



Trinity Children's Learning Center

584 N. Germantown Parkway Ste. 102
Cordova, TN 38018

Office: 901.800-1888 Fax: 901.800-1830

Email: info@trinityclc.com

School-Age Application:

This application must be completed including notarization for medical consent, signed on the last page, and returned to the office with the \$50.00 Non-Refundable enrollment fee.

Date of Application: _____

School Year: _____

Before Care () After Care () Before & After Care () Summer Camp ()

For Office Use Only:

Date Received: _____

Fee Paid: _____

Student Application:

Full Name: _____

Date of Birth: _____ Sex: () M () F

Preferred Name: _____

Student's SSN: _____

Address: _____

Home Phone: _____

Present School: _____

Church Attending: _____

Current Grade: _____

Is your health form on file with the above named school? () Yes () No, Explain: _____

Is your applicant a sibling of a current TCLC student? () Yes () No; If yes, Name: _____

Family Information:

Father's Name: _____

Mother's Name: _____

Address: () Same as above: _____

Address: () Same as above: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Cell Phone Carrier: _____

Cell Phone Carrier: _____

Email Address: _____

Email Address: _____

Employer Name and Address: _____

Employer Name and Address: _____

Work Phone: _____

Work Phone: _____

Father's Marital Status: Check One

() Married () Divorced () Separated () Single

Mother's Marital Status: Check One

() Married () Divorced () Separated () Single

Release of All Claims:

In consideration of my child being allowed to participate in activities sponsored by Trinity Children's Learning Center, I/We hereby release, discharge, indemnify, and agree, to hold harmless, Trinity Children's Learning Center, its directors, employees, and volunteers from any and all liability for personal injuries and/or damage(s), or illness that may be suffered by (Child's name: _____). I/We further agree to indemnify, and hold harmless, Trinity Children's Learning Center, its directors, employees, and volunteers for any claim and/or damage(s) it is required to pay as a result of any injury or damage(s), including reasonable attorney fees, litigation expenses, and court costs.

Medical Treatment Consent:

When there is a medical emergency, or when a child needs immediate medical treatment, an employee of Trinity Childcare Learning Center will take all reasonable steps to see that the child(ren) in our care receive adequate medical attention. If the parent(s) cannot be reached in an emergency, an employee of Trinity Children's Learning Center will call the person(s) listed below who are authorized by the parent to give permission for the medical treatment of the child. If the child must be taken to the hospital, 911 will be called and the child will be taken to the hospital identified. If circumstances dictate is more reasonable to bring a child to another hospital, Trinity Children's Learning Center will authorize this. In the situation where the parent(s) or person(s) authorized cannot be reached, the parent(s) authorize(s) the child's doctor to provide appropriate medical treatment. Trinity Children's Learning Center is released of all claims or liability due to sickness or injury.

Person(s) authorized to give permission for medical treatment:

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Medical Treatment Consent and Release of All Claims:

If there is only one legal guardian, please indicate.

Father/Guardian: _____ Mother/Guardian: _____

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

** Please fax all immunization records to 901.800-1830

Permission to pick up child from TCLC:

The following people have permission to pick my child up from Trinity Children's Learning Center:

Name: _____ Relationship to Student: _____

Cell Phone: _____

Name: _____ Relationship to Student: _____

Cell Phone: _____

Name: _____ Relationship to Student: _____

Cell Phone: _____

Student Information:

Pediatrician's Name: _____ Phone Number: _____

Medical Insurance Company: _____

Policy Number: _____ Phone Number: _____

Preferred Emergency Hospital: _____

Does applicant have allergies? () No () Yes; Explain in detail: _____

Has applicant ever been diagnosed with any learning disabilities or learning disorders? () No () Yes

Explain: _____

Will applicant take any daily prescription medications which may affect his/her day () No () Yes

Explain: _____

List any health problems, developmental concerns, or special needs your child may have:

Security Camera and Photo Release Consent

I understand that Trinity Children's Learning Center has installed security cameras in the foyer, in each classroom and around the outside perimeter of the building. I also understand that my child as well as myself will be videotaped while on the premises of TCLC

I also consent that all photographs and/ or video footage of my child (named below) taken at TCLC for purposes of illustration, advertising, and publicity, in any manner inform including, broadcasting, print, electronic and social media

Child's Name: _____ Age : _____

Parent/Guardian Signature: _____ Date: _____

Tuition Contract:

Contract will be issued to the child's legal guardian.

Who is the child's legal guardian? _____

If tuition payments are to be handled by another source, please note and indicate the relationship to the applicant.

Name: _____ Relationship to Applicant _____

Address: _____ Phone Number: _____

Tennessee Licensing Requirements:

Attached to this application is the summary of the Tennessee Licensing Requirements.

I, _____ have received and read the summary of the licensing requirements for child care centers that was proved to me by Trinity Children's Learning Center.

Parent/Guardian Signature: _____ Date: _____

Transportation Agreement

I/We authorize Trinity Children's Learning Center to take my/our child on walking trips special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above named business. I/we understand all such trips are under the supervision of Provider and that health and safety precautions are taken in compliance with Department of Human Services.

Parent/ Guardian Signature: _____ Date: _____

Official Signatures:

I/we submit this application with an understanding and acceptance of all the rules, conditions, and requirements on this application and in the handbook of Trinity Children's Learning Center. I/we further agree to abide by such policies and procedures while my child(ren) is/are enrolled at Trinity Children's Learning Center. I/we understand that withholding or misrepresenting information requested on this application may jeopardize my child(ren)'s enrollment at Trinity Children's Learning Center. A tuition contract, once issued, signed, and returned with all appropriate monies will constitutes an agreement to enroll. No reductions will be made for withdrawal, dismissal, or absence. I/we understand that the \$55.00 enrollment fee is non-refundable.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student Information Sheet

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

Mother/Guardian Name: _____ Father/Guardian Name: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____ Email Address: _____

Child's Siblings: _____

People that may pick up your child from TCLC:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Cell Phone: _____ Cell Phone: _____

What does your child call his/her grandparents?

Maternal Side: _____ Paternal Side: _____

Do you have any pets? Please include their names: _____

Does your child have any special fears? _____

Does your child have any allergies or food restrictions? _____

Child's Favorites:

Food: _____ Color: _____ Toy: _____

Activity: _____ Bible Story: _____

Is your child potty trained? () Yes () No Habits and/or challenges: _____

What would you like your child to learn while attending TCLC? _____

****Please use the back of this form to tell us any other information that you would like us to know about your child.**

Infants only:

Please attach feeding and nap schedule to this form, or email it to info@trinityclc.com

Burping (check all that apply): () Shoulder () Sitting up () Across Lap () Other: _____

Pacifier: () Yes () No

Security Item: _____

