

Trinity Learning Center - TLC

425 Magnolia Road

Pinehurst, NC 28378

910-215-5775

TrinityCF.net

Revised: 4 January 2024

“Train up a child in the way he should go; even when he is old he

FAMILY INFORMATION

ALL INFORMATION IS REQUIRED

Today's Date _____

CHILD'S FULL NAME _____ (pg 1/5)

Child's Date of Birth _____

Home & Mailing (if different) Address _____

City _____ State _____ Zip Code _____

MOTHER'S NAME _____

Cell Phone _____ Work Phone _____

Email Address _____

FATHER'S NAME _____

Cell Phone _____ Work Phone _____

Email Address _____

WHO, OTHER THAN A PARENT, IS ALLOWED TO PICK UP YOUR CHILD?

(Photo ID required for pick-up)

Name(s): _____

EMERGENCY CONTACT (Photo ID required for pick-up/release from TLC care)

Name(s) _____

Relationship _____ Phone Number _____

Name(s) _____

Relationship _____ Phone Number _____

MEDICAL INFORMATION

CHILD'S NAME _____(pg 2/5)

MEDICAL TREATMENT INFORMATION

Child's Insurance Information _____

Child's Doctor's Name and Office _____

Doctor's Phone Number _____

Does your child have Allergies, Medical Conditions or Special Needs? If YES, explain:

REGISTRATION

CHILD'S NAME _____(pg 3/5)

Fall 2024-Spring 2025

1. My child will be _____ Years _____ Months old, in August 2024.
2. I am requesting registration for my child for the following class(s)/program(s) as initialed below and agreed upon by myself and a TLC teacher. I agree and understand that in some cases children will not be ready to change classes or we will not know what level they should be in until the end of the current school year (May). In those cases the TLC director, teacher and parent will decide together at a later date.
4. The registration fee for returning families is \$75/family or \$150/family for new families.

Registration Amount Paid \$_____ Date _____

Parent / Teacher Initials:

_____/_____**Minis:** 16 months - 2/3 years, T/TH, 9:00-11:30, max class size: 8-10, \$150/month

_____/_____**Middles:** 2/3 years - 3/4 years, M/W/F, 8:30-11:30, max class size 8-10, \$230/month

_____/_____**Pre-K:** 3/4 years - 4/5 years, M/W/F, 8:30-12:00, max class size 8-10, \$250/month, must be potty trained

RELEASES & POLICIES

CHILD'S NAME _____(pg 4/5)

Please initial EACH LINE indicating that you agree with our Releases and give us Permissions:

_____ I have been provided a copy, have read and agree to the Trinity Learning Center (TLC) Handbook guidelines.

_____ I give my permission for my child's photo to be used for TLC promotional material. No last names will be used unless parents give written permission prior to publication.

_____ I give my permission for my cell number & email address to be shared with other parents (in your child's class). Check which parent(s) to include: __ Mom __ Dad

_____ I give my permission for my child to be taken for walks, rides in the Bye-Bye Buggies, participate in the Pinehurst Splash Pad activity and/or swimming in the little swimming pools on the TLC premises, and play on any playground equipment on or off premises while in the care of the TLC employees.

_____ I do release Trinity Christian Fellowship and Trinity Learning Center, Pinehurst, North Carolina, and its agents, from all liability for injury or accident, and do give my permission to the TLC and/or church staff and employees to secure medical attention should the need arise.

Please initial EACH LINE indicating that you agree and understand our Tuition/Registration Policies:

_____ The Registration Fee(s) are non-transferable and non-refundable.

_____ The Registration Fee must be paid before your child's slot is reserved.

_____ Tuition will be charged whether your child attends class or not (vacations, doctor appointments, etc).

_____ The tuition amount has been calculated and has been set for the entire school year. Consideration has been taken regarding holidays and breaks and are factored into the tuition. No changes or adjustments will be made; I understand and agree that all monies are non-transferable and non-refundable.

_____ Tuition is due on or before the first day of the month.

_____ **LATE TUITION FEES:** If tuition has not been paid by the 7th day of the tuition month, a late fee of \$20 will be applied to your account. For tuition that has not been paid and has already assessed a \$20 late fee, you will continue to be charged \$5 per day until payment has been made.

_____ **LATE PICK UP FEES:** If you're more than 10 minutes late for pick up, a \$10 late fee will be applied to your account. Late fee balances for any reason, over \$50 will result in termination and your child's place will be given to another family.

Parent's Printed Name _____

Parent's Signature _____ Date _____

Teacher's Printed Name & Signature _____ Date _____

ABOUT MY CHILD

CHILD'S NAME _____(pg 5/5)

Today's Date:_____

Eating Habits/Dietary Concerns/Allergies:

Napping Habits/Concerns:

Specific Fears (dark, loud noises, dogs, etc.):

Siblings (name, age, M/F):

Other Important People we should know such as grandparents, aunts, uncles, etc. and how the children address them (Mimi, Papa). We celebrate many holidays and make 'gifts' (usually drawings or art) for them, such as Grandparent's Day, Christmas, Graduation, etc.

*If grandparents do not live locally, we are happy to mail "gifts" directly to them. You can provide their address on the back or let us know when the occasion arrives.

Veteran's close to your child (dad, mom, Papa, Grammy, etc.)

Pet's: (name, dog/cat, M/F)

Play and Toy Preference (loves dinosaurs, dolls, cars, loves outdoors, water, etc.)

Anything else you would like us to know about your child (not noted elsewhere)

Please provide a **family photo** for our "All About Us" wall; this helps with separation and also provides an opportunity for the children to talk about their family. Drop off a hard copy, Email: info@trinitycf.net or text a copy to Ms. Laura at 910-638-9052.