

Trinity Lutheran Childcare Center

1480 Douglas Avenue
Gardnerville, Nevada 89410
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775-783-9862 (Fax)
TLCCCC2@aol.com
www.tlchildcare.com

Registration Package

REGISTRATION DOCUMENTS FOR NEW ENROLLEES

Instructions:

1. Complete all documents clearly and completely. PLEASE PRINT.
2. Your child may not start school until we have ALL of these documents.
3. Please make sure the medical form is signed by your physician or a registered nurse. You may contact the Douglas County Health Nurse at 782-9038 to update your child's immunization record and/or health statement form.
4. Remember to bring a copy of your child's immunization records.
5. Annual registration fee must be included with your registration package.
6. A separate package and registration fee is necessary for each child.
7. The PARENT HANDBOOK has vital information to your child's attendance. BE SURE TO READ THE ENTIRE HANDBOOK! You are accountable for the rules and regulations in the handbook.
8. If you need help or explanation with any of the items in this Registration Package or the Parent Handbook, please see the Director or Financial Manager in the front office for assistance.

REGISTRATION FORM #1

Please Print.

Include your registration fee to this package.

Remember, if any of this information changes to inform the Center as soon as possible.

Child's Name: _____

Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Father's Name: _____ Social Security: _____

Work Phone: _____ Home Phone: _____ Cell# _____

Occupation: _____ Place of Business: _____

Mother's Name: _____ Social Security: _____

Work Phone: _____ Home Phone: _____ Cell# _____

Occupation: _____ Place of Business: _____

E-mail Address _____

Emergency Contact: _____ Phone: _____

Doctor: _____ Phone: _____

Allergies: _____

Authorized Person(s) for pick-up – These people will have codes for checking your child in/out of the Center.

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

I, _____ am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.

Signature of Parent/Guardian: _____ *Date* _____

Office Use Only

Date Registered _____ Amount Paid _____ Check # _____

First Day _____ Teacher _____ Last Day: _____ Reason _____

Forms #1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ Emergency Card _____

Pass codes Issued: Computer Check-in _____ Door Entry _____

Parent/Guardian Financial Agreement Form #2

I agree to enroll my child (name) _____ in the # _____ *program for the fee of \$ _____ *per week at Trinity Lutheran Child Care Center. Care for my child will normally begin at _____ a.m./p.m. and will end _____ a.m./p.m. on the following weekdays: (circle days that apply) M T W TH F

I have received and read a copy of the Parent Handbook sent forth by Trinity Lutheran Child Care Center. I agree to adhere to said policies and procedures.

(*See Fee Schedule Form for program options & weekly fees)

I UNDERSTAND AND AGREE TO THE FOLLOWING TERMS AND CONDITIONS:

*Payments are due monthly or weekly, IN ADVANCE. TLCCC operates solely from tuition and donations. This program time is being reserved for my child. My child's tuition is due whether or not my child is in attendance that week/day. Because this is an annual tuition, sick days are not discounted. For school age children: When public school ends early and your child attends TLCCC additional hours, an additional fee will be charged.

*Vacation time is equal to the number of days in one week of your assigned program. You will receive one week of vacation time for the school year of your choosing to use for vacation/sick days. TLCCC will also be closed 1 week at Christmas which you will not be charged for (see school calendar). To receive this vacation credit, you must notify the center in writing by requesting a CHANGE OF SCHEDULE form. Unused vacation credit does not carry over to the following school year. Complete rules and instructions regarding vacation credit is in the Parent Handbook.

*No tuition credit is given for holidays. See the Parent Handbook.

*Late pick-up fee of \$5 for every 15 minutes a parent is late picking up a child scheduled to be picked up at 12:30pm, after 1:00pm you will be charged a flat fee of \$25. The late fee for the evening pick-up is \$1 for every minute after 6:00p.m.

*Registration fee and all tuitions are non-refundable. There is a \$15.00 service charge on all returned checks. **Rates are subject to change with 30 day notification.**

*Late fees of \$10.00 may be applied to all accounts past due two weeks or more. Discontinuance of your child care will result until your account is paid in full. Accounts past due 30 days or more will be referred to collections.

You will receive monthly statements reflecting your balance due. However, you may use the sign-in computer to check your weekly balances. **These statements must be reviewed within 30 days of receipt or they will be considered correct and final.**

In the event of an emergency, I understand that Trinity Lutheran Child Care Center is not financially responsible for any emergency vehicle transportation costs or for any medical care or costs incurred by my child/children as a result of TLCCC initiating this care.

