

All fields **MUST** be completed. Please note NA if any field does not apply.

# Trinity Lutheran Child Learning Center INFORMATION SHEET 2020-2021



Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ M / F  
Child's Address \_\_\_\_\_

## Who should we contact when your child is ill or injured?

**First contact** \_\_\_\_\_ Relationship to child \_\_\_\_\_  
1<sup>st</sup> Phone # \_\_\_\_\_ 2<sup>nd</sup> Phone # \_\_\_\_\_

**Second contact** \_\_\_\_\_ Relationship to child \_\_\_\_\_  
1<sup>st</sup> Phone # \_\_\_\_\_ 2<sup>nd</sup> Phone # \_\_\_\_\_

**Mother's / Guardian's Name** \_\_\_\_\_  
Address \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Cell Ph. Carrier \_\_\_\_\_ Home Phone # \_\_\_\_\_  
E-mail Address to use for school notifications: \_\_\_\_\_  
Employer \_\_\_\_\_ Work Schedule \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Work E-mail \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Father's / Guardian's Name** \_\_\_\_\_  
Address --or check if same as above \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Cell Ph. Carrier \_\_\_\_\_ Home Phone # \_\_\_\_\_  
E-mail Address to use for school notifications: \_\_\_\_\_  
Employer \_\_\_\_\_ Work Schedule \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Work E-mail \_\_\_\_\_ Work Phone # \_\_\_\_\_

## Emergency Contacts and Persons Authorized to Take Child from Facility (other than parent or guardian)

Name(s) \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name(s) \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name(s) \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Attach separate sheet if you need to add more than three contacts.

 Trinity Lutheran Child Learning Center  
**HEALTH INFORMATION 2020-2021**



Child's Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Birth date \_\_\_\_\_

Insurance: None  Plan Name & ID # \_\_\_\_\_

Doctor or Clinic \_\_\_\_\_ Phone # \_\_\_\_\_ Well Exam in last 1 yr  2 yr

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_ Dental Exam in last 1 yr  2 yr

**AUTHORIZATION FOR MEDICAL CARE**

I understand I will be notified at once in case of an accident or illness to my child, and I will make arrangements for medical care of my child with the physicians or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize TLCLC to contact:

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital \_\_\_\_\_ Phone # \_\_\_\_\_

My child has no current health concerns.  OR My child has the following special health concerns:

**EYES:** glasses  contacts  (for reading or distance?) \_\_\_\_\_ lazy eye  difficulty seeing  surgery  other   
Explain: \_\_\_\_\_

**EARS:** frequent infections  tubes  date inserted \_\_\_\_\_ hearing difficulty  hearing aid Right  Left   
Explain: \_\_\_\_\_

**MEDICATIONS:** at home  at school  Explain: \_\_\_\_\_

**SPECIAL EDUCATION OR SERVICES:** Speech/Language  OT/PT  Other \_\_\_\_\_  
Requires special health care (explain) \_\_\_\_\_

**OTHER HEALTH / MOBILITY CONCERNS:** Explain: \_\_\_\_\_

**ALL HEALTH CONCERNS REQUIRE A PHYSICIAN'S STATEMENT AND A PLAN DETAILING DAILY CARE**

**ALLERGIES:** Food Allergies: \_\_\_\_\_

Food Intolerances: \_\_\_\_\_

Seasonal: \_\_\_\_\_

Other (drugs, insects, etc): \_\_\_\_\_

Has the allergy required emergency action in the past? Yes  No

**ALLERGY / INTOLERANCES REQUIRES A PHYSICIAN'S STATEMENT, DAILY CARE AND EMERGENCY ACTION PLAN**

**ASTHMA:** Yes  No  Triggered by: \_\_\_\_\_ Treatment: \_\_\_\_\_

Diagnosed by: \_\_\_\_\_ Date \_\_\_\_\_

**ASTHMA REQUIRES A PHYSICIAN'S STATEMENT DETAILING DAILY CARE, DAILY CARE AND EMERGENCY ACTION PLAN**

**IMMUNIZATIONS:**

Missouri State Law, Admission Policies and Procedures: Facility shall receive information indicating that the child has completed age appropriate immunizations, is in the process of completing immunizations, or is exempt from immunizations as defined by 19 CSR 30-62.192 Health Care.

I have provided a copy of a full Immunization Record or any new immunizations.

My signature below verifies the above information to be accurate.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# ACKNOWLEDGEMENTS & PERMISSIONS 2020-21

Child's Name \_\_\_\_\_

## Acknowledgements

1. As a parent of a Trinity Lutheran Child Learning Center (TLCLC) student, I acknowledge that I have received, read and understand the contents of the TLCLC Parent handbook and agree to abide by the policies outlined. I understand that I will be notified of any changes in policies and /or procedures and that I will take responsibility to maintain copies of these changes.

6. I understand that TLCLC will provide the opportunity for annual health screenings as approved by the TLCLC Board of Early Childhood Education, for the purpose of monitoring student's overall health. Prior to the screenings, I understand I will have the opportunity to opt out if I do not want my child to be screened.

2. In accordance with Section 210.003.7, RSMo., the parent or guardian of a child enrolled in or attending Trinity Lutheran Child Learning Center may request notice of whether there are any children enrolled at our facility with an immunization exemption on file. I have been notified that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending TLCLC for whom an immunization exemption has been filed. Please direct requests to Annette Kiehne, TLCLC Director, and the information will be provided to you. Please note, the name or names of individual children are confidential and will not be released. Our response will be limited to whether or not there are children enrolled at TLCLC with an immunization exemption on file.

