

NEW STUDENT ENROLLMENT REQUIREMENTS

Enrollment at Trinity Learning Center is open to children from 18 months through kindergarten. Children are placed in each class according to their birthday on or before September 1st.

Enrollment shall be granted without regard to a child's race, color, creed, religion, national origin, gender, or disability, and without regard to a parent or guardian's race, color, creed, religion, age, national origin, gender, pregnancy, or disability.

The following forms must be completed and on file **three business days** before a child can start summer camp.

1. _____ Registration Form
2. _____ Admission Form (front and back)
3. _____ Parent's Rights Form
4. _____ Health Statement (signed by a pediatrician)
5. _____ Updated Immunization Record or
6. _____ Texas Immunization Affidavit (notarized and expires after two years)
7. _____ Hearing and Vision Screening *(required by law for children age 4)
8. _____ Parent Handbook and Operational Policy Agreement
9. _____ Discipline and Guidance Form
10. _____ Tuition Agreement Form
11. _____ Emergency Medical Release Form
12. _____ Picture for the Emergency Medical Release Form– can be emailed to
nancynorrid@tlcdenton.org

*Hearing and Vision Screening for possible vision and hearing problems is required by the Special Senses and Communications Disorders Act, Texas Health and Safety Code, Chapter 36, for children who are 4-years old. Parents need to bring in their child's screening results from their pediatrician.

What to Bring to TLC

All items need to be labeled with your child's first and last name.

- _____ Completed paperwork. Your child may not start until we have all paperwork filled out, signed, and the Health Statement/immunizations on file. All paperwork needs to be turned in **five days** prior to the start of summer camp.
- _____ Full size backpack **large enough** to fit a lunch box, extra change of clothes, and other related school work. Small backpacks are not allowed.
- _____ Change of clothes– including underwear, socks, top and bottoms to be kept in backpack. Please label all clothing. If your child is potty training, please send in three changes of clothes.
- _____ Spill-proof water bottle to be used during snack and recess time. **Please send water only.** Water bottles and beverage containers with a straw or small flat nozzle are more developmentally appropriate.
- _____ Healthy lunch and drink (nothing that needs to be warmed up or kept refrigerated). Thermoses are a great way to pack food that stays warm for lunch time.
- _____ All foods can be a choking hazard but especially round foods. If you are sending any thing that is round (cherry tomatoes, grapes, hot dogs, etc.) they **MUST** be cut into fourths.
- _____ Please do not let your child bring in toys from home.

Toddlers –Twos

- _____ Diapers/Pull-Ups with your child's initials on the front of each diaper. **Please send pull-ups with the tabs on the sides for easier changing.** This is especially helpful when potty training.
- _____ TLC provides the wipes.
- _____ Diaper ointment labeled with your child's first and last name.
- _____ Nap mat– please do not bring sleeping bags. We do not have enough storage for these for items.
- _____ A blanket or stuffed animal for nap time only.

Please keep a change of clothes in a Ziplock bag to be kept in their backpack

shorts

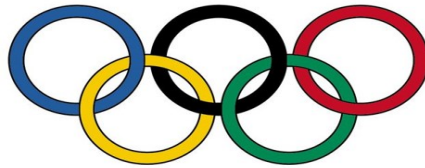
shirt

underwear

socks

shoes (if possible)

SUMMER CAMP



Trinity Summer Camp is **four** weeks, starting **June 4th - June 27th**. Camp will meet on Tuesdays, Wednesdays, and Thursdays from 9:00 am - 2:00 pm. Our program is for ages 18 months through third grade. Children going into the threes class must be potty trained.

We will have fun activities, so please make plans to attend! There is limited space available. In addition to regular summer camp hours, we offer Later Gators (extended care) from 2:00 pm - 3:00 pm. The cost is \$8 per child.

