



Application for Enrollment

Admission Date: ____/____/____

Discharge Date: ____/____/____

Program:

- ☐ Infant (6 wks-1 yr) ☐ Waddler (1yr-2yrs) ☐ Toddler(2yrs-3yrs)
☐ Preschool (3yrs-4yrs) ☐ Schoolage (5yrs-12yrs)

Typical hours of attendance: _____ AM to _____ PM

- ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
☐ Full time ☐ Part Time

Child's Legal Name:

First:	Last:
DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Address:

Street Address:	Apt:
City, State:	Zip:

Mother/Legal Guardian:

First Name:	Last Name:
Mobile Number:	Alt Number:
Email:	Employment:

Work address:	Work Number:
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Father/Legal Guardian:

First Name:	Last Name:
Mobile Number:	Alt Number:
Email:	Employment:
Work address:	Work Number:

Person(s) responsible for paying for childcare: _____

Child Information:

Primary language spoken at home:	
Is this child in foster care or court ordered relative placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child have severe or challenging behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this child been disenrolled (expelled) from another center due to their behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this child have a diagnosed disability and/or IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this child have asthma, food allergies, other allergies, seizures, or other medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain the medical condition and the name of the doctor the child sees for this medical condition.</i>	

_____ I agree to promptly notify Trinity's Playhouse Early learning Center, llc of any changes of the above information.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. Providing false information could result in termination of childcare services, forfeiture of childcare retainer, or both.

Mother/Guardian's Signature	Date
Father/Guardian's Signature	Date
Provider Name/ Daycare name	Date

Child's name: _____

DOB: ____/____/____

Age: _____ Sex: _____ Height: _____

Weight: _____

Chronic illnesses: _____

Any known allergies? (Asthma, Hay Fever, Insect Bites, Medicines, Food, etc.)

Is your child Toilet Trained?

What words does your child use for toilet?

Are any medications given regularly?

Child's favorite toys, activities, etc.:

Favorite Foods: _____

Briefly describe your child's behavior: _____

What makes your child mad or upset? _____

How does your child show feelings? _____

What do you find is the best way of handling your child?

How do you discipline your child? _____

Any disorders/developmental (slow, advanced) diagnosed or suspected?

Any special needs required for your child? _____

Special family situations? (such as custody specifications, problems arising from situations, etc.)

Anticipated adjustment problems?

Has your child been taking an afternoon nap? _____

If so, how long? _____

If not, why no nap? _____

Special toy or blanket for nap time?

Name of previous daycare provider/center: _____

Reason for leaving previous daycare setting:

Other comments: _____

Parent Agreement for formula, milk, foods provided by parents

Trinity's Playhouse Early Learning Center, llc will provide breakfast and 2 snacks each day. Parents are required to provide a packed lunch for their child each day. Lunches will be stored in a refrigerator until lunch time.

R 400.8340 Food services and nutrition; provided by parents. Rule 340.

(1) As used in this rule:

(a) "Same-day supply" means for use during a single day.

(b) "Multi-day supply" means for use over a multiple day period, up to 7 days.

(2) Breast milk, formula, milk, or other beverages provided in a same-day supply shall be furnished daily in either of the following:

(a) Clean, sanitary, ready-to-feed bottles or beverage containers.

(b) A clean, sanitary, beverage container. The beverage shall be poured into a clean, sanitary bottle or beverage container before each feeding.

(3) Breast milk, formula, milk, other beverages, and food furnished in a same-day supply shall be covered and labeled with the child's first and last name and the date.

(4) Any food or beverages furnished in a same-day supply shall be returned to the parent at the end of the day or discarded.

(5) Milk, other beverages, and non-perishable food items may be furnished in a multi-day supply in an unopened commercial container. 30

(6) Milk and other beverages furnished in a multi-day supply shall be labeled with the child's first and last name and the date of opening and shall be returned to the parent or discarded 7 days after opening.

(7) Non-perishable food items furnished in a multi-day supply shall be labeled with the date of opening and when applicable, the first and last name of the child for whom its use is intended. (8) Beverages and food shall be fed only to the child for whom the item is labeled.

(9) Breast milk, formula, and milk shall be refrigerated until used.

(10) Other perishable beverages and food items shall be refrigerated or otherwise kept at a safe temperature until used.

