

Engaging and Connecting all people to the Love of Jesus

**Trinity Lutheran
Early Childhood Development Center**

725 Pine Street, Paw Paw, MI 49079
Ph: (269) 657-5236 Fax: (269) 657-3359
Childcare@trinitylutheran.com

**2025-2026
CHILDCARE
ENROLLMENT
CONTRACT**

Start Date _____

Child's Legal Name _____ Male _____ Female _____

Nickname child goes by _____ Date of Birth _____

Extra Services? (IEP, Speech,
etc.) _____

Race _____ Ethnicity _____

MEDICAL INFORMATION: (please print)

Doctor: _____
(Name) (Office Address) (Office Phone #)

Dentist: _____
(Name) (Office Address) (Office Phone #)

Please list any Medical Information regarding your child that the school staff should be aware of (i.e. **allergies**, medications, health problems, activity restrictions etc.): _____

In the event of a medical emergency concerning our child, we hereby give Trinity Lutheran School/ECDC permission to seek medical attention at Bronson Lakeview Hospital, Paw Paw. (**Please initial** _____)

Please initial one of the following choices:

_____ Childcare will be needed for the school year only

_____ Childcare will be needed for the entire year

Fill in approximate pick up and drop off times for your child if you will have a **fixed schedule**:

Monday	Tuesday	Wednesday	Thursday	Friday
_____/____	_____/____	_____/____	_____/____	_____/____

If your schedule will need to be **flexible**, it must be submitted a minimum of two weeks in advance and may not be altered less than one week ahead of time. Billing will be based on the schedule submitted. All changes to the submitted schedule must be made in writing.

_____ (**initial here**)

Circle the program your child will attend:

Little Sprouts

Little Bloomers

Little Movers

Little Learners

Big Learners

Family Information

Father's full name _____

Address _____ City _____ State _____ Zip _____

Preferred phone # _____ Work phone # _____

E-mail _____

Church Membership: ___ Trinity Lutheran _____ Other ___ None

Mother's full name _____

Address _____ City _____ State _____ Zip _____

Preferred phone # _____ Work phone # _____

E-mail _____

Church Membership: ___ Trinity Lutheran _____ Other ___ None

Step Parent's full name _____

Address _____ City _____ State _____ Zip _____

Preferred phone # _____ Work phone # _____

E-mail _____

Church Membership: ___ Trinity Lutheran _____ Other ___ None

Child's Legal Guardian(s) _____

Parent's Marital Status: Married Divorced Single

Emergency Contacts:

Childcare staff will always try to contact the parents first in the event of an illness or emergency concerning your child. However, if we are unable to reach you, please list two names (and relationship to child) below that we can call:

1. _____ Phone # _____

2. _____ Phone # _____

Payment Policies

- I agree to pay a one-time, non-refundable registration fee of \$75.00 per child. This fee is due upon registration. A lapse in care of more than 30 days will result in another registration. *(Please Initial)* _____
- I understand that payment for the current week will be automatically debited from our bank account each week. If no payment has been received by the following Monday, services will be suspended until the balance becomes current. Extenuating circumstances need to be brought to the attention of the director. *(Please Initial)* _____
- I agree to keep my child's tuition current, ensuring a space for my child in the center. *(Please Initial)* _____
- I agree to pay all fines incurred in the event the bank returns a check of mine for insufficient funds. I agree to pay the center \$30 as a processing fee if a check of mine is returned. *(Please Initial)* _____
- I understand that Trinity Lutheran Childcare reserves the right to adjust child care rates with a thirty day written notice.
(Please Initial) _____
- I understand that \$100 per week is needed to hold a spot during an extended leave of absence. *(Please Initial)* _____

Tuition Rates effective February 16, 2026

There is a 2 day minimum

Fully Potty Trained Children

5 full days	\$247/week
4 full days	\$216/week
3 full days	\$191/week
2 full days	\$155/week

Non Potty Trained Children

5 full days	\$273/week
4 full days	\$242/week
3 full days	\$206/week
2 full days	\$165/week

Choose one of the following payment schedules:

I have a fixed schedule as indicated on page one and agree to pay
\$ _____/week. (Please Initial) _____

I have a flexible schedule and will be submitting days as needed for care at
least 2 weeks in advance. I understand that the minimum charge per week
is the 2 day rate regardless of attendance. (Please Initial) _____

I agree to pick up my child before 6:00 pm. I agree to call the center when I
realize I will be late. If my child remains at the center after that time, I
agree to pay a late fee of \$5 for every 5 minutes after 6:00 pm.
(Please Initial) _____

DHS Programs

This program can be very successful if we work together.

