

Trinity Child Development Center Preadmission Record

The child's parent or guardian must complete and sign this form. This form is to be kept in the child's TCDC file.

Child's Name:		Child's Birthdate:	
Name Child is Known By:			
Child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Adults:			
*Mother's/guardian's name:	Mother's/guardian's home address:		
	<i>Street/Apt. #</i>	<i>City</i>	<i>State Zip</i>
Mother's employer:	Mother's/guardian's work address:		
	<i>Street/Apt. #</i>	<i>City</i>	<i>State Zip</i>
*Father's/guardian's name:	Father's/guardian's home address:		
	<i>Street/Apt. #</i>	<i>City</i>	<i>State Zip</i>
Father's employer:	Father's/guardian's work address:		
	<i>Street/Apt. #</i>	<i>City</i>	<i>State Zip</i>
Phone #'s for Mother/Guardian:		Phone #'s for Father/Guardian:	
Home: _____ Work: _____		Home: _____ Work: _____	
Mobile: _____ Other: _____		Mobile: _____ Other: _____	
Instructions regarding how parents/guardians may best be reached in an emergency:			

*UNLESS APPROPRIATE LEGAL INFORMATION IS PROVIDED, BOTH PARENTS/GUARDIANS ARE ABLE TO VISIT, PICK-UP, AND BE CONTACTED REGARDING THE CHILD.

Child's Doctor:	<u>Address:</u>	<u>Telephone number:</u>
Dentist:		
Preferred Hospital:		
Please list any special needs of your child as well as any medical information concerning your child that would be necessary for teachers to know in an emergency. (For example: allergies, dietary restrictions, medications.) Attach additional paperwork if necessary:		

Emergency Authorization:

I give permission for TCDC to provide first aid and CPR to my child, and to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. I give permission for the child care facility to treat my child in accordance with instructions from the poison control center. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

Signature of parent/guardian _____ /Date _____

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Please provide a complete listing of persons other than the child's parents/guardians whom you authorize TCDC to contact in the event of an emergency *if TCDC is unable to reach the parents/guardians*. Also, list persons to whom you authorize TCDC to release your child. **IMPORTANT: WE WILL NOT ALLOW YOUR CHILD TO LEAVE TCDC WITH ANYONE WITHOUT YOUR WRITTEN AUTHORIZATION.** The parent/guardian should notify the center when someone other than the usual caregiver will pick up the child. This person will be asked to show a driver's license for identification.

For each person listed, please check whether he or she is an emergency contact or has permission to pick-up your child. Please provide each person's legal name, as it will appear on his or her driver's license.

Name:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Permission to Pick-up Child	Phone numbers: Home: _____ Work: _____ Mobile: _____ Other: _____
Relation:		
Name:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Permission to Pick-up Child	Phone numbers: Home: _____ Work: _____ Mobile: _____ Other: _____
Relation:		
Name:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Permission to Pick-up Child	Phone numbers: Home: _____ Work: _____ Mobile: _____ Other: _____
Relation:		
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Relation:		
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Relation:		
Name:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Permission to Pick-up Child	Phone numbers: Home: _____ Work: _____ Mobile: _____ Other: _____
Relation:		
Name:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Permission to Pick-up Child	Phone numbers: Home: _____ Work: _____ Mobile: _____ Other: _____
Relation:		
Name:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Permission to Pick-up Child	Phone numbers: Home: _____ Work: _____ Mobile: _____ Other: _____
Relation:		
Name:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Permission to Pick-up Child	Phone numbers: Home: _____ Work: _____ Mobile: _____ Other: _____
Relation:		
Name:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Permission to Pick-up Child	Phone numbers: Home: _____ Work: _____ Mobile: _____ Other: _____
Relation:		

Signature of parent/guardian _____ */Date* _____

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PARENTAL AGREEMENT**

To indicate that you have read and understand all points in the Parental Agreement, please initial each box as indicated. A more detailed explanation of these items can be found in the Parent Handbook.

