

Registration Checklist

Office 678 344-3575

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School Year _____

Name of child _____

____ Transportation Parent Authorization Bus Form

____ Verification of Day Care Enrollment Form

____ TLC 4 Kids Enrollment Form

____ Homework Form

____ Movie Permission Form

____ Permission to Photograph Form

____ Current Vaccination Form 3231

____ Allergy Form if applicable

____ Financial aid form and supporting documents if applicable
(1 month's pay stubs from current employer and previous year's W-2s)

____ Contract (Director will provide this at time of Registration)

OFFICE USE ONLY

Tuition _____ Registration Fee _____ Check # _____ Date _____

B

A

B/A

TLC 4 Kids

ENROLLMENT FORM

Child's Name _____ Sex ____ Age ____ Date of Birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Primary Phone Number _____

Father's Name _____ Cell Phone Number _____

Father's Email Address _____

Father's Home Address (if different from child's) _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State ____ Zip _____

Mother's Name _____ Cell Phone Number _____

Mother's Home Address (if different from child's) _____

Mother's Email Address _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State ____ Zip _____

Child's Living Arrangements: (check one): () Both Parents () Mother () Father () Other

The child may be released to the person(s) signing this agreement or to the following:

* Name _____ Address: _____

Telephone Number _____ Relation to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

* Name _____ Address: _____

Telephone Number _____ Relation to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Persons to contact in case of emergency when parent/guardian can't be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School that child attends _____

Child's doctor or clinic name _____

Doctor/clinic phone number _____

My Child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

Emergency Medical Authorization

Should (child's name) _____ Date of birth _____ suffer an injury or illness while in the care of TLC for Kids and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian Signature:

Date:

Facility Administrator Signature:

Date:



GWINNETT COUNTY PUBLIC SCHOOLS VERIFICATION OF DAY CARE ENROLLMENT School Year _____

NOTE: This form is required for GCPS students being transported to a day care facility by a GCPS bus.

Student: _____
(Child's Full LEGAL Name)

School: _____
(GCPS School)

Day Care Facility: _____ Phone #: _____

Day Care Address: _____ City: _____ Zip Code: _____

My child will be attending day care: Monday Tuesday Wednesday Thursday Friday
(Circle days attending)

Starting on: _____ in the AM only, PM only or AM & PM
(Date)

** Parent please note daycare requirement below.*

Parent/Legal Guardian Signature Date

Parent/Legal Guardian Printed Name Relation to Child

DAYCARE USE ONLY:

Before the student can be transported on the GCPS bus to your facility, the school must receive a copy of this Verification of Day Care Enrollment that must include the parent signature, the start date and day care director or designee signature.

Day Care Facility Director/Designee Signature Date

Day Care Facility Director/Designee Printed Name Position

My signature verifies that the above student information is correct and the student attends this day care facility.

*** DAYCARE DIRECTOR PLEASE NOTE:** *A daycare employee must accompany students to the bus stop in the morning and be at the stop at least 5 minutes before the bus is scheduled to arrive. In the event that the students are not at the stop ready for pick up in the morning GCPS transportation will not send a bus back to your center. In the PM, there must be a daycare employee at the bus stop to receive the students. In the event that there is no daycare employee waiting at the stop to receive the students, they will be returned to school. Failure to comply with these guidelines may result in termination of GCPS transportation to your facility.*



TRANSPORTATION PARENT AUTHORIZATION (Regular Ed Only)

Student Name: _____
Grade _____ Teacher _____

Home Address: _____

Home Phone#: _____ Apt/Bldg# : _____

Cell#: _____ Work#: _____

Students eligible to ride the GCPS bus are allowed one (1) address for morning service, one (1) address for afternoon service, and must have a transportation tag on their book bag at all times indicating their pm permanent form of transportation.

PARENT/GUARDIAN STATEMENT

At the end of each school day, _____ has authorization to dismiss my child to:

Check the box next to one of the five (5) cards (transportation tag) below. Any change of transportation mode requires a new Parent Authorization Form.