I agree to notify TLCCC in writing two weeks prior to withdrawal of my child. If you choose to withdraw your child and you do not notify TLCCC in writing, TLCCC will hold you responsible for the tuition you owe as a result of your child holding a position which would otherwise be filled. This agreement can be canceled at any time by Trinity Lutheran Child Care Center including but not limited to:

1. Non-payment of fees.
2. Non-compliance with policies and procedures.
3. Any action which results or may result in the disruption of the smooth and efficient operation of the facility.

Date: _____ Father's Signature: _____

Date: _____ Mother's Signature: _____

FAITH/LIFE QUESTIONNAIRE
FORM #3

We, at Trinity would like to commend you for putting forth the effort in seeking out the best possible Child Care Center which meets the needs you have deemed important for your child. By enrolling your child here, you are saying you not only care about the physical well being of your child, but their spiritual well being as well.

Since Trinity Lutheran Church Child Care Center is a Christian Center, our primary purpose is to provide a healthy and safe environment where children are well cared for, hear simple stories about God's love for them, and continue in learning the values and morals God wants for our life. In order for us to better serve you and your child, we would appreciate your filling out this form.

Date: _____

Child's Name: _____ Parent/Guardian's Name(s): _____

Home Address: _____ P.O. Box _____

Home Phone: _____ Other Phone # _____

How long have you lived in the area? _____

Fill-in:

What does it mean to be a Christian? _____

Please check and fill-in.

____ We are active members of Trinity Lutheran Church.

____ We are active members of another LCMS Church _____

____ We are active members of another Lutheran Church _____

____ We are active members of a Non-Lutheran Church _____

____ We are not active members of a church in the area. ____ We are looking for a church home.
____ We are not looking for a church home at this time.

What was your previous church background? _____

Please check all that apply and fill-in.

____ My child has been baptized in the name of the Triune God. Church: _____ Date: _____

____ My child attends Sunday School: Church _____

____ I/we would like to have our child baptized.

____ I/we have questions about: baptism ____ the beliefs of the Lutheran Church ____ Sunday School ____
what is taught during Jesus Time at TLC _____

Other: _____

Fill-in:

What are your expectations of TLC, its staff and administration? _____

What may TLC reasonably expect from you in terms of general support and service? _____

BRING SHOT RECORD CARD #4 HEALTH STATEMENT FORM #5

This form is REQUIRED by the STATE OF NEVADA and must be signed by your family physician or a registered nurse. (Douglas County Health Nurse is acceptable)

Child's Name: _____ Date of Birth: _____

Please provide a report on the above named child using the form below. Daily activities include vigorous outdoor play, socialization, small motor games, morning and afternoon snack, and a rest period after lunch. I hereby authorize release of medical information contained in this form to Trinity Lutheran Child Care Center.

Date: _____ Parent/Guardian Signature: _____

Status of above child's health:

Any known conditions under treatment:

Any physical condition requiring special attention in the child care center:

Any medication prescribed – :

With parental consent, may this child take over the counter medication, as needed. (*includes over the counter pain/cold medications, sunscreen, or diaper rash ointment, as needed*)

Is child capable of adjusting to programs of the child care center:

Please attach a copy of the child's immunization record to this statement.

Date: _____ Physician or R.N. Signature _____

MUST BE SUBMITTED NO LATER THAN 30 DAYS OF ENROLLMENT.

Revised 5/1/06

**MEDICAL - EMERGENCY PROCEDURE
AND RELEASE OF LIABILITY
AFFIDAVIT FORM #6**

I, true parent or legal guardian of (Child's name) _____ do hereby grant permission to the staff of Trinity Lutheran Child Care Center to administer ***sunscreen, diaper rash ointment (if needed), first aid or emergency treatment in the event of an accident or emergency.*** It is understood that parent(s) shall be reached as soon as possible in case of an accident or emergency.

Doctor's Name: _____

Address: _____

Phone: _____

In the event that neither physician nor parent or legal guardian can be reached, Trinity Lutheran Child Care Center may contact any Nevada State licensed practicing physician. I agree to pay for any costs and medical bills incurred. I understand that TLCCC is not responsible for any medical care and/or emergency transportation supplied to my child in the case of an emergency.

It is understood that Trinity Lutheran Child Care Center and staff are released from liability for any accidents or emergencies.

Date: _____ Parent/Guardian's Signature: _____

FAMILY, HEALTH AND SOCIAL HISTORY FORM #7

The purpose of this form is to enable us to know your child and his/her needs so we may do the best job possible. All information is kept confidential.

Child's Name _____ Nickname: _____

List of all children in the family in order of age (include children enrolled)

1. _____ Age _____ 2. _____ Age _____

3. _____ Age _____ 4. _____ Age _____

Do the parents live in the same _____ or separate _____ household?