RECORDS

<i>I certify that the information on these forms is correct and I understand that it is my responsibility to keep my child's records current to reflect any significant changes to the information on the child's Preadmission Record. I understand that these changes must be provided to the TCDC office in writing.</i>	<i>Initial</i>
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POLICY AGREEMENT

<i>I understand that the policies of TCDC are set by the Director(s) and the TCDC Board of Directors for the benefit of each enrolled child and of the Center as a whole. These policies are published in the TCDC Parent Handbook. I agree to abide by these policies during the time that my child is enrolled in TCDC. I understand that I should address any questions or concerns I may have about TCDC's policies first to the Director(s), then, if necessary, to the Board.</i>	<i>Initial</i>
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PHOTOGRAPHY/PUBLICATION PERMISSION

By enrolling your child in TCDC, you grant permission for TCDC and its employees to photograph and/or videotape your child for use in the classrooms, in presentations made at Trinity (such as Graduation), in newsletters or other communication provided to the families of the children enrolled in TCDC, and on bulletin boards within Trinity.

<i>I understand that my child's likeness may be used within TCDC and Trinity as described above.</i>	<i>Initial</i>
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Trinity UMC/TCDC also has a website, and occasionally posts photographs of activities within Trinity/TCDC to the website/TCDC blog. Additionally, Trinity/TCDC may produce informational brochures for prospective families and would like to use photographs of children engaged in TCDC activities for such a brochure. The names of children in photographs will never be posted by TCDC to the Trinity website or used in brochures. If you will grant permission for us to use such photographs, it will be greatly appreciated!

<p><i>I understand that I have the option of granting permission for Trinity United Methodist Church/TCDC to publish photograph(s) of my child in the church's/TCDC's publications or websites.</i></p> <p><input type="checkbox"/> <i>IDO</i> / <input type="checkbox"/> <i>IDO NOT</i> (Please check one) give Trinity United Methodist Church/TCDC the perpetual, royalty-free right to use these photographs in any manner including but not limited to publications and websites. I understand that these photograph(s) will be available to a large audience and to the general public. I further understand that Trinity United Methodist Church/TCDC assumes no liability or responsibility whatsoever concerning any consequences of such use. I understand that if I give notice to the Communications Director or webmaster that I object to a particular photograph on the website, it will be removed as soon as possible.</p>	<i>Initial</i>
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CHILD ASSESSMENT POLICY

TCDC uses the Ages & Stages Questionnaire³ to assess all children periodically throughout the year. Three-, four-, and five-year-olds will also have curriculum-related assessments in the fall and the spring.

<i>I understand TCDC's child assessment plan and give my consent for my child to participate in these assessments.</i>	<i>Initial</i>
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CARPOOL

Carpool is provided for children 3-years-old and up when kindergarten or summer camp is in session.

I have read and agree to abide by TCDC's carpool policies. I understand that it is my responsibility to ensure that anyone I designate to drop off or pick up my child in the TCDC carpool line understands and abides by TCDC's carpool policies. I understand that I (or the person designated by me to pick up my child) am solely responsible for ensuring that my child is safely restrained in his/her car seat before departing TCDC.

Initial

If my child is too young to participate in carpool, or I choose not to participate in carpool, I understand that I should not park in the carpool lane between 8:50 - 9:10 AM and 12:50 - 1:10 PM on days when kindergarten or summer camp is in session.

ACCOUNT STATEMENTS

Account statements are provided for your personal records, for you to use as proof of payment for reimbursement by your employer's Flexible Spending/Cafeteria plans, and to let you know of any amount due for fees in addition to the monthly tuition (drop-in hours, etc.). Statements are provided by email.

*I understand that account statements are generated monthly and are provided to parents via email. I designate the following email addresses (**up to two**) for receipt of my account statements and other communication regarding my account (**please print VERY clearly**):*

Initial

FIELDTRIPS

Fieldtrips are conducted for classrooms with children aged 3-years-old and up. Children will walk to fieldtrip destinations, or transportation will be provided by parent volunteers driving their own vehicles.