SCHOOL USE ONLY (optional)

STUDENT NAME # _____ STU ID: _____

BUS TAG CREATED _____ ENTERED IN Synerov _____

GCPS BUS # AM _____ PM _____ PERMIT CODE _____

DAY CARE VAN _____ V. LTR _____
Check if Attached


WALKER _____ CAR RIDER # _____
Principal Initial

Alternate Approval by Transportation is:

Approved _____ Denied _____ Date _____


Transportation Supervisor/Designee Signature _____

Students with NO Parent Authorization Form on file with the school will be transported on GCPS bus to their assigned bus stop for their home address.


 GCPS SCHOOL NAME _____
 Student Last Name _____ Apt/Bldg# _____


 AM PM BOTH

OR


 GCPS SCHOOL NAME _____
 Last Name _____ First Name _____

WALKER
 AM PM BOTH


OR


 GCPS SCHOOL NAME _____
 Student Last Name _____ Apt/Bldg# _____

CAR RIDER
 AM PM BOTH


KINDERGARTENERS - GCPS BUS TO HOME ADDRESS – GREEN
 1st - 5th GRADES - GCPS BUS TO HOME ADDRESS – YELLOW
 WALKER - WHITE
 CAR RIDER- BLUE

***Day care enrollment verification letter required and must be attached to Parent Authorization form before service begins. Alternates must be 5 days a week.**


 GCPS SCHOOL NAME _____
 Student Last Name _____ Apt/Bldg# _____

 AM PM BOTH

OR


 GCPS SCHOOL NAME _____
 Student Last Name _____ Apt/Bldg# _____

DAYCARE
 AM PM BOTH

*GCPS BUS TO DAY CARE - YELLOW *DAY CARE VAN - ORANGE

AM ALTERNATE ADDRESS:

_____ (Street Address) _____ (Apt #) _____ (City) _____ (Zip Code)

PM ALTERNATE ADDRESS:

_____ (Street Address) _____ (Apt #) _____ (City) _____ (Zip Code)

*Name of daycare facility/sitter: _____ *Daycare Phone: _____

DATE TO BEGIN:

- This information is required and daycare enrollment will be verified. The Alternate Bus Stop goes into effect after this request has been approved by your Transportation Supervisor and entered into Synergy. This process could take up to 10 business days.

By signing below I agree to the following: I have read and understand the guidelines on the back of this sheet. The safety of my child while walking to, from, and waiting at the bus stop is my responsibility. The above information I have provided is correct, and I am the Parent/legal guardian of the child listed above. Signature is required to process this request.

Parent/Guardian Name (print): _____ Parent/Guardian Signature _____ Date _____

GUIDELINES

The safety of your children while walking to, from, and while waiting at the bus stop is the parent's responsibility.

Student Bus Stop Assignment:

- ⇒ Students are assigned to the stop closest to their home address
- ⇒ Change of bus stop for personal preferences such as, but not limited to, to get on/off the bus sooner/later or being with other friends in the neighborhood are NOT allowed

Transportation Tags:

- ⇒ The address that your child uses three or more days during the week is the address that is applied to the transportation tag
- ⇒ Do not remove tag – Only the school may remove or attach a new transportation tag to your child's book bag
- ⇒ Only one tag issued per child
- ⇒ The school must be notified in writing to request a transportation change for your child different from the original agreement made at time of enrollment

Official Bus Pass:

- ⇒ Will not be issued for play dates, birthdays, Girl/Boy Scouts, weekend sleepovers or any other reason except for an emergency as determined by a school official
- ⇒ Are valid for up to 10 consecutive school days and cannot be Xerox copies

Emergency situations: To obtain a temporary bus pass the parent must notify the school in person and/or in writing with the following information:

- ⇒ Parent and student name, contact phone number and address of student your child is going home with
- ⇒ Parent (requesting emergency transportation) contact phone number for verification
- ⇒ Day of week and date(s) that you are requesting a bus pass not to exceed 10 consecutive school days
- ⇒ Parent signature and date

