Trinity Learning Center
Primary Information Sheet

Child's name _____ M F Birth date _____

Mother's name _____

Home address _____ City/Zip _____

Home phone _____ Cell phone _____Carrier_____

Employer _____ Work phone _____

Email _____

Father's name _____

Home address _____ City/Zip _____

Home phone _____ Cell phone _____Carrier_____

Employer _____ Work phone _____

Email _____

Please list child's siblings and all others living in the home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact/ Authorized Pick-Up Person: Please list anyone who may be contacted to care for your child if a parent cannot be reached in an emergency or someone authorized to pick up your child/children from the care center and preschool.

Name	Relationship	Phone	Emergency	Pick-up
_____	_____	_____	⌑	⌑
_____	_____	_____	⌑	⌑
_____	_____	_____	⌑	⌑
_____	_____	_____	⌑	⌑
_____	_____	_____	⌑	⌑
_____	_____	_____	⌑	⌑

Name of child's doctor: _____ Office phone: _____

Doctor's address: _____

Child's dentist: _____ Office phone: _____

_____

For Office Use Only

Start Date: _____ Check In # _____

Payment Amt: $_____ ⌑ Check ⌑ Credit Card

Brightwheels: _____ Immunizations _____

Trinity Learning Center

Toddler/Preschool Information

Child's name: _____ Birth date: _____

Eating:

Does your child have a good appetite? _____

What are your child's favorite foods? _____

What foods does your child dislike? _____

Does your child have food allergies? _____

Please describe a typical daily menu for your child:

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Sleeping:

Does your child nap? _____

How long? _____

How long does your child sleep at night? _____

Does your child have a special "attachment toy" to sleep with? _____

Toileting:

Is your child toilet trained? _____

What words does your child use to indicate he/she has to urinate? _____

For a bowel movement? _____

Does your child use a potty chair or adult toilet? _____

Please describe your child:

What are your child's favorite toys?

What are your child's favorite activities?

Please describe family activities your child enjoys:

Does your child go outdoors often?

Does your child have any fears and how does s/he deal with them?

How does your child deal with anger?

Please feel free to give us any additional information you'd like to share about your child:

Trinity Learning Center

Enrollment Agreement

I, _____, agree to enroll my child, _____, in Trinity Learning Center. I understand that I will pay a fee of _____ on the first business day of the month via Brightwheels. It is my understanding that a tuition payment will be made monthly, regardless of my child's absence or the observance of Trinity Learning Center holidays.

I agree to give Trinity Learning Center one month's advance written notice if I should decide to change my child's enrollment. If that notice is not given, I agree to pay the remainder of the fees owed to Trinity Learning Center, in lieu of the full one-months' notice. I have read the Trinity Learning Center Parent Handbook and will honor the policies stated therein.

*The fee quoted above applies to the current tuition rates. It may be necessary to raise fees annually.

_____ _____

Parent's signature Director's signature

_____

Date

Financial Agreement

1. A non-refundable registration fee of $100.00 per child is payable at time of enrollment. There will be an additional $125.00 summer registration fee for children for the summer camp program.

2. Tuition is processed the 1st business day of the month via Brightwheels
    a. Any payments received after the 10th will be subject to a late charge of $20.00 unless prior arrangements are made.
    b. Services may be discontinued on the 20th unless balance is paid in full.
    c. A late charge of **$3.00 per minute** will be assessed to those families picking up children after 6:30 PM. Cash payment due upon arrival.

3. Monthly tuition remains the same each month regardless of illness, absence, school closure, and/or legal holidays. If a holiday falls on the weekend, it will be observed on the closest weekday. If the holiday is on Saturday, Trinity Learning Center will be closed Friday, if on Sunday, closed Monday.

4. Trinity Learning Center will be closed on the following days:

    ◊ New Year's Day
    ◊ Martin Luther King Day
    ◊ President's Day
    ◊ Memorial Day
    ◊ Independence Day (4th of July)
    ◊ Labor Day
    ◊ Thanksgiving Day and the day after
    ◊ Christmas Eve and Christmas Day

    ◊ +3 additional floating holiday days per year

    *Parents will be notified of floating holidays by December 1st the previous year

5. A sibling discount will be given to families with two or more children enrolled on a full-time basis. A 10% discount will be deducted from the tuition fee of the youngest child.

6. Please contact the office with your vacation dates at least two weeks in advance for scheduling purposes. No credit will be given for vacation days.

7. Trinity Learning Center requires a written notice of termination at least one month in advance. If a family discontinues service, does not give a month's written notice, or we cannot fill the space, a two-week charge will be added.