Family Registration fee: *\$150.00 (due at registration and includes supplies and snacks)

Cost: *\$425 (due by June 4th)

**These fees are non-refundable.*

Child's Name _____	Date of birth _____	Age on 6/1/24 _____
Toilet Trained: _____	Grade completed: _____	(elementary school only)
Mom's Name _____	Dad's Name _____	
Address _____	City _____	Zip _____
Mom's cell number _____	Dad's cell number _____	
Mom's work number _____	Dad's work number _____	
Mom's e-mail: _____	Dad's e-mail: _____	
Mom's employment: _____	Dad's employment: _____	
Whom does the child live with? _____	Custody Documents on file? _____	
Whom shall we contact first? _____		

Does your child have any allergies? ____ Yes ____ No If yes, please explain _____

Does your child have any food allergies? ____ Yes ____ No Date Action Plan was submitted on _____

How did you hear about us? _____

Local Emergency Contact

Emergency Contact Name _____	Phone Number _____
Emergency Contact Name _____	Phone Number _____
Emergency Contact Name _____	Phone Number _____

FOR OFFICE USE ONLY

Date _____	Amount Paid \$ _____
Brightwheel/Cash _____	Class _____

T-shirt Order Form

Only \$15.00

Child's Name: _____

Brightwheel

Cash



Bella Canvas shirts

Size	Quantity	Total
2T		\$
3T		\$
4T		\$
YXS		\$
YS		\$
YM		\$
YL		\$
YXL		\$
Grand Total:		\$

FOR OFFICE US ONLY

Date _____ Amount Paid \$ _____

Cash _____ Brightwheel _____

Trinity Learning Center Admission Form

Child's Name _____ Date of Birth _____
 Child's Home Address _____ City, State, Zip _____
 Child's Home Phone Number _____ Date of Admission _____
 Whom does the child live with? _____ Custody Documents on file? _____

Mother's Name _____	Father's Name _____
Mother's Work Number _____	Father's Work Number _____
Mother's Cell Phone _____	Father's Cell Phone _____
Mother's Address _____	Father's Address _____
Mother's City, State, Zip _____	Father's City, State, Zip _____
Mother's Email _____	Father's Email _____
Mother's Employment _____	Father's Employment _____

1. Local Emergency Contact and Authorization to pick up

Name _____	Address _____	Phone _____
Relation _____	City _____	State _____ Zip _____
Name _____	Address _____	Phone _____
Relation _____	City _____	State _____ Zip _____
Name _____	Address _____	Phone _____
Relation _____	City _____	State _____ Zip _____

2. Receipt of Written Policies

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

<input type="checkbox"/> Procedure for release of children <input type="checkbox"/> Illness and exclusion criteria <input type="checkbox"/> Procedure for dispensing medication <input type="checkbox"/> Immunization requirements for children <input type="checkbox"/> Meals and food service practices <input type="checkbox"/> Procedure to visit the center without securing prior approval <input type="checkbox"/> Procedure for supporting inclusive services <input type="checkbox"/> Procedure for parents to contact Child Care Licensing DFPS, Child Abuse Hotline, and CCL website	<input type="checkbox"/> Discipline and guidance <input type="checkbox"/> Suspension and expulsion <input type="checkbox"/> Emergency plans <input type="checkbox"/> Safe Sleep (N/A) <input type="checkbox"/> Procedures for conducting health checks <input type="checkbox"/> Procedures for parents to discuss concerns with the director <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions <input type="checkbox"/> Procedures for parents to participate in operation activities <input type="checkbox"/> Authorization for Emergency Medical Care
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Parent Signature _____ **Date** _____

3. Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to the facility to secure any and all necessary emergency medical care for my child.

