

TRINITY LUTHERAN SCHOOL

725 Pine Street, Paw Paw, MI 49079
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e-mail: Childcare@trinitylutheran.com
www.trinitylutheran.com

**EXTENDED SCHOOL CARE
ENROLLMENT APPLICATION
GRADE / AGE _____**

"BUILDING A FOUNDATION FOR LIFE"

STUDENT INFORMATION: (please print)

Child's Legal Name _____ (Male ___ Female ___)
(Last) (First) (Middle)

Address _____
(Street or road) (City) (Zip Code)

Telephone # _____

Name Child Goes By/Nickname _____ Date of Birth _____

Race _____ Ethnicity _____

School District _____ School Student Attends _____

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

Child **primarily** resides with: (check **one**) _____ both (one residence) _____ Mother _____ Father _____

Church Membership: Trinity Lutheran _____ Other (please list) _____ None _____

FAMILY INFORMATION: (please print)

Father's Full Name _____

Mother's Full Name _____

Address _____

Address _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Work Phone # _____

Work Phone # _____

Cellular Phone # _____

Cellular Phone # _____

Email address _____

Email address _____

OTHER CHILDREN IN FAMILY:

Please list name/birthdate/grade (if applicable)

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.): _____

Health Insurance Policy Name and Number: _____

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 _____)**

EXTENDED SCHOOL CARE HEALTH WAIVER FORM (for children 5-12 years old)

My child is in good health and able to attend the ESC/Summer program at Trinity Lutheran School and Childcare with any restrictions noted. My child is up to date on his/her current immunizations. The immunization record or waiver is on file at my child's school.

Restrictions: _____

Child's full name: _____

Parent Signature: _____ Date: _____

PLAYGROUND CONSENT/ WAIVER FORM (for children 5-12 years old)

I hereby consent my child to use all of the playground equipment at Trinity Lutheran. I recognize that injuries may occur. I understand that it is the express intent of Trinity Lutheran ECDC/TLC to provide for the safety and protection of my child, and in consideration for allowing my child to play on the playground equipment. I hereby release Trinity Lutheran ECDC/TLC, its employees, and owners from all liability for any and all damages and injuries suffered by my child while playing with/on the playground equipment. I also understand that my child will be under supervision at all times when they are playing with/on the playground equipment. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Child's full name: _____

Parent Signature: _____ Date: _____

EMERGENCY CONTACTS:

The school 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 below (in order of preference) that we can call: (please print)

- 1. _____ Phone # _____
- 2. _____ Phone # _____

TRANSPORTATION:

Student (check one) _____ will _____ will not be riding the Paw Paw school buses to/from ESC.

The following people also have permission to pick up our child--you may add to or delete from this list any time during the course of the school year: (please print)

- 1. _____ 2. _____
- 3. _____ 4. _____

Father's signature and date

Mother's signature and date

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

WEEKLY ATTENDANCE

Please complete the following attendance information for the School Year.

If this schedule changes, please inform the school as soon as possible.

My child will attend (circle before, after, or both): _____(name)

Before School After School Both

My child will attend the following days each week:

Before School: M T W TH F

After School: M T W TH F

Office Use Only:

Received _____
Enroll. Fee _____
Data Ent. _____

ESC/Summer Handbook 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 ECDC/TLC Early Childhood Development Center as explained in this handbook. **Initial** _____

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

I/We give ECDC/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 ECDC/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**) ECDC/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.)					

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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 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.

LARA is an equal opportunity employer/program.