8. In order to hold a space, a registration fee of $100 and a non-refundable deposit of one month's tuition is required due immediately. The full amount of the deposit will be applied to the first month's tuition. If you choose not to use the space at that time you will be placed on the waiting list for the next available space. If you choose not to take the space at all, the deposit and registration fee will not be refunded.

I/We have received a copy of the Trinity Learning Center Handbook and Registration policies and agree to adhere to the policies and procedures stated within. I/We have read and agree to accept the above Financial Agreement as a binding contract between me/us and Trinity Learning Center.

_____ _____

Parent signature Date

Trinity Learning Center

Health Information

How healthy is your child?

Has your child had any serious illnesses?

Has your child had any operations?

Does your child receive daily medication?

Does your child have any known allergies? (such as insect bites, food, eczema, medicine)?

Is there anything else you feel we should know?

Please attach a copy of your child's immunization record.

NO EXEMPTIONS

Update us whenever an immunization is received!

Trinity Learning Center

Tylenol/ Ibuprofen Permission

Please note that we need prior written permission from you to give any medication for any reason.

We keep Tylenol and Ibuprofen on hand at Trinity Learning Center. It will be administered to your child after you have been contacted and given verbal permission so that it can begin to reduce fever while you are on your way to pick up your child.

Please note that our illness policy requires that children be free of fever **without** medication for 24 hours to attend Trinity Learning Center.

Please complete the form below if you would like us to give your child Tylenol when he/she has fever above 100 F.

Please give my child _____ Tylenol and/or Ibuprofen at the dosage prescribed on the bottle or designated dosage below when my child's underarm and/or temporal temperature is greater than 100 F° after contacting either parent or guardian and getting verbal permission.

_____ _____

Parent's signature Date

Child's age: _____

Child's weight: _____

Infant Tylenol Dosage: _____

Children's Tylenol Dosage: _____

_____ _____

Parent's signature Date

Trinity Learning Center

Informed Consent

I grant my informed consent for my child _____ to participate in the Trinity Learning Center program.

Program

It is my understanding that this program will consist of planned group and individual activities as well as opportunities for free play both indoors and on the playground. Pictures of the children may be taken and used in Trinity Learning Center-related activities. I understand that occasionally my child while in the preschool and school-age program will go on short trips in the area to parks, stores, municipal buildings, etc., and that during these trips my child will be accompanied by sufficient adult supervision.

Staff

I understand that qualified staff will be present at all times in the ratios required by city and state regulations.

Meals

I understand that Trinity Learning Center provides a food program. Meals served are breakfast, lunch and an afternoon snack.

Emergency, Medical Procedures, and Immunization Policy

Please initial each line to acknowledge that you have been informed and agree to the following policies and procedures:

_____ In case of illness, I will be called and will pick up my child immediately.

_____ In case of simple injury (such as scrapes and splinters) I understand that Trinity staff will perform routine hygienic measures such as washing wounds and applying bandages.

_____ In cases requiring the attention of a physician (such as stitches and X-ray) I understand that I will be called. If I or the listed emergency contacts cannot be reached, I give my permission for Dr. _____ to be called at _____ and for the doctor to provide the necessary treatment. I agree to assume financial responsibility for the same.

_____ In case of medical emergency, I will be called immediately. If circumstances require, EMS will also be called. Trinity Learning Center staff will respond as necessary until EMS arrives. In the event hospitalization is required, I give permission for my child to be hospitalized and treated by a qualified physician. I agree to assume financial responsibility for such treatment. Our first choice would be St. Luke's Children Hospital.

_____ Trinity Learning Center does not accept any exceptions to immunizations. A child's continued enrollment is dependent upon updated immunization reports as they become due. Failure to do so will result in a thirty (30) day termination notice at Trinity Learning Center.

_____ _____

Parent/guardian signature Date

_____

Print name

Trinity Learning Center

Informed Consent – Transportation (Preschool and School-age Children)

I grant my informed consent for my child_____ to participate in field trips with Trinity Learning Center.

It is my understanding that my child will be transported in a safe, registered vehicle and that the driver will have a current driver's license.

I understand that the children in the vehicle shall not be left unattended or unsupervised at any time. My child will be transported in a child restraint system (that I will provide) appropriate for his/her height and age.

_____ _____

Parent's signature Date

Informed Consent – Swimming (Preschool and School-age Children)

I give permission for my child_____ to participate in wading pool and swimming activities. I understand that while using wading pools and/or swimming pools my child will be adequately supervised by a staff member.

_____ _____

Parent's signature Date

Informed Consent – Sunscreen

I give my permission for sunscreen (that I will provide) to be applied to my child _____ when needed.