I participate in the DHS Program provided by the State of Michigan.

(Please Initial) _____

Department of Human Services pay is accepted; however, this pay is supplemental and it is the responsibility of the family to pay the center in full, for all child care. I will pay the remaining balance that the State of Michigan does not pay. *(Please Initial)* _____

DHS does not pay enrollment fees. I will pay this fee and register for a weekly family contribution through the automatic payment system.

(Please Initial) _____

Benefit Days

There will be no reduction in tuition for absences due to illness or vacations for anyone attending less than 5 days per week, year round. The only exceptions would be the week between Christmas and New Year, and the week of Spring Break (as scheduled by Trinity Lutheran School). We are open during those weeks, however, if you let the center know 2 weeks ahead of time, you will not be charged. *(Please Initial)* _____

For Full time year round families, there will be an award of 10 benefit days to be used singly or consecutively as needed and at your discretion. Benefit days are defined as free of charge. 5 benefit days will be awarded January 1 through June 30 of the same year. Another 5 days will be awarded for the period of July 1 through December 31. The first 5 days may be saved for the second half of the year, however, benefit days cannot be carried over into the next calendar year. Days will be prorated for families joining the center after January. In case of illness or injury, please make sure to inform staff of your intent to use benefit days when you call in the absence. Please inform staff in advance for all other absences. Once billing has taken place for the week, it will not be changed to reflect benefit

days. Benefit days CANNOT be used in place of the 2-week separation notification. (Please Initial) _____

Exit Policy

I agree to give Trinity Lutheran Early Childhood Development Center two weeks written notice before exiting from the program. In the event I do not provide the center with two weeks notice, I agree to pay Trinity the amount equal to two weeks of childcare fees. (Please Initial) _____

I also realize that Trinity has the right to exit my child from the program without notice if my child's continued participation in the program creates a direct threat to my child's safety, the safety of the other children, or the safety of Trinity's staff. (Please Initial) _____

Handbook

I have read the TLC Early Childhood Development Center's Parent Handbook, and I agree to comply with the rules, policies, and procedures within. Trinity reserves the right to modify the contents of its Parent Handbook at its sole discretion with 30 days written notice to parents. In the event of an emergency or licensing mandates, the 30-day notice will be suspended. (Please Initial) _____

Upon signing this agreement, the parent, legal guardian or responsible adult agrees to abide by all the provisions contained in this contract. The laws of Michigan govern this contract.

Father's/Guardian Signature _____ Date _____

Mother's/Guardian Signature _____ Date _____

Enrollment contract updates replace any prior to 2-9-2026

**PLEASE RETURN THIS FORM WITH A NON-REFUNDABLE \$100.00 REGISTRATION FEE.
(Enrollment forms returned without registration fee will be considered invalid.)**

Childcare / Preschool/ Kindergarten Readiness Permissions

Please initial at each designated line, sign at the bottom and return.

I/We agree to follow the food and nutrition policy for my child while attending TLC Early Childhood Development Center as explained in this handbook. Any child that will be at the center more than 10 hours a day, Parents will be required to provide breakfast (for children who arrive between 6:30am-8:00am) and lunch from home, if one is not provided, a parent will be contacted immediately, and hot lunch is available at a cost to you (during the school year). The center shall provide two snacks during the day (one in the morning and one in the afternoon). **Initial** _____

I/We acknowledge the Health Policy of TLC Early Childhood Development Center as explained in this handbook and will abide by its guidelines. **Initial** _____

I/We give TLC Early Childhood Development Center permission to apply topical protective or medicinal materials that **I/we provide** as explained in this handbook. I/We understand that if the topical protective or medicinal materials are not provided, none will be applied. **Initial** _____