Name of Physician _____ Emergency Medical Care Facility _____
Address _____ Address _____
City/State/Zip _____ City/State/Zip _____
Phone _____ Phone _____

4. Attendance

My child will normally be in attendance the follow days and times:

Monday from: _____ to: _____
Tuesday from: _____ to: _____
Wednesday from: _____ to: _____
Thursday from: _____ to: _____
Friday from: _____ to: _____

5. Child's Special Care Needs (check all that apply)

Environmental allergies (see below) Limitations or restrictions on child's activities
 Food intolerances Reasonable accommodations or modifications
 Existing illness Adaptive equipment (*include instructions below*)
 Previous serious illness Symptoms or indications of complications
 Injuries and hospitalizations (*past 12 months*) Medications prescribed for continuous long-term use
 Other: _____ N/A (please check if all the above does not apply)

6. Allergies and Diagnosed Food Allergies

• Does your child have allergies? Yes No

If yes, please state what kind of allergies _____

• Does your child have diagnosed food allergies? Yes No

Parent Signature _____ **Date** _____

7. Water Activities (check all that apply)

I give consent for my child to participate in the following water activities

water table sprinkler play splashing or wading pools swimming pools aquatic playgrounds

Is your child able to swim without assistance: Yes No If no, what type of assistance is needed: _____

Parent Signature _____ **Date** _____

Health Statement

Name of Child _____ Date of Birth _____ Age _____

I have examined the above child within the past year and find that he/she is able to take part in the preschool program and I am verifying the immunizations are attached.

Health Care Professional Name _____

Address _____ City _____ State _____ Zip _____

Physician Signature _____ Date _____

(An ink signature or signature stamp is acceptable)

COMPLETE ONLY IF APPLICABLE

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand **this affidavit is valid for 2 years.**

Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Parent Signature _____ Date _____

PLEASE SIGN ONLY IF YOUR CHILD HAS HAD THE CHICKENPOX

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella (chickenpox) on or about (date) _____ and does not need varicella vaccine.

VISION AND HEARING EXAM RESULTS (required by law for children 4 years old)

The Special Senses and Communication Disorders Act, Texas Health and Safety Code, Chapter 36, requires a screening or a professional examination for possible vision and hearing problems for children of certain ages.

If your child has had their 4 year well-check please have your child's physician fill out below. This is required by The State of Texas Childcare Licensing.

Right Eye 20/ _____ Left Eye 20/ _____ Pass Fail

Ear	1000 HZ	2000 HZ	4000 HZ	Pass or Fail
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Physician Signature _____ Date _____



TEXAS

Health and Human Services
ATTENTION PARENTS

- The minimum standards for this licensed center

(also available at <https://www.hhs.texas.gov/providers/protective-services-providers/child-care-regulation/minimum-standards> or access the QR code below)

- Parent's Rights
- The investigation or inspection report from Texas Department of Family and Protective Services or Health and Human Services (also available at <https://www.txchildcaresearch.org> or access the QR code below)
- Documentation of liability insurance that complies with Human Resources Code, Section 42.049
- The fire marshal inspection report
- The health department sanitation inspection report
- The gas pipe inspection report (TUMC does not have any gas lines)
- The licensed center operational policies



Minimum Standards



Search Child Care



Texas Health and Human Services Commission
Child Care Regulation Department

Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

Parents of Parents or Guardians

A parent or guardian of a child at a child care facility has the right to:

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
 - (A) staff training records; and
 - (B) any in-house staff training curriculum used by the facility;
- 6) review the child care facility's written records concerning the parent's or guardian's child;

TLC does not have any video recording devices

- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
 - (A) video recordings of the alleged incident are available;
 - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
 - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Child's Name: _____ **Birthday:** _____

Parent Signature _____ **Date:** _____

Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>



Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Discipline and Guidance Policy

Discipline must be:

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self control.

A caregiver may only use positive methods of discipline and guidance that encourages self-esteem, self-control, and self-direction, which includes at least the following:

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited.

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Child's Name:

This policy is effective on the following date: _____

Signed by: _____

Role: Parent Caregiver/Employee Household Member (CH 747 only)

Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?)

Trinity Learning Center

2024 Summer Camp

Child's Name: _____

Date of Birth: _____

Please read and initial each section listed below and sign and date the bottom

_____ I have read the 2024-2025 updated Parent Handbook online at (www.tlcdenton.org) and agree to abide by the principles, requirements, and expectations set forth in this handbook. I understand that to maintain enrollment at TLC all students and parents must support the requirements of the TLC Handbook and school policies.

