

ENROLLMENT INFORMATION
Trinity Learning Ministry Preschool

CHILD'S NAME _____ DATE OF BIRTH _____ M _____ F _____
CHILD'S HOME ADDRESS _____ CITY _____ ZIP _____

FAMILY INFORMATION

Parent's name _____ 1st Phone _____ 2nd phone _____

Parent's address _____ Parent's email address _____

Parent's occupation _____ Place of employment _____ Work phone _____

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Parent's address _____ Parent's email address _____

Parent's occupation _____ Place of employment _____ Work phone _____

Others living in household & relationship to child _____

Home language _____ Pets (kind & name) _____

PERSONAL INFORMATION

Usual time of nap _____ Child is _____ in diapers _____ toilet training _____ fully toilet-trained/ Special toileting instructions _____

Food or drink that your child **SHOULD NOT** be given _____

List any allergies or medical issues of which we should be aware (include any medications taken regularly or medications to which child is allergic):

Check any that apply to your child & add information that teacher may need to know.	
<input type="checkbox"/> Has asthma	_____
<input type="checkbox"/> Has diabetes	_____
<input type="checkbox"/> Epipen is carried each day	_____ Medical form from physician is in office _____
<input type="checkbox"/> Has an IFSP or an IEP	_____ Copy brought for child's file. Services are provided by _____
<input type="checkbox"/> Has food or eating issues about which teacher needs to be aware	_____
<input type="checkbox"/> Has physical issue that may affect participation in some activities	_____
<input type="checkbox"/> <i>I give consent for the above allergy and/or medication information to be posted as needed for my child's safety.</i> Parent initials _____	

Particular fears that your child has _____ How does your child react to new situations? _____
What words describe your child? _____
Describe other difficulties or information of which we should be aware _____

RELEASE OF YOUR CHILD: List any persons to whom we may release your child. Except for parents, any person not named will not be allowed to pick up your child unless we have specific instructions from you, preferably in person. Any person whom we have not met will be required to identify himself/herself and show a picture I.D.		
<u>Name</u>	<u>Relationship to child</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____
LIST ANY SPECIFIC PERSONS TO WHOM WE MAY NOT RELEASE YOUR CHILD (If you have listed a parent, we must have a copy of the court order on file.)		

Parent/Guardian signature _____ Date _____

Please call me regarding applying for financial assistance.

(Complete page 2 on back)

Emergency Medical Care and Permissions

Trinity Learning Ministry

- In the event that emergency care is deemed necessary for my child and parents/guardian cannot be reached, I give my permission for the Director or supervising staff of Trinity Learning Ministry to take whatever steps may be necessary to obtain emergency medical care for my child.
- I understand that any expenses incurred will be my responsibility.
- I also understand that Trinity Learning Ministry will not be responsible for anything that may happen as a result of incomplete or inaccurate information given at the time of enrollment or information that has not been updated in writing through the TLC Ministry office.

My Child's Name _____ **Date of Birth** _____ M ___ F ___

Physician's name _____ **Phone ()** _____

Dentist's name _____ **Phone ()** _____

Health Insurance provider: _____ **Insurance #** _____

I understand that the TLC Ministry staff will attempt to contact a parent/guardian immediately if an emergency situation concerning my child should occur. In the event that I cannot be reached and medical treatment is deemed necessary and is in the best interest of my child, I give my permission for my child to be treated as determined necessary by the medical professionals.

Parent/Guardian Signature _____ **Date** _____

Emergency Contact Release

List the order persons should be called in the event of illness or other emergency and who would be able to pick up child if necessary:

Parent _____ **Relationship** _____

Phone # Home _____ **Cell** _____ **Work** _____

Name _____ **Relationship** _____

Phone # Home _____ **Cell** _____ **Work** _____

PERMISSION FOR ACCESS TO HEALTH INFORMATION:

LIST BELOW ANY INDIVIDUALS OTHER THAN PARENTS/GUARDIANS WHO YOU AUTHORIZE TO HAVE ACCESS TO HEALTH INFORMATION FOR YOUR CHILD:

1. _____

2. _____

TRAVEL PERMISSION

BEGINNINGS & FOURS CLASSES:

I give permission for my child, _____, to leave Trinity Learning Ministry premises for walks.

PRE-KINDERGARTEN & ELEMENTARY CLASSES:

I give permission for my child, _____, to leave Trinity Learning Ministry premises for walks and trips in a vehicle, for field trips or other planned special events while enrolled at the center. Parents will be notified of any planned trips in vehicles off the premises. If a field trip is planned in which I do not desire to have my child participate, I will notify the Trinity Learning Ministry office. If my child requires a car seat or booster seat, I will provide Trinity Learning Ministry with the appropriate equipment.

PHOTO RELEASE –

I give Trinity Learning Ministry permission to use my child's photograph for (please check all that apply):

- display and/or educational purposes
- classroom blogs
- Trinity Learning Ministry Facebook page
- I do not give Trinity Learning Ministry permission to use my child's photograph

Signature of Parent or Guardian _____ **Date** _____