I/We understand that TLC Early Childhood Development Center has a licensing notebook available to parents/guardians for review during regular business hours as explained in this handbook. **Initial** _____

I/We (**give**) or (**do not give**) TLC Early Childhood Development Center photography permission as explained in his handbook. **Initial** _____ (*please circle give or do not give*)

I/We the parents of _____ acknowledge and agree to the terms explained in this handbook regarding the Parent Handbook Acknowledgement and Right to Modify. **Initial** _____

Guardian signature: _____ Date: _____

review date _____ initials _____

review date _____ initials _____

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)		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 (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 <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)					

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

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 Trinity Lutheran, 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.

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Trinity Lutheran
Early Childhood Development Center

Integrated Pest Management Program Notice to Parents

Dear Parent or Guardian,

The Trinity Lutheran Early Childhood Development Center utilizes an Integrated Pest Management (IPM) approach to control pests. IPM is a pest management system that utilizes all suitable techniques in a total pest management system with the intent of preventing pests from reaching unacceptable levels or to reduce an existing population to an acceptable level. Pest management techniques emphasize pest exclusion and biological controls. However, as with most pest control programs, chemical controls may also be utilized.

Parents have the right to be informed prior to any application of an insecticide, fungicide or herbicide made to the school grounds or inside buildings during this program year. Parents will receive advance notification of pesticide application **R 400.8380**.

Parents will be notified every September and by the following two methods:

- 1) A notice will be sent on Brightwheel no less than **three days before the application**
- 2) Written notification will also be posted at the center's front entrance of the office and classroom.

**If a pesticide exposure incident occurs or for additional information call the
Michigan TOXIC HOTLINE:
1-800 MI-TOXIC (1-800-648-6942)**

Please print family contact information below:

* * * * *

Family's Contact information for PRIOR NOTIFICATION of Pesticide Application

Primary Adult Name & Number		
Secondary Adult Name & Number		
Family Address		
Child Name		
Child Name		

Signature

Date

WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

Child(ren)'s Name(s) (Last, First)	Facility's Name and License Number Trinity Lutheran Early Childhood Development Center DC800414441 Trinity Lutheran TLC DC800018763
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A written information packet has been provided at the time of enrollment. The packet included all the following information (*R 400.8146 (1-2)*):

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open, and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook. **(CENTER MUST CHECK ONE)**
 - The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least 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.
- Other _____

I certify that I received all of the above items.

Parent/Guardian Signature

Date

Note: A single CCL-4340 form may be used for all children in the same family.

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SECTION III - IMMUNIZATIONS			
Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*			
VACCINES (Circle Type)	DATE ADMINISTERED <small>MM/DD/YYYY</small>		VACCINES (Circle Type)
			DATE ADMINISTERED <small>MM/DD/YYYY</small>
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)
	2		
DTaP/DTP/DT/Td	1	4	Influenza (IIV/LAIV)
	2	5	
	3	6	
Tdap	1		Meningococcal (MCV4 / MPSV4)
Haemophilus Influenzae type b (HIB)	1	3	Human Papillomavirus (HPV9/HPV4/HPV2)
	2	4	
Polio (IPV/OPV)	1	3	
	2	4	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	OTHER Vaccines Specify Date & Type
	2	4	
Rotavirus (RV1/RV5)	1	3	
	2		Date of Vaccine(s)
Measles, Mumps, Rubella (MMR)	1	2	1
			2
Varicella (Chickenpox)	1	2	3
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:			
I certify that the immunization dates are true to the best of my knowledge			
_____		_____	
<i>Health Professional's Signature</i>		Title	
		Date	

		SECTION IV - RECOMMENDATIONS
		(Required for Child Care and Head Start/Early Head Start)
No	Yes	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)
I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____ child's name

<i>Dentist's Signature</i>
Date

PHYSICIAN'S SIGNATURE			
_____	Date	_____	Degree or License
<i>Examiner's Signature</i>		<i>Examiner's Name (Print or Type)</i>	
Number & Street	City	MI	ZIP Code (_____) Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.