



TRINITY ■ TOTS
Mother's
DAY ■ OUT

APPLICATION PACKET

Please complete one packet per child.

Parents & Guardians:

Welcome to Trinity Tots, a Mother's Day Out Ministry of TRINITYalgood. We are so excited to have the opportunity to minister to your child. Please make note of the following important information:

- Our day begins at 8:30 am. Please do not arrive before this time; our teachers need this time to prepare their rooms for the day. Children need to be picked up promptly at 2:30 pm.
- In divorce situations, a copy of the custody agreement is needed for registration.
- Payment is due on the **first school day of each month for the entire month**. Your child will not be permitted to return until payment is made.
- We follow the Putnam County School schedule so please watch Channel 7 for snow days or school cancellations. You will not be required to pay for days that we cancel the program.
- **In order to hold your child's place in their class, you must pay even if sick or absent.**
- **LABEL EVERYTHING** you send to ensure getting it back in the right hands.
- I have read and agree to the printed policies of the TRINITYalgood Mother's Day Out program and will cooperate with teachers for the development of my child. I will regularly pay the tuition as stipulated in the program policies.
- I agree to notify the program's director with a **2 week notice** before withdrawing my child from the program for any purpose.
- I understand the program and the church will take every reasonable precaution to prevent accidents. I will not hold the program, church, or the teachers liable for unavoidable accidents.
- I have read the Parent handbook.

Parent Policy Agreement

I have read and understand the above policies and received a copy of the Trinity Tots Handbook.

Parents Signature: _____ Date: _____

Director's Signature: _____ Date: _____

INDIVIDUAL CHARACTERISTICS FORM

I. Identifying Information

Enrollment Days (please circle one) Tuesdays Thursdays Both

Child's Name: _____

Birthdate: _____ Age: _____ Sex: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____

Contact Phone: _____ (Day) _____ (Evening)

Occupation: _____

Father's Name: _____

Contact Phone: _____ (Day) _____ (Evening)

Occupation: _____

Brothers and Sisters Names:

Ages:

_____	_____
_____	_____
_____	_____

Religious Affiliation: _____

Home Church: _____

Transportation Plan

To ensure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child. Each child **MUST** be signed out at time of pick-up.

Name _____ Phone _____

Name _____ Phone _____

II. Personal Health

1. Describe general physical make up of child: _____

2. List any known allergies which the child may have: _____

3. List special needs that may help your child's teacher relate to your child: _____

III. Living Habits & Emotional Development

1. Give all the information you can on the following:

Toilet Habits: _____

Eating Habits and Difficulties: _____

Sleep Habits: _____

Bedtime: _____

Daytime Nap: _____

Does your child resist bedtime or nap time? _____

Behavior habits (biting nails, sucking fingers, tantrums, biting, stammering, etc.): _____

2. Can your child care for himself completely?

Dressing	Yes ___ No ___	Toileting	Yes ___ No ___
Tying Shoes	Yes ___ No ___		

3. Does your child have any fears (please state them)? _____

4. Do you know the causes of these fears? _____

5. What are your child's reactions to strangers? _____

6. Does your child cry easily? Yes or No _____
If yes, please state the main causes: _____

7. What types of discipline are used in the home? _____

8. Is it easy for your child to be separated from either parent? _____

IV. Play Life

1. Does your child have his own room? Please circle one: Yes or No

2. Does your child have a place to put his toys away? Yes or No.

3. Does the child play well with others? Yes or No

If yes, please explain _____

4. Is it difficult for your child to share? Yes or No

If yes, please explain _____

5. Can your child amuse himself? Yes or No

6. Please list special interests and preferred toys. _____

V. Health Information

PLEASE PROVIDE A COPY OF YOUR CHILD'S SHOT RECORD

List any health, allergies or medications that the Trinity Tots staff should be made aware of: _____

VI. Photo Release

I, _____, give Trinity Assembly of God, Inc. the permission to record the image and/or voice of the minor named below, and I grant Trinity Assembly of God, Inc. all rights to use the sound, still, or moving images in any medium for educational, promotional, advertising or other purposes that support the mission of the Trinity Tot's program. I agree that all rights to the sound, still, or moving images belong to Trinity Assembly of God, Inc.

Parent/Guardian Name _____
(please print)

Minor's Name _____

Parent/Guardian Signature _____

Date _____