to the tuition rates of the oldest child(ren) for families with two or more children.

Child Care Network & DHHS Assistance Programs: Trinity will accept families who are approved for tuition assistance through one of these programs. Parents are responsible for any tuition charges not paid by these programs, including charges for child care provided prior to being authorized for tuition assistance or after the parent has been disqualified for tuition assistance.

Late Pick Up Fee: Late pick-ups can cause classrooms to exceed state-mandated student-child ratios. Accordingly, a $1.00 per minute late fee will be charged to parents who have scheduled their child to attend for a half day (less than 5 hours) and do not pick up their child by the designated time, unless the parent has contacted the office to extend their child's time in advance and this extension was approved. A $1.00 per minute late fee will also be charged to parents who pick up their child after 6:00 p.m.

Meals and Snacks: Trinity will provide a morning and an afternoon snack to children present during those times, except for infants. Parents are responsible for providing meals (breakfast and lunch) for their child(ren). On full school days, breakfast and lunch may be purchased for your child through the school food program. These costs are billed separately from tuition and should be paid separately. Parents in our infant program must provide **all** formula and food for their child, as well as diapers, wipes, and diaper ointment.

Tuition on No-School Days – Trinity offers childcare for school-aged children enrolled in an elementary school program on certain days when school is not in session, including teacher inservice days and some snow days. Parents must schedule such care in advance. Parents will be notified when no-school day care is available. No-school care days will be considered elective and will not incur charges for families who do not take advantage of them, even if they ordinarily receive care on that day.

Holidays and Vacation: The provider will not be open for child care on the following holidays; child care tuition will not be charged for these days.

New Year's Eve Day	New Year's Day
Memorial Day	Good Friday
July 4th (Independence Day)	Labor Day
Thanksgiving Day	Friday After Thanksgiving
Christmas Eve Day	Christmas Day

Holidays and Vacations To Be Determined and Announced: The provider may be open for child care, depending on scheduled attendance, on all or portions of the following vacation break periods.

*Christmas Break *Good Friday or Monday after Easter *Spring Break *Summer Break

Snow Days: The center will make every attempt to be open on the days schools are cancelled because of inclement weather. In the event that the center is closed, there will be no child care charges for the day. You can receive automatic text messages announcing snow days and other events. Ask in the early childhood office or school office about how to sign up for this service.

Withdrawal from Program: A two-week notice is necessary for cancellation of an ECC school program or child care services. If a two-week written notice is not given, two weeks additional tuition will be billed at the time of withdrawal. All fees must be paid at the time care is ended. The Center may request withdrawal of a child for issues stated in the parent handbook, including if payment is not made on time.

Summer Enrollment/Fall Renewal: Families will need to sign a new contract for summer child care. Those who do not need summer care but want to resume child care the next school year will need to pay a place-holding fee. This fee is due by the end of the school year.

Comprehensive Background Checks: Trinity Lutheran requires a comprehensive background check on its employees and unsupervised volunteers.

Other: If Trinity chooses not to enforce any portion of the contract, it does not give up its right to enforce any other portion of the contract. The contract can be revised at any time by the provider if necessary.

The signature(s) below indicate agreement with this contract and with the written policies of the provider (contained in the Parent Handbook). The provider may change policies as needed with advance written notice.

Parents/Guardians are responsible for timely payment of tuition. Collection costs may be added, if needed, to obtain payment of all amounts due.

_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date
_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date
_____	_____	_____
Early Childhood Center Director Name	Early Childhood Center Director Signature	Date

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

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)	2nd Phone (if applicable) ( )	Home Address (if not child's address)	2nd Phone (if applicable) ( )
City / State / Zip Code		City / State / Zip Code	
Email Address (optional)		Email Address (optional)	
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 ☐ No ☐ If yes, explain: (Attach additional sheets, if necessary.)	

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See Reverse Side

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 _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment 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 Citation.

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

Trinity Lutheran
School and Childcare Center

PARENT PERMISSION FOR TOPICAL NON-PRESCRIPTION MEDICATIONS
(sunscreen, bug spray, diaper ointment)

State licensing rules require that we obtain written parent permission before we apply any topical medications or products to your child. Please complete the information requested below, sign, and date the form. If you would like to have ECC staff apply the listed topical products as needed, you will need to provide the product in the original container, unexpired and labeled with your child's first and last name. Please give the first application of any of these solutions at home to evaluate your child's reaction to the product. For any topical solutions not listed below, please complete and sign a medication form to give staff permission to apply.

