

Trinity Learning Center Primary Information Sheet

Child's name _____ M F Birth date _____

Mother's name _____

Home address _____ City/Zip _____

Home phone _____ Cell phone _____ Carrier _____

Employer _____ Work phone _____

Email _____

Father's name _____

Home address _____ City/Zip _____

Home phone _____ Cell phone _____ Carrier _____

Employer _____ Work phone _____

Email _____

Please list child's siblings and all others living in the home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact/ Authorized Pick-Up Person: Please list anyone who may be contacted to care for your child if a parent cannot be reached in an emergency or someone authorized to pick up your child/children from the care center and preschool.

Name	Relationship	Phone	Emergency / Pick-up	
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Name of child's doctor: _____ Office phone: _____

Doctor's address: _____

Child's dentist: _____ Office phone: _____

For Office Use Only

Start Date: _____ Check In # _____

Payment Amt: \$ _____ Check Credit Card

CCM: _____ MM: _____ Procure: _____ Immunizations _____

(Primary Information Sheet Continued)

Please describe your child:

What are your child's favorite toys?

What are your child's favorite activities?

Please describe family activities your child enjoys:

Does your child go outdoors often?

Does your child have any fears and how does s/he deal with them?

How does your child deal with anger?

Please feel free to give us any additional information you'd like to share about your child:

Trinity Learning Center

Baby Information Sheet

Baby's name: _____ Birthdate: _____

Feedings:

Is your baby breast-fed? _____ Bottle-fed? _____ Does he/she use a cup? _____

Does your baby have a good appetite? _____

Has your baby had feeding problems? _____

What are your baby's favorite foods? _____

What foods does your baby dislike? _____

Does your baby have any food allergies? _____

Please describe a typical daily menu for your baby:

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Sleeping:

What is your baby's typical sleeping pattern during the day?

AM _____

PM _____

How long does your baby sleep at night? _____

How do you help your baby go to sleep? _____

Does your baby have a special "attachment toy" to sleep with (for example, a blanket, teddy bear, pacifier)? _____

Trinity Learning Center
Toddler/Preschool Information

Child's name: _____ Birth date: _____

Eating:

Does your child have a good appetite? _____

What are your child's favorite foods? _____

What foods does your child dislike? _____

Does your child have food allergies? _____

Please describe a typical daily menu for your child:

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Sleeping:

Does your child nap? _____

How long? _____

How long does your child sleep at night? _____

Does your child have a special "attachment toy" to sleep with? _____

Toileting:

Is your child toilet trained? _____

What words does your child use to indicate he/she has to urinate? _____

For a bowel movement? _____

Does your child use a potty chair or adult toilet? _____



Tuition Schedule September 2018-August 2019

Classroom Name	Children's ages as of 9/1/18 and Teacher:Child Ratios	Fulltime Care 7:00 AM-6:30PM		Monthly Tuition
Ladybugs	6 weeks-5 months old 1 teacher:4 children	5 Days/Week	<input type="checkbox"/>	\$965
Starfish	5-10 months old 1 teacher:4 children	5 Days/Week	<input type="checkbox"/>	\$965
Caterpillars	10-15 months old 1 teacher:5 children	5 Days/Week	<input type="checkbox"/>	\$880
Butterflies	15-20 months old 1 teacher:5 children	5 Days/Week	<input type="checkbox"/>	\$880
Guppies	20-25 months old 1 teacher:6 children	5 Days/Week	<input type="checkbox"/>	\$850
Angelfish	25-30 months old 1 teacher:6 children	5 Days/Week	<input type="checkbox"/>	\$850
Songbirds	2 yr/3 yr old preschool 1 teacher:10 children	5 Days/Week	<input type="checkbox"/>	\$800
Bumblebees	3 year old preschool 1 teacher:10 children	5 Days/Week	<input type="checkbox"/>	\$800
Boomerangs	3 yr/4 yr old preschool 1 teacher:10 children	5 Days/Week	<input type="checkbox"/>	\$800
Boomerangs Pre-K	4 yr/5yr old preschool 1 teacher:10 children	5 Days/Week	<input type="checkbox"/>	\$800
Kindergarten	Before & After School Ratio- 1:12 Includes Transportation No-school days are \$15 extra/day	5 Days/Week	<input type="checkbox"/>	\$600
School-Age	Before & After School Ratio-1:12 Includes Transportation No-school days are \$15 extra/day	5 Days/Week	<input type="checkbox"/>	\$400
School-Age Summer Camp	All school-age children Ratio- 1:12 \$150 summer registration fee	5 Days/Week	<input type="checkbox"/>	\$750