Permissive Transfers:

- ⇒ Transportation for students on permissive transfer is the responsibility of the parent /guardian
- ⇒ For additional information see the GCPS website at www.gwinnett.k12.ga.us

Car Rider:

- ⇒ Must obtain official bus pass (valid for up to 10 consecutive school days) from the school main office to ride the GCPS bus home or designated emergency address

Walker:

- ⇒ Must be approved by the school Principal
- ⇒ Must obtain official bus pass (valid for up to 10 consecutive school days) from the school main office to ride the GCPS bus to home or designated emergency address

GCPS School Bus to daycare facility 5 days a week – Address other than the home address requires:

- ⇒ Students being transported to a day care facility by a GCPS bus must provide the school with a copy of the daycare enrollment verification letter
- ⇒ School approval and/or transportation supervisor's approval and signature prior to start date of service
- ⇒ Student meets eligibility within the school's assigned attendance zone
- ⇒ For reasons other than daycare; Transportation supervisor approval, and must be the same for all 5 days of the week

Service address MUST be:

- ⇒ The same for all 5 days
- ⇒ Within the school's assigned attendance zone or the daycare facility/sitter provides all transportation
- ⇒ An approved and/or current GCPS bus stop and in compliance with GCPS Transportation "safe stop" guidelines

This form is to be completed for every elementary child with each transportation change.

TLC for KIDS

Please check all that apply.

In so far as is possible, I/we prefer that _____ do his/her homework:

_____ at home.

_____ at **TLC for Kids** everyday.

_____ at **TLC for Kids** only on days when we have sports, etc. We will get the staff a schedule when we have one.

I/we prefer that the child complete the following amount of homework:

_____ strive to complete 100% of homework.

_____ be released from homework after a diligent effort of _____ minutes.

_____ be released from homework after completing _____% of the total assignment.

_____ complete the following subjects: _____

I/we prefer that the following types of homework be left for working with the parents:

_____ generally, any type may be done at **TLC for Kids**

_____ exclude studying for tests, quizzes

_____ exclude spelling practice

_____ exclude reading out loud

_____ exclude independent reading

_____ exclude _____

When the TLC for Kids staff checks homework, I/we prefer that they check for:

_____ Completion only

TLC 4 Kids Before/After School Program

Movie Permission Form

Through the course of the school year, TLC 4 Kids Before/After School Program will be watching movies. State licensing requires us to have written permission from the parents to show any PG movies. Some examples of PG movies that we will be watching are: Shark Tales, Atlantis, Over the Hedge, Robots and Eight Below.

Yes, _____ (child's name) has my permission to watch PG movies while at TLC 4 Kids Summer Camp.

No, _____ (child's name) does not have permission to watch PG movies while at TLC 4 Kids Summer Camp.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

Please be aware that all movies are previewed to make sure that they are appropriate for your children.

Trinity Lutheran Community Schools

Trinity Lutheran Preschool * TLC for Kids * TLC for Kids Summer Camp

Permission to Photograph

I, _____, give permission for Trinity Lutheran
Parent's Name

Community Schools to photograph my child/ren, _____,
Child's name

for the purpose of promotional material. Only first names will be used. I

agree that this form will remain in effect during the term of my child's

enrollment.

Parent's Signature

Date

Phone

TLC for Kids

Financial Aid Form

Name of child _____

Address _____

Who lives with child? _____

Name/Relationship _____

Child Support \$ _____

Total Household income \$ _____

Please attach front page of the federal income tax return, along with supporting documents (**two current pay stubs**) to this form. All this information will remain confidential. If the income tax return does not present a true picture of your financial situation, please call the director to discuss additional documentation.

