



ENROLLMENT CHECKLIST

The following is a list of things you will need to **COMPLETE IN ITS ENTIRETY** for enrollment at Trinity Christian Academy

Child's Name _____

_____ Enrollment Application

_____ Initial Fees Paid (\$75.00 non-refundable registration fee)

_____ Birth Certificate Copy

_____ Parent Contracts (signed and dated)

_____ Parental/Guardian District and School Website Consent For (signed & dated)

_____ Parent Notification of the Licensing Notebook Requirement (signed and dated)

_____ Medication Permission and Instruction (signed and dated)

_____ Release of Records (If transferring from a different school)

_____ Child Information Sheet (Fully Completed)

_____ Health Appraisal Form (Signed by Physician)

_____ Immunization Record (Signed by Physician)

_____ Written Information Packet Documentation (signed and dated)

_____ Participation Enrollment Form

_____ Household Income Eligibility Statement

*****Please return with enrollment checklist fully completed*****

Payment Plan Weekly Bi-Weekly (5% discount) Monthly (10% monthly discount)

Starting Date _____

Days Attending: M-F___ MWF___ TTH___

CHILD INFORMATION RECORD

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

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.

For Provider Use Only:		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	Primary Phone ()	Parent/Legal Guardian's Name (Optional)	Primary Phone ()	
Home Address (if not child's address)	2 nd Phone (if applicable) ()	Home Address (if not child's address)	2 nd Phone (if applicable) ()	
City	State	Zip Code	City	State
Email Address (optional)		Email Address (optional)		
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/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)				

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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 _____, 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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Trinity Christian Academy
113 Wesson Street
Pontiac, Michigan 48341-2269
Phone: 248.334.6436 Fax: 248.334.1712
Parental/Guardian District & School Website Consent Form

This is a parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be published on the school's website.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on the website, since global access to the internet does not allow us to control who may access such information. However, we as a school do want to celebrate your child and his/her work. Consequently, the law requires that we ask for your permission to use information about your child.

Pursuant to the law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes students names, photos or images, residential addresses, email address, phone numbers, locations, and times of class activities in and out of the district.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time by sending a letter to Trinity Christian Academy and such a recession will take effect upon receipt by the school.

Please circle one of the following choices:

- I/We GRANT permission for a photo/image that includes this student without any other personal identifiers to be published on the schools public internet site.
- I/We GRANT permission for the student's photo/image and name to be published on the school's public internet site.
- I/We GRANT permission for this student's photo/image and all other personal identifiers listed above to be published on the school's public internet site.
- I/We DO NOT GRANT permission for photo images that include the student to be published on the school's public Internet site.

Student's Name (PLEASE PRINT)

Name of Parent/Guardian (PLEASE PRINT)

Signature of Parent/Guardian

Relation To The Student

Date _____

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Parent Contract

In consideration of my child's participation in the Trinity Christian Academy Summer Enrichment Program, I agree to the following:

1. I agree to remit tuition each week on Friday before the coming week but no later than Monday by 4:00 PM. I understand that there will be a \$25 late fee for payments made after Monday.
2. I understand that **NO tuition adjustments** are made for holidays, absences, or when school is closed due to inclement weather.
3. I understand that a two weeks prior notification of withdrawals from the Trinity program is required.
4. I agree that I will pick my child up by 4:00 PM or earlier and I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable. I understand that in the event my child is not collected by 4:00 PM a fee of \$20.00 for the first 15 minutes and \$5 per minute each half hour or any part thereof will be charged. I understand that my child will NOT be allowed into class if payments are not paid in full (including late fee) by Wednesday of the current week by 4:00 PM.
5. I agree to personally pick up my child from the school or latchkey room and to sign him/her out for the day except when I have authorized it in writing alternative arrangements.
6. I agree that the Trinity Christian Academy will be held free and harmless from any and all injuries occurring to my child, except as such injuries that directly result from acts of negligence on the part of Trinity Christian Academy.
7. In the event of an emergency, I give my permission to the teacher/director to have my child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact me prior to any emergency medical treatment.
8. I understand that in the event of continued later payments of tuition, late pick up of my child, or for any other good cause, the Trinity Christian Academy reserves the right to remove my child from the program.

Student's Name (PLEASE PRINT)

Parent/Guardian

Date

Director, Trinity Christian Academy

Date

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MEDICATION PERMISSION AND INSTRUCTION

During the summer and at the beginning of the school year (while the weather is nice), we spend time outdoors. While we are outside, children need to be protected. Also, accidents happen when children are playing and there may be a need for first aid ointment or a band aid. Please fill out the form below giving us permission to handle minor problems. You will be made aware of any incidents (small or large) at our school.

