



Schedule: _____
Office use only

Child's Name: _____

Address: _____ City: _____ Zip: _____

Birth Date: _____ M _____ F _____

Name(s) of Custodial Parent(s): _____

Home Phone: _____ E-mail: _____

Dad Cell Phone: _____ Mom Cell Phone: _____

Custodial Parent(s) Place of Employment:

Mom 1. _____ Phone: _____

Dad 2. _____ Phone: _____

Name of Grandparents:

1. _____ Phone: _____

2. _____ Phone: _____

Address: _____ City: _____ Zip: _____

Grandparent's E-mail: _____

3. _____ Phone: _____

4. _____ Phone: _____

Address: _____ City: _____ Zip: _____

Grandparent's E-mail: _____

Immunizations: A Copy of your child's shot record is required upon enrollment.

If at anytime it is found that we do not have a current shot record on your child, you will be called and asked to pick up your child. Your child will not be allowed to attend until their record is brought current.

Please list other adults who are authorized to pick your child up.

(All adults need to sign in and out daily.)

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

EMERGENCY AGREEMENT

I (we) grant permission for authorized Trinity Child Care personnel to take whatever steps necessary to obtain medical care if warranted. These steps may include, but are not limited to:

- A. Attempt to contact parent or guardian.
- B. Attempt to contact child's physician.
- C. Attempt to contact you through any of the persons listed on the Emergency Health information.
- D. If Trinity Child Care personnel cannot contact you or your physician, Trinity Child Care staff may do any of the following: a) call another physician, b) call an ambulance, c) have the child taken to an emergency hospital, d) call 911

EMERGENCY INFORMATION		
Name of Policy Holder		
Health Insurance Co.		
Insurance Company Phone #:		Policy #:
LIST PERSONS TO BE CALLED IF YOU CANNOT BE LOCATED IN THE EVENT OF AN EMERGENCY.		
Name	Phone	Cell
Name	Phone	Cell
Physician	Phone	
Hospital Preference		

Does your child suffer from allergies or any other medical condition?

If a medical emergency occurs and I cannot be reached, I hereby authorize the person in charge of Trinity's E.C.E. program to take my child to the nearest medical facility or call my family physician. In case of fever above 101 I hereby authorize the person in charge to administer medication to reduce the fever if I cannot be reached.

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

NO REFUND POLICY: If your child is ill on one of his (her) days, we will not refund money, or give credits.

Permission to use your child's picture: We would like to take pictures of the children during their day and put them in our newsletter, yearbooks, promotions, website, etc. to show families what an awesome program we have. Please understand that your child's name will NOT be given and your child will be in a picture with other children at Trinity. If you have any concerns please feel free to look on our website for examples at tlsnorman.com.

Yes	No	I grant permission for my child to be included in any photos the childcare may use for newsletters, yearbooks, promotions, and website.
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I have read, understand, and agree to all the policies as stated on this enrollment form. I understand that if I do not abide by the policies my child may be released from the program.

I have read the enrollment information and agree to sign my child up for the year 2010-2011 August through May. I do understand that this is a year commitment and if I choose to remove my child early I will pay the next months tuition after my child's removal.

Signature: _____

How did you hear about our program?
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Office Use Only:				
Date enrolled	Ck #		In Computer	Out Computer
E.F.	Bk Fee	Shot Record		Teacher Copy
T-Shirt Size:		Xs	S	M
		2-4	6-8	10-12
				L
				14-16
T-shirts provided at the discretion of the school board if funds are available.				