



# Early Childhood Program

9123 George Avenue  
 Berrien Springs, MI 49103  
 daycare@trinityberrien.org  
 (269) 473-1811

## Before & After School Program Offerings

Full Time (4-5 Days)	\$145.00 per week
Part Time (3 Days)	\$110.00 per week
Daily	\$45.00 per day
Before AND After School	\$60.00 (1 child) \$90 (2 children) \$120 (3 children) per week
Before OR After School	\$45.00 (1 child) \$70 (2 children) \$100 (3 children) per week
Hourly (1/2 Days)	\$8.00 per hour additional between the hours of 8:00-4:00pm
Daily Before AND After School	\$15.00/day
Daily Before OR After School	\$12.00/day

### Trinity School Age Children

**Before and After School Care is INCLUDED in tuition for students enrolled in our K-8 (through age 12) school program. There is a one-time annual participation fee of \$225 for one child, \$400 for two children, and \$500 for 3 children. Any additional children above 3 would be \$125 per child.**

Payments are to be made by the Friday prior to the week of service. Checks should be made out to Trinity Lutheran Daycare and can be placed in the box by the sign-in/out sheets in the 3's and 4's room (modular).

Services you enroll for is what you pay for each week, even if there is a holiday or a day/s during the week we have to close for an emergency. ALL PAYMENTS are due each week whether your child is here or not, with the exceptions of your two vacation weeks (year round /full time care only, with a two week notice).

**When determining open slots, full time attendees will be given priority over part time.**



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## Registration Form - Before & After School Care

Choice of Program:

(Check all that apply)

Daycare: \_\_\_\_\_

(Specify Age Group)

Before

After

Both

For Office Use Only

Date Received: \_\_\_\_\_

Reg. Fee Received: \_\_\_\_\_

Initials of Staff: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

(Last)

(First)

(Middle)

Name with which to address child: \_\_\_\_\_ (*James goes by Jimmy*)

Date of Birth: \_\_\_\_\_ Has this child been baptized? Y or N Date: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Has this child previously attended a preschool or daycare center? Y or N

If so, where? \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mother's Mailing Address: \_\_\_\_\_

(Number) (Street)

(City, State & Zip)

Mother's Email Address: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father's Mailing Address: \_\_\_\_\_

(Number) (Street)

(City, State & Zip)

Father's Email Address: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian)

# CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only:</b>		Date of Admission	Date of Discharge
Name of Child (Last, First, Middle Initial)			Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State Zip Code
Parent/Legal Guardian's Name	Home Phone ( )	Parent/Legal Guardian's Name (Optional)	Home Phone ( )
Home Address (if not child's address)	Cell Phone ( )	Home Address (if not child's address)	Cell Phone ( )
City	State	Zip Code	City State Zip Code
Email Address (optional)		Email Address	
Employer Name	Work Phone ( )	Employer Name	Work Phone ( )
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ( )	
Hospital Preferred for Emergency Treatment (optional)			
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)			

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

**Emergency Contact & Release of Child:** List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	( )	( )
2.	( )	( )
3.	( )	( )

**Release of Child Only:** List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	( )	2.	( )
3.	( )	4.	( )

**Parent/Legal Guardian Initials:**

\_\_\_\_\_ I give permission to Trinity Lutheran, Berrien Springs, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

**I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.**

Signature of Parent or Guardian

Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116  
COMPLETION: Required  
PENALTY: Rule Violation Citation.



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## Before & After School Agreement

**This Agreement** is entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ with

Trinity Lutheran Daycare of Berrien Springs and \_\_\_\_\_

(Parent/Guardian Name)

Parent/Guardian of \_\_\_\_\_ DOB: \_\_\_\_\_

(Child's Name)

Please check one of the following:

**Registration Fee (not enrolled in TLS)**

Parent/Guardian agrees to pay a registration fee of \$80 (child) or \$125 (family).

**This is a non-refundable payment.**

**Trinity Student Participation Fee**

Before & After school care is included in your school tuition. An annual participation fee of \$225 for one child, \$400 for two children, \$500 for 3 children and \$125 per additional child.