_____

Parent's signature Date

Trinity Learning Center

Photograph and Videotaping Agreement

Children are photographed or videotaped at Trinity Learning Center for a variety of uses. Internal uses may include the Trinity Learning Center's website, children's portfolios, and activities and events for posters and for Trinity Learning Center's photo albums. External uses may include news reports by local newspapers, broadcasting stations or social media. All release of Trinity Learning Center's media will be approved by management.

Please read below, check off the areas for which you would like to give permission, make any special comments, and sign and date at the bottom.

____ Portfolios, activities and events

____ Photo albums

____ Brightwheels App (internal use only)

____ Newspaper, radio and TV stations

____ Trinity Learning Center's website

____ Social Media (including Trinity Learning Center Facebook or other media)

Comments:

I give permission for my child _____ to be photographed or videotaped for the reasons checked above.

_____ _____

Parent's signature Director's signature

_____

Date

Trinity Learning Center
Illness Policy
Temporary Covid-19 Policy

If your child is ill, DO NOT SEND them to child care! Please notify the front desk at 208-960-2720 if your child is ill and will not be attending child care.

Parents should keep a child home if any of the following conditions exist. Also, Trinity Learning Center will send home children that exemplify any of the following conditions:

1. Fever
   -If a child has a fever at present or within the last 48 hours, they cannot be at Trinity Learning Center while taking Tylenol or another fever reducing medication in order to maintain a normal temperature.
   The following guidelines are used for infants and toddlers:
   -Auxiliary temperature (taken under the arm)
   Children under 12 months: 100 degrees or above
   Children over 12 months: 100.5 or above
   -Fever strips on the forehead are not considered accurate.
   -If other symptoms exist, a child may be sent home with a lower temperature than those stated above.
   -If fever is suspected at the time of arrival, the parent will be asked to wait for a thermometer reading before leaving the child.
   -Temperature will be taken after child returns to center at the front desk.

2. Diarrhea
   -Diarrhea is three (3) or more watery stools in a 24-hour period.
3. Vomiting
   -Vomiting on two or more occasions within the past 24-hour period.
4. Difficult or Rapid Breathing/ Severe coughing
   - Please do not bring child to center even with a slight cough
5. Green Discharge from Nose or Mouth
6. Skin Conditions
   -Skin conditions which have not been diagnosed as non-contagious by a physician, including but not limited to:
   A. Yellow (jaundiced) eyes or skin
   B. Contagious stages of chicken pox, measles, mumps or rubella
   C. Untreated scabies or head lice
   D. Untreated impetigo
7. Red Swollen Eye(s)
   -Red swollen eyes with white or yellow discharge
   -Child may not return until on antibiotics for at least 24 hours or until physician releases child to return to child care
8. A child should also be kept home if ill enough for any reason to demand one-on-one care or too ill to participate/go outside.

If your child becomes ill at Trinity Learning Center, you will be contacted and asked to pick up your child immediately. Your child will be isolated, within sight and hearing distance of an adult, until the parent arrives. If the parent cannot be reached, the staff will phone the emergency contact person listed on the child's enrollment form. Trinity Learning Center is not licensed to provide care for sick children. Parents or emergency contacts are required to pick up a child within one (l) hour of being contacted.

We understand how difficult it can be to have a sick child to care for when you are needed at home or work. However, it is our responsibility to look out for the welfare of all children enrolled at Trinity Learning Center. If you think your child is sick in the morning, please keep him/her at home.

If your child is sent home ill, he/she may not return for 48 hours or until symptom free. A written release from a health care provider may be required before your child can attend the program if symptoms/signs of an illness are still present.

The most commonly known symptoms associated with COVID-19 include: fever (83-98 percent), cough (76-82 percent), and shortness of breath/difficulty breathing (11-44 percent). Less commonly exhibited symptoms include nausea, diarrhea, and sputum production. Providers may take precautions to avoid exposure by taking the temperature of staff and children, and observing for illness when children arrive. If you think a child is showing symptoms, report it to the parent immediately. If the parent thinks the child is sick, you should encourage them to call their doctor.

Please understand that these new policies are in place to protect your child, rather than to create a hardship on anyone. A child sent home with any illness will not be able to return for 48 hours. This means that if a child is sent home during the day, he/she may not return until the 48-hour period has passed and if necessary, has a physician note stating that the child may return to daycare and is not contagious.

Thank you for your help in keeping Trinity Learning Center a happy and healthy environment for our children and staff!

I, _____, acknowledge that I have read, understand, and agree to abide by the illness policy Trinity Learning Center has in place. I understand that changes can be made at any time and I will be notified of these changes.

_____
Child's Name

_____ _____
Parent's Name Parent's signature

_____
Date