*Registration Fee- \$100.00 per child (one-time fee at time of enrollment)

*10% discount on youngest child's tuition for families with 2 or more children enrolled fulltime

Child's Name: _____ Parent's Name: _____

Parent's Signature: _____ Date: _____

Trinity Learning Center
Enrollment Agreement

I, _____, agree to enroll my child, _____, in Trinity Learning Center. I understand that I will pay a fee of _____ * on the first business day of the month via Tuition Express. It is my understanding that a tuition payment will be made monthly, regardless of my child's absence or the observance of Trinity Learning Center holidays.

I agree to give Trinity Learning Center one month's advance written notice if I should decide to change my child's attendance days or enrollment. If that notice is not given, I agree to pay the remainder of the fees owed to TT, in lieu of the full one-month's notice. I have read the Trinity Learning Center Parent Handbook and will honor the policies stated therein.

*The fee quoted above applies to the current fiscal year only. It may be necessary to raise fees at the beginning of each new fiscal year (January) or at any time to cover the cost of staffing, supply needs, or emergency expenses.

Parent's signature

Director's signature

Date

Financial Agreement

1. A non-refundable registration fee of \$80.00 per child is payable at time of enrollment. There will be an additional \$125.00 summer registration fee for children for the summer camp program.
2. Tuition is processed the 1st business day of the month via Tuition Express
 - a. Any payments received after the 10th will be subject to a late charge of \$20.00 unless prior arrangements are made.
 - b. Services may be discontinued on the 20th unless balance is paid in full.
 - c. A late charge of **\$3.00 per minute** will be assessed to those families picking up children after 6:30 PM.
3. Anyone using ICCP services is required to keep their co-pays and balances current or services may be discontinued.
4. Monthly tuition remains the same each month regardless of illness, absence, school closure, and/or legal holidays. If a holiday falls on the weekend, it will be observed on the closest weekday. If the holiday is on Saturday, Trinity Learning Center will be closed Friday, if on Sunday, closed Monday.
5. Trinity Learning Center will be closed on the following days:
 - ◊ New Year's Day
 - ◊ Martin Luther King Day
 - ◊ President's Day
 - ◊ Memorial Day
 - ◊ Independence Day (4th of July)
 - ◊ Labor Day
 - ◊ Thanksgiving Day and the day after
 - ◊ Christmas Eve and Christmas Day

◊ +2 additional floating holiday days per year

*Parents will be notified of floating holidays by December 1st the previous year
6. A sibling discount will be given to families with two or more children enrolled on a full-time basis. A 10% discount will be deducted from the tuition fee of the youngest child.
7. Please contact the office with your vacation dates at least two weeks in advance for scheduling purposes. No credit will be given for vacation days.
8. Trinity Learning Center requires a written notice of termination at least one month in advance. If a family discontinues service, does not give a month's written notice, or we cannot fill the space, a two-week charge will be added.
9. In order to hold a space, a non-refundable deposit of one month's tuition is required. One-half is due immediately, with the balance due 60 days prior to the child's start date. The full amount of the deposit will be applied to the first month's tuition. Once your space is available you will be notified. If you choose not to use the space at that time you will be placed on the waiting list for the next available space. If a space does not become available the deposit will be refunded. If you choose not to take the space at all the deposit will not be refunded.

I/We have received a copy of the Trinity Learning Center Handbook and Registration policies and agree to adhere to the policies and procedures stated within. I/We have read and agree to accept the above Financial Agreement as a binding contract between me/us and Trinity Learning Center.

Parent signature

Date

Trinity Learning Center

Health Information

How healthy is your child?

Has your child had any serious illnesses?

Has your child had any operations?

Does your child receive daily medication?

Does your child have any known allergies? (such as insect bites, food, eczema, medicine)?

Is there anything else you feel we should know?