I understand that special field trips away from TCDC are planned for the children throughout the year and consent to these supervised excursions and transportation when needed. I will be notified in advance of all fieldtrips and must sign individual permission forms for each trip. I understand that no alternate activities/care will be provided by TCDC if I prefer that my child not attend a planned fieldtrip.

Initial

STATEMENT OF HEALTH POLICIES

1. Each child attending TCDC must have a series of immunizations recommended by the child's physician in compliance with Alabama Law. An original Alabama Certificate of Immunization must be kept on file at TCDC and updated as required.
2. A child should be kept home from school if: (a) an illness prevents him or her from participating comfortably in TCDC's usual activities, (b) the illness results in greater care than teachers can reasonably be expected to provide, or (c) the illness is known to be contagious. Fever, unusual lethargy, diarrhea, vomiting, persistent crying, difficulty breathing, and other signs of severe illness are reasons for exclusion. *A child with an infectious illness usually should remain at home until he or she is free of fever for 24 hours after an illness.*
3. Parents should notify TCDC if your child is diagnosed with a communicable disease or contagious illness or is known to have been exposed to a serious and contagious illness. This allows the Center to inform other families regarding the exposure.
4. Children should be adequately dressed for outdoor play according to the season and weather. They generally go outside if it is not raining, even in hot or cold weather. If a child is not well enough to go outside, please keep him or her home.

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5. Policy on Medication: In compliance with Alabama State regulations on administration of medicine by child care personnel, the following procedure will be followed:
- a. No medication or medical procedures (prescription or over-the-counter) shall be administered without a written, signed authorization, on the required form (available at the Center), from the child’s parent/guardian. Blanket authorization forms are prohibited. The authorization form must be completed in full, which includes the time and date to be administered; dosage; storage instructions; and specific directions for administering the medication/medical procedure, such as give by mouth, apply to skin, inhale, place drops in eyes, etc. An authorization form is valid for no more than seven days unless accompanied by a written physician’s statement directing a longer course of treatment.
 - b. Any prescription drug or over-the-counter drug sent to the Center must be in its original container. Prescription drugs shall have a pharmacy label or shall be accompanied by a physician’s written instructions. Over-the-counter drugs must be clearly labeled with the child’s name and directions for administering the drug based on the proper age or weight of the child. A doctor’s note is required to administer over-the-counter medication that does not include dosage instructions for your child’s age or weight. **NO** medication will be administered by TCDC staff if the label indicates that it should **NOT** be given to the child (for example, “do not administer to children under two years of age”).
 - c. Medication and medical procedures are administered to the child by the teaching or office staff. The person administering the medication or medical procedure will note the time and date of administration on the authorization form. Forms will be kept in the child’s file and made available to the parent/guardian on request.
 - d. Medications and forms must be left in the office with the director(s) or given by the parent directly to the child’s teacher(s). Medications are not to be left with the child or placed in the child’s bag, cubby, or any place that might be in reach of a child.

<i>I understand the above statement on TCDC’s health policy and agree to abide by it.</i>	<i>Initial</i>
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STATEMENT OF LICENSING STATUS

As a church-based program, TCDC is exempt under law from regulation by the department of human resources.

<i>I understand that Trinity Child Development Center is a church-based, license-exempt childcare center and is not licensed by Alabama’s Department of Human Resources. I agree to sign a notarized affidavit acknowledging this fact upon my child’s initial enrollment and each year thereafter as required in order for TCDC to renew its license-exempt status.</i>	<i>Initial</i>
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Signature of parent/guardian _____ / Date _____

IMPORTANT:

- A valid Preadmission Record must be on file before the child’s first day of attendance.
- Form is not valid without the signature (3 places) or initials (10 places) of child’s parent/guardian in each space indicated above.
- Make a photocopy of this document for your records and future reference.
- Parent/guardian may attach additional information if necessary.

THIS SECTION IS TO BE COMPLETED BY TCDC STAFF.

Child’s first day of attendance: _____ **Child’s withdrawal date:** _____