



Trinity AME Early Learning Center LLC
604 Lynhurst Drive SW, Atlanta, GA 30311
Phone: 404-696-3490
Rev. Charles Ramsey, Board Chairperson
Mr. Thomas Ford, Director

Student Name: _____

Enrollment Date: _____

Enrollment Process

_____ Tour (Optional)

_____ Online Application (Trinity-elc.org)

_____ Subsidized Certificates CAPS: _____ Boost: _____

_____ Immunization Exp Date: _____ Refusal to Vaccinate: _____ Affidavit of Religious Objection: _____

_____ Name Tag and Cubby Tags Created

Enrollment Requirements

- ☐ Complete Online Registration
- ☐ Vehicle Emergency Medical Information
- ☐ Emergency Medical Authorization
- ☐ Authorization to Dispense External Preparations
- ☐ Parental Agreement
- ☐ Income Eligibility Form
- ☐ Intake Registry
- ☐ ProCare Tuition Payment Registry
- ☐ Trinity Parent Tuition Agreement
- ☐ *Safe Sleep Practices Policy (For Infants)
- ☐ *Infant Feeding Plan (For Infants)
- ☐ *Infant Affidavit (For Infants)

First Day Family Intake – Time In: _____ Time Out: _____

- ☐ Food Allergies or other Environmental Allergies _____ Posted in the classroom _____
 - ☐ Potty Trained: _____ In Training: _____
 - ☐ Behaviors: Biting: _____ Hitting: _____ Kicking: _____ Temper Tantrums: _____
 - ☐ Curriculum: Creative Curriculum _____
 - ☐ Fingerprint Registration (Billing Bag and Student Picture) _____
 - ☐ Special Diet: Vegetarian _____ Vegan _____ Milk Preferences _____
- (All Children with special diets must have a doctor's note on file)



Trinity AME Early Learning Center LLC
604 Lynhurst Drive SW, Atlanta, GA 30311
Phone: 404-696-3490
Rev. Charles Ramsey, Board Chairperson
Mr. Thomas Ford, Director

Registration Requirements

- € Complete Online Registration
- € Vehicle Emergency Medical Information
- € Emergency Medical Authorization
- € Authorization to Dispense External Preparations
- € Parental Agreement
- € Income Eligibility
- € Intake Registry
- € ProCare Tuition Payment Registry
- € Certificate of Immunization
- € Trinity Parent Tuition Agreement
- € *Safe Sleep Practices Policy (For Infants)
- € *Infant Feeding Plan
- € *Infant Affidavit



Trinity AME Early Learning Center LLC
604 Lynhurst Drive SW, Atlanta, GA 30311
404-696-3490
Rev. Charles Ramsey, Board Chairperson
Mr. Thomas Ford, Executive Director

Vehicle Emergency Medical Information

Child's Name: _____ DOB: _____

Address: _____

Father's Name: _____

Cell Phone: _____ Work Phone: _____

Mother's Name: _____

Cell Phone: _____ Work Phone: _____

Person to notify in an emergency and parents cannot be reached:

Name: _____ Phone #: _____

Child's Doctor: _____ Phone #: _____

Medical Facility: _____

Address: _____

Child's Allergies: _____

Current Prescribed Medication: _____

Child's Special Needs/Conditions: _____

In the event of an emergency involving my child, and if **Trinity AME Early Learning Center, LLC** cannot get in touch with me, I hereby authorize any needed medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name: _____

Signature (Parent/Guardian): _____

Witnessed By: _____ Date: _____



Trinity AME Early Learning Center LLC
604 Lynhurst Drive SW, Atlanta, GA 30311
404-696-3490
Rev. Charles Ramsey, Board Chairperson
Mr. Thomas Ford, Executive Director

EMERGENCY MEDICAL AUTHORIZATION

Should (Child's Name) _____ suffer an injury or illness while in the care of (Facility Name) Trinity AME Early Learning Center 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 (Print Name): _____

Date: _____

Facility Administrator (Print Name): _____

Date: _____



Trinity AME Early Learning Center LLC
604 Lynhurst Drive SW, Atlanta, GA 30311
404-696-3490
Rev. Charles Ramsey, Board Chairperson
Mr. Thomas Ford, Executive Director

Authorization to Dispense External Preparations

I give Trinity AME Early Learning Center, LLC permission to apply one or more of the following topical ointments/preparations/over the counter medications to _____ (Child's Name) in accordance with the directions on the label of the container.

- ____ Baby Wipes
- ____ Band-aids
- ____ Neosporin or Similar Ointment
- ____ Bactine or Similar First Aid Spray
- ____ Insect Repellent
- ____ Non-Prescription Ointment (Such as A&D, Desitin, Vaseline)
- ____ Baby Powder

Other (Please Specify): _____

Signature (Parent/Guardian): _____

Date: _____

* Trinity AME Early Learning Center, LLC will maintain a copy of this for the child's records.



Trinity AME Early Learning Center LLC
604 Lynhurst Drive SW, Atlanta, GA 30311
404-696-3490

Rev. Charles Ramsey, Board Chairperson
Mr. Thomas Ford, Executive Director

Parental Agreement with Trinity AME Early Learning Center, LLC

Trinity AME Early Learning Center agrees to provide care for _____ (Child's Name) on: **Monday, Tuesday, Wednesday, Thursday and Friday.** The care will be provided from _____ A.M. to _____ P.M.