Please attach a copy of your child's
immunization record.

NO EXEMPTIONS

Update us whenever an immunization is received!

Trinity Learning Center
Tylenol/ Ibuprofen Permission

Please note that we need prior written permission from you to give any medication for any reason.

We keep Tylenol and Ibuprofen on hand at Trinity Learning Center. It will be administered to your child after you have been contacted and given verbal permission so that it can begin to reduce fever while you are on your way to pick up your child.

Please note that our illness policy requires that children be free of fever without medication for 24 hours to attend Trinity Learning Center.

Please complete the form below if you would like us to give your child Tylenol when he/she has fever above 100 F°. For children under two years old, the Physician's Permission section must also be completed.

Please give my child _____ Tylenol and/or Ibuprofen at the dosage prescribed on the bottle or designated dosage below when my child's underarm and/or temporal temperature is greater than 100 F° after contacting either parent or guardian and getting verbal permission.

Parent's signature

Date

Child's age: _____

Child's weight: _____

Infant Tylenol Dosage: _____

Children's Tylenol Dosage: _____

Parent's signature

Date

Trinity Learning Center

Informed Consent

I grant my informed consent for my child _____ to participate in the Trinity Learning Center program.

Program

It is my understanding that this program will consist of planned group and individual activities as well as opportunities for free play both indoors and on the playground. Pictures of the children may be taken and used in Trinity Learning Center-related activities. I understand that occasionally my child while in the preschool and school-age program will go on short trips in the area to parks, stores, municipal buildings, etc., and that during these trips my child will be accompanied by sufficient adult supervision.

Staff

I understand that qualified staff will be present at all times in the ratios required by city and state regulations.

Meals

I understand that Trinity Learning Center provides a food program. Meals served are breakfast, lunch and an afternoon snack.

Emergency and Medical Procedures

I have been informed and agree to the following medical procedures:

- In case of illness, I will be called and will pick up my child immediately.
- In case of simple injury (such as scrapes and splinters) I understand that Trinity staff will perform routine hygienic measures such as washing wounds and applying bandages.
- In cases requiring the attention of a physician (such as stitches and X-ray) I understand that I will be called. If I or the listed emergency contacts cannot be reached, I give my permission for Dr. _____ to be called at _____ and for the doctor to provide the necessary treatment. I agree to assume financial responsibility for the same.
- In case of medical emergency, I will be called immediately. If circumstances require, EMS will also be called. Trinity Learning Center staff will respond as necessary until EMS arrives. In the event hospitalization is required, I give permission for my child to be hospitalized and treated by a qualified physician. I agree to assume financial responsibility for such treatment.

Parent/guardian signature

Date

Print name

Trinity Learning Center

Informed Consent – Transportation (Preschool and School-age Children)

I grant my informed consent for my child _____ to participate in field trips with Trinity Learning Center.

It is my understanding that my child will be transported in a safe, registered vehicle and that the driver will have a current driver's license.

I understand that the children in the vehicle shall not be left unattended or unsupervised at any time. My child will be transported in a child restraint system appropriate for his/her height and age.

Parent's signature

Date

Informed Consent – Swimming (Preschool and School-age Children)

I give permission for my child _____ to participate in wading pool and swimming activities. I understand that while using wading pools and/or swimming pools my child will be adequately supervised by a staff member.

Parent's signature

Date

Informed Consent – Sunscreen

I give my permission for sunscreen that I provide to be applied to my child _____ when needed.

Parent's signature

Date

Trinity Learning Center
Photograph and Videotaping Agreement

Children are photographed or videotaped at Trinity Learning Center for a variety of uses. Internal uses may include the Trinity Learning Center's website, children's portfolios, and activities and events for posters and for Trinity Learning Center's photo albums. External uses may include news reports by local newspapers or broadcasting stations. All release of Trinity Learning Center's media will be for staff-approved applications only.

Please read below, check off the areas for which you would like to give permission, make any special comments, and sign and date at the bottom.

- Portfolios, activities and events
- Photo albums
- Newspaper, radio and TV stations
- Trinity Learning Center's website

Comments:

I give permission for my child _____ to be photographed or videotaped for the reasons checked above.

Parent's signature

Director's signature

Date