Child(ren) Names:

_____

_____

Sun Screen

_____ I give permission to Trinity Lutheran Early Childhood Center staff to apply sunscreen (that I supply) to my child prior to outside play.

_____ I do not give permission for sunscreen to be applied to my child. I understand that my child will be outside for a minimum of 30 minutes per day, weather permitting.

Bug Spray

_____ I give permission to Trinity Lutheran Early Childhood Center staff to apply bug spray (that I supply) to my child prior to outside play.

_____ I do not give permission for bug spray to be applied to my child. I understand that my child will be outside for a minimum of 30 minutes per day, weather permitting.

Diaper Ointment (for infants & toddlers only)

_____ I give permission to Trinity Lutheran Early Childhood Center staff to apply diaper ointment (that I supply) to my child.

_____ I do not give permission for diaper ointment to be applied to my child.

_____ _____

Parent or Guardian Signature Date

Trinity Lutheran
School and Childcare Center

PHOTO RELEASE FORM

Trinity staff occasionally takes pictures of children engaged in various activities at the Early Childhood Center. These pictures may be used in classrooms or at Trinity Lutheran Church or shared with the public via the school website, marketing pieces, social media, and local media outlets.

Name(s) of Child(ren)

_____

_____

_____

_____ I give permission for Trinity Lutheran School and Childcare Center to use photos of my child(ren) for the purposes stated above.

_____ I give permission for Trinity Lutheran School and Childcare Center to use photos of my child(ren) with the following restrictions:

_____

_____

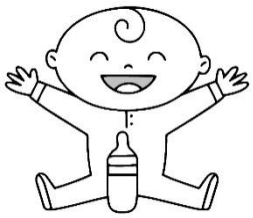
_____

_____ I do not want Trinity Lutheran School and Childcare Center to take photos of my child.

Parent or Guardian Printed Name: _____

Parent or Guardian Signature: _____

Date: _____



Infant All About Me Form

Child's Name: _____ Date of Birth:_____Gender: M F

Eating

Does your child have special dietary needs?

___ Lactose intolerant

___ Gluten free

___ Food allergies: _____

___ Vegetarian/Vegan

___ Other: _____

What does your child use to drink?

___ bottle

___ sippy cup

___ regular cup

___ nursing

___ other: _____

How often does your child eat? _____

How does your baby take a bottle?

___ warmed up

___ cold

___ room temp

Has your infant started on any other foods besides formula or breast milk?

Sleeping

Does your child nap? ___ No ___ Yes

How many times per day? _____

How long? _____

Does your child sleep with a special object or pacifier? ___ No ___ Yes: _____

Note: Blankets, pacifiers, and other objects are only allowed in the crib if a child is 12 months or older. Sleep sacks can be used if arms are free.

What naptime routines should we know about?

Toileting

Does your child use diapers? ___ No ___ Yes: ___ Cloth ___ Disposable

Note: We are unable to launder cloth diapers. They will be bagged and sent home un-rinsed and un-emptied.

Does your family use any specific ointments or lotions? Are there any lotions you avoid?

Development

Do you have any concerns about your child's development?

___ Hearing

___ Vision

___ Language

___ Gross motor skills

___ Fine motor skills

___ Social

___ Emotional

___ Other: _____

What is your primary spoken language at home? _____

What home routines should we know about as we care for your child?

What should we know about your child’s play habits, including with other children?

What activities does your child enjoy?

What activities does your child avoid?

What frightens your child?

What soothes your child?

Who are the important people in your child’s life?

Does your family have pets?

Is there anything about your child's birth that would be helpful for us to know?

Has your child been in child care before? If so, how did that experience go?

What concerns do you have about leaving your child in care?

What are your expectations for the staff members working with your child?

Is there anything else regarding your family, extended family or child that you would like to share with us?

Parent Signature _____ Today's Date: _____

Staff Signature _____ Today's Date: _____

Staff Signature _____ Today's Date: _____

Staff Signature _____ Today's Date: _____