I agree to the statements above requiring me to follow the licensing and center rule stated in regards to providing formula, milk and lunches for my child. This statement with my dated signature will apply for the duration of my enrollment in the center.

Child's name

Parent Signature.

Date



Child Care Contract

1st Child: \$_____

Tuition Discount \$_____

2nd Child: \$_____

Sibling Discount \$_____

3rd Child: \$_____

Registration Fee \$_____

Total Weekly/Daily Tuition \$_____

Total Due for Enrollment \$_____

Payments are expected IN ADVANCE of the care provided. You can pay weekly, biweekly, monthly, or quarterly. CREDITS WILL NOT BE HONORED ON DELINQUENT ACCOUNTS.

A non-refundable enrollment fee is due at the time of registration. The fee is \$85 per child, \$105 per family. This Fee is not covered by DHS and is an out of pocket expense for parents.

Families receiving DHS Payments ARE responsible for payment until DHS payments kicks in. Any monies that are back billed by DHS will be credited to your account and will be used towards your co-pay. Co-pays are determined by the hours that are covered by DHS and will be recorded and communicated with you by the Program Director. At that time a new contract will be submitted and signed by both parties.

Please make all checks payable to Trinity's Playhouse Early Learning Center. If you and your child do not share the same last name please include the child's name on the memo line of the check.

A service charge of \$35.00 will be required for any checks returned for insufficient funds. After three such incidences, subsequent payments may be required in cash or money order at the discretion of the Director.

We offer a 15% sibling discount for children in the same family who both attend full-time. The eligibility for the sibling discount applies to the oldest children and is for 4 days or more of care per week.

Our hours of care are 6:00 am to 6:30 pm. A \$3 fee is charged for each minute your child remains after 6:30 pm. If you are not able to make it on time please be courteous and call to let the staff know and make arrangements for your child to be picked up on time by another family member or caregiver.

Program Director

Parent Signature

Date _____

Parent Handbook

Trinity's Playhouse Early Learning Center, LLC has outlined its duties and responsibilities, as well as your obligations as parents of an enrolled child. These policies have been carefully explained in order to ensure the comfort and protection of your child.

As a parent of a child who is enrolled at Trinity's Playhouse Early Learning Center, LLC, I acknowledge that I have received the Parent Handbook, and I agree to abide by and adhere to all policies set forth and explained.

Program Director

Date

Parent Signature

Date

Mandated Reporter Policy

Mandated Reporters are REQUIRED by state law to report any suspicions that an enrolled child has been or is being abused or neglected.

As a parent, I acknowledge that I have received the Mandated Reporter Policy, and I understand that all employees of Trinity's Playhouse Early Learning Center, Ilc are Mandated Reporters.

Program Director

Date

Parent Signature

Date

Items Needed for Your First Day

We are excited that you have joined our family! To ensure a smooth transition, please provide these items:

- **Same day supply of formula, breastmilk, and baby food for infants. (Infant bottles must be labeled with the Child's First and Last name, Date, and Ounces) A packed lunch for toddlers and preschoolers**
- **2 complete changes of clothes (Seasonally appropriate)**
PLEASE MAKE SURE ALL ITEMS ARE LABELED

- Nap time bedding-one small blanket and pillow for children sleeping on cots (Toddler and Preschool classrooms ONLY)
- Outdoor attire seasonally appropriate (jacket, coat, hat, gloves, boots, snowsuit)
- Diapers/Pull-ups and Wipes
- Topical Ointment if needed (diaper cream, sunscreen, etc)

Child care fixed schedule form

Child's name: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off					
Pick Up					

Please read and initial statements below.

_____ I understand that this is a fixed schedule and can not be changed weekly.

_____ I understand that if I have a change in my work schedule, I must submit a schedule change notice 2 weeks prior to effective date.

_____ I understand that I can not schedule my child for more than the amount of hours that have been allotted to me by DHS. (DHS subsidy families only)

_____ I will give a two week notice to the Program Director indicating days off or vacation.

_____ I understand that 50% of my weekly tuition is due during a vacation in order to retain my child's spot.

_____ I will call the center before 9am if my child will be late, or absent on a particular day.

_____ I agree to pick up my child each day in a timely manner, as indicated on my schedule.

_____ I understand that if I don't pick up in a timely manner, I will be assessed a \$15 fee for every 10 minutes that I am late; after a 10 minute grace period.

Parent Signature _____ Date_____