TLC for Kids
Before and After School Care
Tuition Chart

Yearly Income Before Taxes	Before School Charge per 5-Day Week		Before/After School Charge per 5-day Week	
	First Child	Each Additional	First Child	Each Additional
\$45,000 and above	\$35	\$30	\$65	\$55
\$44,999 and Below	\$30	\$25	\$50	\$40

Registration Fee Is Due Annually

\$45,000 and above \$50 for first child,
\$25 for each additional child

\$44,999 and below \$40 for first child,
\$15 for each additional child

**IF GWINNETT COUNTY SCHOOLS ARE NOT OPEN A FULL 5 DAY WEEK,
YOUR STUDENT'S STATEMENT WILL REFLECT THE CLOSED DAYS!**

Absences: Tuition is due every week even if your child does not attend.

Whether tuition fees are paid monthly or weekly, payment is due on the Friday **prior** to before and after care services. An exception to this rule would be when school is closed due to a holiday on a Friday or Monday, payment **MUST** be made no later than Tuesday.

Late Pick-up fee: \$1.00 per minute for arrivals after 6:30 p.m. Only 1 warning will be given. This will be strictly enforced!

Additional Fee for FULL-DAY CARE is \$25.

If we have enough requests on a day where Gwinnett County Public Schools are closed, we will consider opening our doors. If we do so, the cost is \$25 a day with no sibling discounts. Because staffing is based on sign-ups, parents who sign up for a full day are obliged to pay for that care, whether or not the service is used.

Allergy Action Plan Form

(To be completed by Health Care Provider ONLY)

Child's Name _____ D.O.B _____

Allergy (check applicable)

- Foods (list) _____
- Medications (list) _____
- Stinging Insects (list) _____
- Latex

If these symptoms: (to be determined by physician authorizing treatment)

- | | | |
|--|--------------------------------------|--|
| • If food is ingested but no symptoms | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Mouth: Itching, tingling, swelling of the lips or tongue | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Skin: Hives, itchy rash, swelling of face or extremities | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • GI: Nausea, abdominal cramps, vomiting, diarrhea | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Tightening of throat, hoarseness, hacking cough | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Shortness of breath, repetitive coughing, wheezing | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Thready pulse, fainting, pale, blueness | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Other _____ | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| • Several of the above areas affected | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

Antihistamine: give _____

Medication/dose/frequency

Epinephrine: inject intramuscularly (circle all that apply) EpiPen EpiPen Jr. Twinject 0.3mg Twinject 0.15mg

(If Epinephrine is administered during a reaction, CALL 911. State that an allergic reaction has been treated and additional Epinephrine may be needed. Send used Epinephrine device with student to the Emergency Room.)

Other: _____

Parent or Guardian Information (Please Print)

Mother's Name _____

Home # _____ Cell # _____ Work # _____

Father's Name _____

Home # _____ Cell # _____ Work # _____

*Parent agrees to provide necessary supplies including EpiPen and Antihistamine. Parent agrees to notify TLC Community Schools of any changes in the student's health status. Parent agrees to allow TLC Community Schools to act upon these instructions.

Parent Signature _____ Date _____

Asthma Action Plan Form

Child's Name _____ D.O.B. _____

Emergency action is necessary when the child has symptoms such as _____

Step 1.

Emergency Asthma Medication:

Name	Amount	When to use

Step 2.

Seek emergency medical care if the child has any one of the following:

- No improvement minutes after initial treatment with medication
- Struggling to take a breath
- Chest and neck pulled in with breathing
- Child having trouble walking or talking
- Lips or fingernails are gray or blue

Special Instructions _____

Parent Information: (Please print)

Mother's Name _____

Home # _____ Cell # _____ Work # _____

Father's Name _____

Home # _____ Cell # _____ Work # _____

*Parent agrees to provide medication(s) needed to treat asthma symptoms. Parent agrees to notify TLC Community Schools of any changes in the child's medical status. Upon signing this form, parent agrees to allow TLC Community Schools to treat child for asthma symptoms or to call 911 if asthma symptoms do not improve.

Parent signature _____ Date _____