Diaper Rash Medication:

_____ A&D Ointment

_____ Destin

_____ Balmex

_____ Other

_____ Wipes

Any Particular

Brand _____

_____ Peroxide for cleaning possible cut and scrapes from outdoor play

_____ Neosporin

_____ Sunblock

_____ Other _____

(Student Name)

(Parent's Signature)

(Effective Date)

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Licensing Rules For Childcare Centers Form

1. The individual is aware that abuse and neglect is against the law.
2. The individual has been informed of the centers policies on child abuse and neglect.
3. The individual knows that caregivers are mandated, by law, to report abuse and neglect.

Staff and volunteers shall not be present in a childcare center if either of the following conditions applies:

1. They have been convicted of child abuse or neglect.
2. They have been convicted of a felony involving harm or threatening harm.
3. Before staff or volunteers may have contact with children while in care of a child care center, the staff or volunteer shall provide the center with documentation form the Department Of Human Services (DHS) Agency that he or she has not been placed on the central registry for substantial abuse or neglect.

I have read the above information with full understanding.

I _____ have never been convicted of a felony involving harm against another person. I have never been convicted of child abuse or neglect.

Child's Name: _____

Signature: _____ Date: _____

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Scroll over the blue internet link and fill out and print the form.

Health Appraisal

[Health Appraisal - MDCH/BCAL-3305 \(michigan.gov\)](#)

Parent Notification Of The Licensing Notebook

[DHS- \(michigan.gov\)](#)

Written Information Packet Documentation

[written information packet documentation - Google Search](#)

Participant Enrollment Form

[Participant Enrollment Form \(michigan.gov\)](#)

Household Income Eligibility Statement

[CACFP Household Income Eligibility Statement \(michigan.gov\)](#)

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Items Needed for The Infant/Toddler Program Summer

1. A change of clothing (blouse, shirt, pants/shorts, underwear, socks, etc.) (please label the name on a freezer bag.)
2. 2 containers of disinfectant wipes
3. 2 boxes of Kleenex
4. 2 boxes of baby wipes
5. 1 small blanket
6. 1 small pillow (with name written on it)
7. Diapers/pull-ups
8. Formula (if needed)
9. Swimsuit and towel (for summer program)
10. Sunscreen (for summer program)

Items Needed for the 3 & 4-Year Old Summer Enrichment Program

1. A change of clothing (blouse, shirt, pants/shorts, underwear, socks, etc.) (please label the name on a freezer bag.)
2. 2 containers of disinfectant wipes
3. 2 boxes of Kleenex
4. 2 boxes of baby wipes
5. 1 small blanket
6. 1 small pillow (name written on it)
7. Swimsuit and towel (for summer program)
8. Sunscreen (for summer program)

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Summer Enrichment Program

Enrollment Packet

The following is a list of forms you will need to FULLY COMPLETE for enrollment at Trinity Christian Academy Summer Enrichment Program. Please do not leave any sections blank.

Child's Name _____

_____ Enrollment Application

_____ Child Information Sheet (Fully Completed)

_____ Parent Contract

_____ Medication Permission & Instruction Form

_____ Initial Fee Paid ((\$75.00) non-refundable registration fee)

(If your child did not attend during the previous school year, you must provide the following information in addition to the items above.)

_____ Birth Certificate

_____ Health Appraisal (Signed by a Physician)

_____ Immunization Record (Signed by a Physician)

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ENROLLMENT APPLICATION SUMMER

Date of Enrollment ____/____/____
Child's Full Name _____ Birthdate ____/____/____
Home Address _____ City _____ Zipcode _____
Father's Name _____ Mother's Name _____
Occupation _____ Occupation _____
Employer _____ Employer _____
Telephone () _____ Telephone () _____
Financial responsibilities for applicant will be consumed by _____

Person or persons authorized to pick up your child.

Name _____ Phone # () _____
Name _____ Phone # () _____
Name of doctor to call in case of an accident or illness _____
Phone # () _____ Hospital preference in case of an emergency _____
Address _____ Phone # () _____

A \$75.00 non-refundable registration fee is required to process this application.

Cash _____ Check # _____ Money Order # _____

Completion of this form conveys a request for admission to the Trinity Christian Academy.

Parent/Guardian Signature _____ Date _____

E-Mail Address _____

Referred by _____

NOTE: Trinity Christian Academy does not discriminate on the basis of race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, height, weight, physical or mental ability, veteran status, military obligations, and marital status.

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Each Friday is 'Splash Friday' with a cookout. Students play outdoors and participate in water activities in the morning as the weather permits.

This year, we will have theme weeks for the Summer Program. Each week, there will be games, activities, and learning centered around the theme. The themes for this summer are listed below. You will receive notice as to which theme is being presented each week.

Weekly Themes

- Week 1: SuperHero Week
- Week 2: Disney Week
- Week 3: Space Week
- Week 4: Robotics Week
- Week 5: Sports
- Week 6: Music Week
- Week 7: STEAM
- Week 8: Spirit Week + End Of Summer Picnic