If separate, does the child live in both households? _____

Do both parents have custody? _____ If not, please bring documentation to have on file.

What is the visitation schedule, *as it relates to the drop-off and pick-up schedule at the Center?*

Ethnic Origin: (for statistic reporting only) _____ Caucasian _____ Hispanic _____ African Amer. _____ Asian _____ Amer. Indian _____ Other _____

Circle if applies

Does the father/mother work late or travel frequently? _____

Does the father/mother work at home? _____

Has he/she been cared for by someone other than parents? _____ who? _____

Has any member of the family had a long illness? _____ is/was there a long separation from child? _____ when? _____

Is the family English speaking? Yes No If not, what other language _____

Is your child on any regular medication? _____ If so, _____

Does your child have any unusual physical marking or condition? _____ If so, _____

Does your child have any problems with diabetes? _____ Asthma? _____ hearing? _____ Has your child had frequent earaches? _____ Allergies? _____ If so, what? _____ Epilepsy? _____ Speech? _____ Has your child had any eye problems? _____ Has your child had an eye examination? _____

Does your child have frequent colds? _____ Sore throat? _____ Tonsillitis? _____ Stomach aches? _____ Bloody nose? _____

At what age did your child begin to talk? _____ Did your child crawl before walking? _____

Was your child born premature? _____

Is your child moody? _____ Generally happy? _____ whiney? _____ demanding? _____ Content? _____

Other _____

Has the child had group play experience outside the family group? _____

Does he/she have any special problems? _____

Fears? _____ Nightmares _____ fear of the dark _____ other _____

Does your child need help in the following areas: dressing _____ toileting _____ eating _____ other _____

Child's favorite:

toy and/or game(s) _____ songs/stories _____

Is your child happiest with his/her own age group? _____ younger children? _____ Older? _____

Does your child suck their thumb? _____ Does your child use a pacifier, blanket, or special toy at bedtime? _____

Does your child still nap? _____ If, so how long? _____ What is your child's normal bedtime? _____ pm Does your child sleep uninterrupted through the night? _____ Is your child restless in his/her sleep? _____

Other information you would like to share about your child: _____

DATE _____ SIGNATURE _____

FIELD TRIP PERMIT FORM #8

Authorization for escort

I understand that during the year my child, _____ may take part in field trips and educational excursions either by bus, van, private car or on foot. My child will be chaperoned by a responsible adult at all times while away from school. Participation in field trips is a privilege and my child must behave appropriately to be included.

Notice of field trips will be posted in advance in the monthly NEWSLETTER and/or in the front lobby. In order to plan staffing, sign-up and payment for field trips should be made prior to the date of the trip.

Should any accident or illness occur while my child is away from the center on the aforementioned trip, I shall not hold responsible the child's teacher, members of the staff of Trinity Lutheran Child Care Center nor any participating adult.

Date: _____ Parent/Guardian Signature _____

ESCORT TO/FROM ELEMENTARY SCHOOLS FORM #9

My child, _____ is registered at Trinity Lutheran Child Care Center.

I hereby authorize TLCCC staff member(s) to:

- * Escort my child to and/or from the public school bus.
- * Escort my child to and/or from public school, i.e. Gardnerville Elementary and/or Minden Elementary School.
- * Children will be escorted by a TLCCC vehicle.

Please check. My child...

_____ attends **Gardnerville** Elementary School.

_____ attends **Minden** Elementary School.

_____ is in MORNING kindergarten.

_____ is in AFTERNOON kindergarten.

_____ is in FIRST/SECOND grade.

Teacher's name: _____

Date: _____ Parent/Guardian's Signature _____

PERMISSION TO RELEASE INFORMATION AND PROGRESS REPORT CONSENT FORM #10

I understand that during the time my child, _____ is in care at Trinity Lutheran Child Care Center, the Director may be asked for information regarding my child. I hereby give permission to release information regarding my child. I hereby give permission to release information to official persons only who adequately identify themselves, such as school, health care personnel, welfare or other governmental officials.

Date: _____ Parent/Guardian's Signature _____

*I **do not** give permission to release information about my child as set forth in the aforementioned statement.*

Date: _____ Parent/Guardian's Signature _____

I allow the teacher to evaluate my child's progress.

Date: _____ Parent/Guardian's Signature _____

I give TLCCC permission to list our name, mailing address, and phone number in the school's directory for TLC families.

Date: _____ Parent/Guardian's Signature _____

I give TLCCC permission to video tape chapel services or programs, including but not limited to audio or video of my child for occasional viewing on Christian Cable Station (Example: Christmas, Easter, or Wednesday services as a filler to the already televised church services) and newspaper photo or article as it relates to the Center's programs.

Date: _____ Parent/Guardian's Signature _____