7. In an emergency, TLCLC will call 911. As parent/legal guardian, I give consent for my child(ren) or myself to receive first aid from facility staff and, if necessary, to be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance.

8. I am aware that the publication "Licensing Rules for Child Care Centers in Missouri" is available above the parent's sign-in sheets. Further, a copy can be viewed on-line at <http://sl.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c30-62.pdf>

3. I have read and understand that TLCLC is a peanut and tree nut free facility. I agree not to bring peanut or tree nuts into the school. I agree to do my part in keeping the classroom and school safer for all students. I acknowledge that any outside food brought in for a school event requires a TLCLC Outside Food Safety form and that all outside food must be checked in through the kitchen. Breakfast items brought from home must be consumed before your child enters the facility.

9. I understand that I am responsible for updating the TLCLC office of any changes in contact or health information. I understand these changes are necessary to keep my child's information up-to-date.

4. When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care as outlined in the TLCLC Child Illness policy. Further, I understand that my child will not be re-admitted to TLCLC until s/he is fever-free for at least 24 hours without the use of fever reducing medication.

10. I agree to notify TLCLC when my child will be picked up by someone on my Authorized List. I understand that this person will need to provide a photo ID to be matched to the authorized pick-up list before my child will be released to their custody. Further, I agree to notify the TLCLC office in writing if someone not on the Authorized List is picking up my child and/or needs to be added.

5. I agree to plan for continued communication with the teachers and staff of TLCLC regarding my child's development, behavior and individual needs. I understand this will include but not limited to two formal parent/teacher conferences, a closed Facebook class group, emails, phone calls, notes home, a TLCLC newsletter, bulletin boards and informal contact during drop off and pick up. In addition, I will be given information so I may contact my child's teacher at any time if I have a concern or question.

11. I acknowledge that my child's photo or a video of my child may be used for a TLCLC classroom closed Facebook group, a classroom bulletin board, and live Facebook streaming for special school events. Identification of my child will be allowed solely by TLCLC staff in internal communications with class parents.

**Please read and initial each box.  
Continued on the back. →**

## Acknowledgements

13. TLCLC aligns with Columbia Public Schools and will close if CPS announces a snow day closing. However, if conditions warrant, TLCLC may cancel the snow day and open if the decision can be made to open the school safely. If a snow day is cancelled, parents will be notified by email & text. TLCLC reserves the right to call a late start or early closing due to hazardous weather conditions. Parents will be notified by email & text of the new opening/closing time. This allows our staff to travel safely and assures enough teachers are on site to meet ratio requirements. There is not a refund of tuition if TLCLC is closed due to hazardous weather.

14. Per the TLCLC Parent Handbook, I understand that TLCLC closes and locks the doors of the facility at 5:30 p.m. I agree to pick up my child by 5:25 and leave the facility by 5:30 p.m. A late fee will be charged per the following guidelines:

- A. Receive verbal warnings during the first two week grace period of a TLCLC session (fall and summer).
  - B. Receive a written warning. One written warning will be given for the summer time period June to August; one for the fall time period August to December; and one for the spring time period January to May.
  - C. Be charged a \$10 late fee for every 5 minutes I remain in the building past 5:30 at pick-up. Payment must be made within one week.
  - D. A meeting will be scheduled with the TLCLC director after three late fees are assessed or for non-payment.
  - E. Continued late incidents may result in termination of enrollment as determined by the Board of Early Childhood Education.
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## Permissions

15. I grant permission for the use of pictures and videos, which may be taken at TLCLC or on field trips, in which my child may appear, for educational and public relations/promotional purposes (eg. Publications, newspaper articles, posters, brochures, website, Facebook, etc.) I give permission for such use of recordings made of my child. Verbal and written identifiable information, such as my child's name, will not be given to any outlet without my expressed written permission. Identification of my child will be allowed solely by TLCLC staff in internal communications with class parents.

16. I grant permission for my child to participate in field trips with TLCLC under proper supervision. TLCLC will notify parents in advance when such trips are scheduled. I understand that if I do not want my child to participate in a field trip and TLCLC is unable to place the child in another classroom, the child will not be able to attend TLCLC during the hours of the field trip. Short, unscheduled walks, including trips to the TLCLC library may be taken without parent notification.

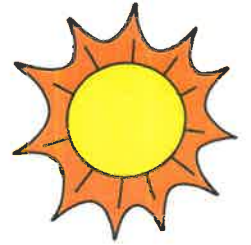
***Please read and initial each box, then sign and date below.***

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# Trinity Lutheran Child Learning Center Permission To Apply Non-Prescription Sunscreen



***Please check all that are applicable:***

I do not know of any allergies my child has to sunscreen.

I have provided the following sunscreen for use on my child:

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My child is allergic to the following brand(s) of sunscreen:

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For medical reasons, please do not apply sunscreen to the following areas of my child's body:

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*Spray-on sunscreen may not be used per MO DHSS licensing regulations.*

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION  
**PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD**

**IDENTIFYING INFORMATION**

CHILD'S NAME	BIRTHDATE
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**HEALTH STATEMENT (CHECK ONE)**

My child is in good health, is able to participate in group care, has no special health or medical requirements.

My child is able to participate in group care but has special health or medical requirements as listed below.

**SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS**

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

[Empty space for listing special health or medical requirements]

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
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