**This is a non-refundable payment.**

Paid: ( ) Yes ( ) No

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

**Days and Hours**

The parties to this agreement have agrees to the following schedule of care:

	Monday	Tuesday	Wednesday	Thursday	Friday
Times	Before:	Before:	Before:	Before:	Before:
	Afer:	After:	After:	After:	After:

I have agreed to the terms of this contract and will follow all of Trinity Lutheran Daycare's rules and regulations as listed in the parent handbook. I understand that this contract is binding starting on the date above. I will have two weeks to terminate my contract but payment will be paid for those two weeks and I will not be refunded any money.

By: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian Signature)

By: \_\_\_\_\_ Date: \_\_\_\_\_

(Director's Signature)



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## School Age Health Records Statement

I, \_\_\_\_\_, the parent of \_\_\_\_\_  
(Name of Parent - Print) (Name of Child)

state the following by signing below:

My child is in good health with restrictions listed below.  
Restrictions (if none, mark N/A):

\_\_\_\_\_

My child's immunizations are up to date.

The immunization record or appropriate waivers are on file with the child's school.  
Name and address of school:

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Publicity Release

Trinity Lutheran Church, School and Early Childhood Program is making a concentrated effort to promote the positive activities, honors and work of our faculty, staff and students. This includes working with the local newspapers, radio, television stations, our website and other online social networking platforms. These publications include information, likenesses and images which may appear on the website as well as in other publications. As we go through the year, there will be various opportunities for students to be interviewed and/or photographed and identified by name and classroom or school.

However, we understand that some parents may request that we do not identify their child(ren). Please fill out the information below to inform us of your wishes regarding publicity.

Please note that your child's image or likeness may appear in occasional candid photos without any type of name identification and the use of these candid photos of your child is permissible. This photo release form does not apply to photographs taken during extra-curricular activities. Students who attend extra-curricular activities forfeit their rights to retain authority over the publication of photos taken.

### **Please Print (Use a separate form for each child)**

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

- I give permission for my child to be interviewed, identified and/or photographed/filmed for use in school publications, including, but not limited to publications via website or other technological publications, videos, newspaper, radio, televisions or social media.
  
- I request that you do not interview or photograph my child.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Permission for Topical Nonprescription Medication

The staff at Trinity Lutheran Daycare have my permission to apply

- Sunscreen (provided by parent)
- Insect Repellent (provided by parent)
- Diaper Ointment (provided by parent)

to my child, \_\_\_\_\_ while in their care.  
(Name of Child)

\_\_\_\_\_  
Parent's Name - Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Name - Signature



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## Parent Provided Food Agreement

For all children over 1 year of age, an afternoon snack will be provided for your child by Trinity Lutheran Daycare. All other food/meals (breakfast and lunch) will be provided by the parents. This includes, but is not limited to, formula, milk and food. Lunch boxes/bags/containers must be labeled with first and last name. Food needs to be packed with ice packs so that it may hang on your child's hook. Meals must be nutritionally balanced and age appropriate. Children will never be deprived of a meal if parents do not provide one, but \$7.00 per meal will be charged if we have to provide a meal. For children less than one year of age, parents will provide ALL formula and food for the entire day (breakfast, lunch and snack).

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
(Parent's Name) (Child's Name)

have read and agree to the above policies and will provide adequate food for my child on a daily basis.

\_\_\_\_\_  
(Parent/Guardian Signature) Date: \_\_\_\_\_





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## School Age Notice of Playground Usage

This notice is to inform you that the school age children in child care will be using Trinity Lutheran School's outdoor play area. The school's outdoor play area does not comply with the State of Michigan Child Care Licensing Rules, but it is approved by the Michigan Department of Education.

I \_\_\_\_\_ have been informed in writing that my  
(Parent's Name)

school age child \_\_\_\_\_ will be using Trinity Lutheran  
(Child's Name)

School's outdoor play area.

\_\_\_\_\_  
(Parent/Guardian Signature)      Date: \_\_\_\_\_