_____ I have read the Parent Handbook and have had the ability to ask questions.

_____ I hereby give my consent for my child to be transported and supervised by the operations employees for Emergency Medical Care.

_____ I understand that a morning snack is provided, and parents are responsible for sending a lunch and a drink. Microwaves and refrigeration are not available for your child's lunch.

_____ I agree that I am responsible for the nutritional value of my child's lunch and or snacks brought from home.

_____ I authorize TLC to use topical preparations on my child including but not limited to Neosporin, diaper rash ointment, anti-itch ointment, sting relief (insect bites), bug spray, and sunscreen.

_____ I authorize Trinity Learning Center permission to photograph my child with the intent to use the photograph for internal and external school purposes, such as the Trinity Learning Center website, Facebook page, Instagram, and print material. Your child's name or personal information will NOT ever be shared on any public forum. Please note we cannot be responsible for what other parents post on their personal social media.

_____ I give permission for my contact information to be shared on a class list with other parents in my child's class. Class rosters will be distributed shortly after the start of school. Information should only be used to contact other families in your child's class and may not be used for personal monetary gain, including but not limited to, adding these names to a business mailing list.

_____ I give permission for my child to participate (age permitting) in "Field Trips" such as an annual class trip to the TUMC Pumpkin Patch, attending weekly chapel in the sanctuary, rehearsing for a program in the sanctuary, and etc. I give my permission for my child to take a walk around the church campus. Students will not be transported away from the building.

_____ I understand if I drop my child off after 9:15 a.m.; my child may be denied admittance into the program for the day. Medical appointments are an exception with a doctor's note.

Would you like to learn more about Trinity United Methodist Churches programs and ministries? Yes No

Parent Signature

Date

Director Signature

Date

Trinity Learning Center

2024 Sumer Camp Tuition Agreement

_____ Tuition is due on the first school day of the month unless payment arrangements have been agreed to by the director. Brightwheel will email all families a monthly invoice 3 days prior to tuition being due. If payment is not received by the 10th of the month, a late fee of \$35 will be added to your brightwheel account. Your child may be denied a place at TLC until payment is made. **There is no discount given during holidays, student vacations, student illnesses, a change in parents schedule, or preschool closings .**

- **Non-refundable** Registration Fee per family: \$150.00
- Summer Camp Tuition Amount \$425.00

_____ In the event of a ACH return, a \$35 penalty will be added to my account. If Trinity Learning Center receives 3 or more ACH returns in a one year period of time, your enrollment may be terminated.

_____ Payment of tuition and fees are required for continued enrollment in the program as well as to hold a spot during any long or short term absence. If a child does not attend for one or more months without payment, then a new registration fee will be due upon re-enrollment.

_____ Trinity Learning Center chooses not to get involved in custody disputes. In the event a court order is on file, Trinity Learning Center will not acknowledge which party is responsible for payment of tuition and fees. These arrangements must be coordinated between the two parents. Late fees and withdrawal guidelines will still apply regardless of which parent is responsible for tuition fees.

_____ In the event I choose to end my relationship with Trinity Learning Center and withdraw my child, a two week notice will be given in writing. Any unused tuition is nonrefundable.

_____ If I choose to enroll my child into Later Gators, I will pay the balance at the end of the month.

Parent Signature

Date

Director Signature

Date

Authorization For Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give permission for Trinity Learning Center and its staff to take my child to any of the following:

Child's Name _____ Date of Birth _____

To: Doctor

Name of Doctor _____	Phone Number _____
Address _____	City _____ State _____ Zip _____

or to: Hospital

Name of Doctor _____	Phone Number _____
Address _____	City _____ State _____ Zip _____

Allergies

Please list any known allergies, illness or disabilities that would conflict with emergency care or treatment within the past year:

If not applicable, please initial here _____

Please attach a **current photo** of your child or email a picture to nancynorrid@tlcdenton.org

Parent Signature _____ Date _____