

Family Information Sheet (2018-2019)

Child's Full Name _____ **Date of Birth** _____

Child's Full Name _____ **Date of Birth** _____

Child's Full Name: _____ **Date of Birth:** _____

Parent's Name: _____ **Date of Birth:** _____

Email Address _____ Lives with Emergency Contact Pick up

Street Address _____ City, State, Zip _____

Phone Number (listed in order to call) _____ Mobile (Provider _____) Work Home

Phone Number _____ Mobile (Provider _____) Work Home

Choose a personal 6 digit pin number for check in and door entry _____

Parent's Name _____ **Date of Birth and Age** _____

Email Address _____ Lives with Emergency Contact Pick up

Street Address _____ City, State, Zip _____

Phone Number (listed in order to call) _____ Mobile (Provider _____) Work Home

Phone Number _____ Mobile (Provider _____) Work Home

Choose a *different personal* 6 digit pin number for check in and door entry _____

Who else is living with you and your child(ren)? _____

Insurance Provider _____ Phone Number _____

Policy Number _____ Group Number _____

Family Physician's Name _____ Phone Number _____

Street Address _____ City, State, Zip _____

Family Dentist's Name _____ Phone Number _____

Street Address _____ City, State, Zip _____

Case Worker or Service Provider _____ Phone Number _____

DHS EI MECP Other _____


Signature of Parent /Guardian

Date

Release Form (2018-2019)


PARENTS' HANDBOOK

I, _____, the parent or legal guardian, have received a Parents' Handbook and agree to abide by its policies.

 Signature of Parent /Guardian Date

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILD

I, _____, the parent or legal guardian hereby give permission that my child, _____, may be given emergency treatment to include first aid and CPR by a qualified staff member of Trinity Early Learning Center. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by my child's regular physician or when the physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. In such a case, I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I agree that I will pay all physicians and hospital bills and that TELC shall not be responsible for them.


 Signature of Parent /Guardian Date

EMERGENCY CONTACTS AND CONSENT TO RELEASE

Other than to the parent or guardians, my child will only be released to persons indicated below. At least two local persons must be listed to call in case of illness, accident, late pick-up, or other reasons. *Please list in order of contact preference* and alert those listed to bring photo identification. All contacts you approve must be listed, regardless if they have been listed in previous years. If a name is not listed, it is assumed they are no longer authorized.

Name & Relationship to Child	Date of Birth	Contact number
_____ <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick up	_____	_____ <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
_____ <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick up	_____	_____ <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
_____ <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick up	_____	_____ <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
_____ <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick up	_____	_____ <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home

My child should **NEVER** be released to the persons listed below. If there is a court order or other legal paperwork that could assist law enforcement, please provide a copy for us to keep on file.

 Signature of Parent /Guardian Date

My child has no allergies or preferences requiring substitutions

_____ Parent's initials _____ Date

Allergies and Preferences (2018-2019)

Child's Full Name _____

Completing this form **VOIDS** previous forms. You must re-write all allergies & preferences in their entirety.

If previous entries are not listed, TELC assumes they are no longer current or necessary.

A note from a medical professional or dietician is required for all allergies.

ALLERGIES to Food & Medicine Be as specific possible and list specific foods, not food groups

Food & Clarifications	Reaction to Expect	Step to take if accidentally ingested
(Example) Peanuts (other nuts ok)	Trouble breathing	Apply epi-pen immediately; see medication form
(Example) Mango	Rash develops around mouth	Give Benadryl; see medication form

PREFERENCES to avoid specific Foods

Food & Clarifications	Reason for Preference
(Example) Milk to drink (yogurt & cheese ok)	Tommy gets upset
(Example) Vegan	Family Lifestyle

I understand that it is my responsibility to provide **all food** on the days my child requires substitutions and that TELC will not provide food for any snacks or meals on a day that my child cannot partake of the entire days' menu. If milk alternatives are the only substitution, I will provide the alternative and TELC will provide foods according to the menu.

PARENTS' RESPONSIBILITY

1. Review the menu daily
2. Provide all snacks and meals on a day my child requires food substitutions (*It must be ALL food from home for every snack and meal or ALL food from TELC; no exceptions*)
3. Pack food with any needed ice packs or in a thermos (*TELC cannot refrigerate or heat foods from home*)
4. Write on my child's daily sheet that food from home is in my child's cubby, or for Preschool and Jr. K, tell my child's teacher

Parent's Signature _____

Date _____

For office use

Recorded in ProCare

Tracking Dr. Note Medication Form Meds on site

Printed for Classroom Printed for Kitchen Copied Form to Parent

Signature from Office _____

Date _____

Sign & Return (2019-2020)

Permission for School- Age Transportation

Where is my child going & when?

Trinity Early Learning Center plans trips to the park, library, and many fun places in the area! Trips are pre-planned and parents are given written notice of times and locations of each field trip. We keep pick-up times in mind, so the class isn't gone when you come for your child. Your signature approves school transportation and gives us the flexibility to take kids on short trips to reinforce concepts in the program and provide quick breaks for recreation and play!

More Questions?

Email Erica at: ekirch@trinityportland.org

✂ _____

Sign and Return

Yes, my child _____ has permission to ride in TELC Staff Vehicles for the duration that s/he is enrolled.

Parent's Signature

Date



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express - an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

AUTHORIZATION FOR CREDIT CARD

I (we) hereby authorize Trinity Early Learning Center to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Please contact Center Representative for a list of Credit Cards Accepted as Payment.

Cardholder Name Phone #

Cardholder Address City State Zip

XXXX-XXXX-XXXX-__ __ __ __

Credit Card Number (Last 4 Digits ONLY) Expiration Date

Signature Today's Date

Check if you wish to make online payments

For Official Use Only...

Date Received

Employee Signature

A service of



- - - - - < Cut Here > - - - - -

FULL Credit Card Number Expiration Date

For Security, please... Today's Date

return this Section of the Authorization Form.

Shred this Section of the Authorization Form.