



TRINITY CHILD CARE
9709 ALLISONVILLE ROAD
INDIANAPOLIS, IN 46250
PHONE: 317-849-9551

Office Use Only: Annual Fee: Date: Class:
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CURRENT DATE: _____ DESIRED STARTING DATE: _____

APPLICATION FOR ADMISSION

Child's Name _____ Due Date _____
Home Address _____
City, State, Zip _____
Telephone _____ Date of Birth _____ Sex _____
Place of Birth _____ Current Age _____
Application is for: Fulltime (5 days) _____
Part-time (specify days) _____
Before and/or After School _____

Financial Assistance:

I am interested in learning about the Indiana State Voucher program (CCDF) _____
I am applying for CCDF _____

Special Information:

Name or nickname child uses _____
Has child ever been in Child Care? _____ If yes, where, and for how long?

Reason for leaving previous Child Care _____
Has child been cared for by other than parents? _____ If so, by whom? _____
Does child need help in: Dressing? _____ Washing? _____
Eating? _____ Toileting? _____ Other? _____
Is your child currently in diapers or pull-ups? _____

Health Record:

Condition of health (Parent's Opinion) _____
To your knowledge, does child have any physical, emotional, or mental disability which may affect in any way his participation in the full child care program? _____ If yes, please explain _____
Does applicant have any known allergies? _____
If yes, please explain _____
Note: If your child has a physical, emotional or mental disability including but not limited to asthma, allergies, seizures and autism, a Plan of Action Form must be **completed by your physician and placed in your child's file.**

If your child has a sibling already at Trinity Child Care, and all information is the same, please skip to Agreement.

Emergency Information:

If neither father nor mother (or guardian) can be reached, call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

NAME OF PERSONS WHOM YOU AUTHORIZE TO PICK UP YOUR CHILD

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

From the Parents' Handbook: Your child will be released ONLY TO THOSE WHOM YOU AUTHORIZE ON THE APPLICATION FORM and BRIGHTWHEEL.

Emergency Medical Information

I, _____ give permission to the doctors at Community Hospital North, or my family doctor, _____, to give treatment to my child, _____, in the event I cannot be reached in case of emergency.

Hospital Insurance Information _____

Responsible Party _____ Relationship _____

Employer's name and address _____

Insured Party's S.S. _____

Nearest relative at different address _____

Address _____ Phone _____

Family Physician _____

Address _____ Phone _____

Dentist _____

Address _____ Phone _____

Family Record:

Parents' Marital Status:

___ Married & living together ___ Separated ___ Spouse deceased
___ Divorced ___ Single Who is Custodial Parent? _____

Parent's Name _____ Parent's Name _____

Address _____ Address _____

E-Mail _____ E-Mail _____

Cell Phone _____ Cell Phone _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Attend Church Regularly? _____ Attend Church Regularly? _____

Church Name _____ Church Name _____

Other children living with the family? (Give names and ages): _____

Other Information

How did you hear of Trinity Child Care Ministries? _____

AGREEMENT

In consideration of Trinity Child Care, and upon acceptance of our child into the program, we agree to the following:

1. To fully accept the fees and hereby agree to make our payments on or before the due dates.
2. After carefully reading the Parents' Handbook, to fully accept the policies of Trinity Child Care.
3. To hereby give permission for our child to take part in all activities at the child care, including supervised play, and all sponsored field trips and educational or play excursions away from the premises by automobile, van, or bus. TCCM contracts with Miller Transportation for our busing needs.
4. To realize that our child could be subjected to communicable disease, even though every possible precaution will be taken.
5. We understand this child care ministry is not licensed under the laws of Indiana. However, we understand that this child care ministry is registered with the state of Indiana and complies with State guidelines concerning sanitation and fire safety for the primary use of the structure in which it is conducted. TCCM is enrolled in *PATHS TO QUALITY* and follows all guidelines as set forth by OECOSL (Office of Early Childhood and Out of School Learning.) I understand it is my responsibility to ensure that the nutritional and health needs of my child are met.
6. A registered child care ministry is not absolved from liability for injury to a child while at the child care, if the cause of the injury is negligence or intentional wrongdoing on the part of the child care ministry or an employee of the child care ministry.
7. Unscheduled visits by a custodial parent or guardian of a child shall be permitted at any reasonable time the child care caring for the child is in operation.
8. We understand that when our child is enrolled in a child care, we must provide the child care with proof that the child has received the required immunizations against the following: Diphtheria, Whooping cough, Tetanus, Measles, Rubella and Poliomyelitis, and Chicken Pox.
9. If, for some reason, our child becomes a disciplinary problem to the staff and all means have been used to correct the situation, we agree at request of the Director to withdraw the child from Trinity Child Care Ministries.
10. I give permission for my child to be included in any media coverage to be used for TCCM publicity including, but not limited to, newsletters, brochures, newspaper, radio, TV, Child Care Facebook and website.

Name of Child Enrolled _____

Parent's Signature _____

Parent's Signature _____