My child will participate in the following meal plan:

Breakfast, Lunch, and an Afternoon Snack.

Before any medication is dispensed to my child, I will provide a written authorization which indicates dates, name of child, name of medication, prescription number, dosages, and the time the medication should be administered. Medicine must be in the original package with your child's name on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contact, child's physician, child's health status, infant feeding plan and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Trinity AME Early Learning Center, LLC agrees to obtain written authorization from me before my child participates in routine transportation for field trips/special activities that are away from the facility. Trinity AME Early Learning Center, LLC agrees to obtain written authorization for my child to participate in water-related activities occurring in water that is more than two feet deep.

I authorize Trinity AME Early Learning Center, LLC to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for Trinity AME Early Learning Center, LLC.

I understand that the facility will advise me of my child's progress and issues pertaining to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in activities at Trinity AME Early Learning Center, LLC.

Signature: _____ Date: _____

(Parent/Guardian)

Signature: _____ Date: _____

(Facility Administrator)



Trinity AME Early Learning Center LLC
604 Lynhurst Drive SW, Atlanta, GA 30311
404-696-3490

Rev Charles Ramsey, Board Chairperson
Mr. Thomas Ford, Executive Director

Safe Sleep Practices Policy

1. Infants will be placed on their back in the crib unless a physician's written statement states that another sleeping position is better for the child. The statement should include how the infant should be placed to sleep and the time frame that the instructions should be followed.
2. Cribs should be following CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.
3. No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
4. No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, and mirrors.
5. Individual crib bedding will be changed daily. Bedding for cribs will be washed daily or more if needed.
6. Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will be moved to a safety-approved crib for sleep.
7. Swaddling will not be permitted, unless written authorization from a physician is provided. The written authorization will need to include instructions and time frame for swaddling the infant.
8. Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizes the use of these devices. The written statement must include instructions on how to use the device and the time frame for using it.

By signing below, I, _____ acknowledge that I have received and understand Trinity AME Early Learning Center, LLC's Safe Sleep Practice Policy.

Child's Name: _____ DOB: _____

Parent's Signature: _____



Infant Affidavit

Name of Sponsor (if applicable) _____

Name of Provider/Center _____

Name of Infant: _____ Infant

Date of Birth: _____ Name of

Parent/Guardian:

According to USDA regulations, as an institution participating in the Child and Adult Care Food Program must provide meals to all infants enrolled for care in the center/facility.

Center/provider will provide the following milk-based iron-fortified formula: _____

Center/provider will provide the following Iron-fortified infant cereal: _____

Center/provider will provide the following brand of infant foods: _____

Parents/Guardians,

Please check one of the following options below and sign this form:

_____ I would like the provider/center to provide ALL meal components to my infant and I will provide clean, sanitized, and labeled bottles daily.

_____ I will provide the following meal component to my infant and the center will provide all other meal components:

☐ Formula*

☐ Meat/Fish/Poultry/Eggs/Beans/Peas

☐ Cereal

☐ Cheese/Cottage Cheese/Yogurt

☐ Fruit

☐ Bread/Crackers/Breakfast Cereal

☐ Vegetable

Parent/Guardian Signature

Date

*Any parent requesting any formula other than a USDA approved milk-based or soy-based iron-fortified formula be provided to their infant or any parent who provides any formula other than a USDA approved milk-based or soy-based iron-fortified formula for their infant must provide a doctor's note indicating the required use of the formula. If a parent elects to have the center or day care home provider supply meals to their infant, the infant will be fed according to its individual feeding plan that is provided by the parent or guardian. The center or day care home provider may only claim reimbursement for no more than breakfast, lunch or supper, and a snack.



INFANT FEEDING PLAN

Child's Full Name _____ Date _____

Date of Birth _____

Does the child take a bottle? Yes [] No []
Is the bottle warmed? Yes [] No []
Does the child hold own bottle? Yes [] No []
Can the child feed self? Yes [] No []

Does the child eat: (check all that apply)

Strained Foods [] Whole Milk []

Baby Foods [] Table Food []

Formula [] Other []

What type formula used, if applicable? _____

Amount and time of formula/breast milk to be given? _____ Date _____

UPDATED AMOUNTS OF FORMULA/BREAST MILK TO BE GIVEN			
DATE	TIME	AMOUNT	TYPE

Does the child take a pacifier? Yes [] No [] If yes, when? _____

INTRODUCTION OF SOLID FOODS

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? Yes [] No [] Parent Initials: _____

The child has reached the following developmental skills:

Can hold his/her head steady? Yes [] No []
Opens mouth/leans forward in anticipation of food offered? Yes [] No []
Closes lips around a spoon? Yes [] No []
Transfers food from front of the tongue to the back and swallows? Yes [] No []

Instructions for the introduction of solid foods _____

Food likes _____

Food dislikes _____

Allergies? (including any premixed formula) _____

UPDATED AMOUNTS/TYPE OF FOOD TO BE GIVEN		
TIME	AMOUNT	TYPE

Any updated instructions regarding adding new foods or other dietary changes, please list as needed. _____

PARENT'S SIGNATURE: _____ Date: _____

Bright from the Start: Georgia Department of Early Care and Learning
CACFP Meal Benefit Income Eligibility Statement*

PART I: Child(ren) or Adult enrolled to receive day care

Name: (Last, First and Middle Initial)	SNAP, TANF, or FDIPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. Note: Do not use EBT numbers. Write case number and proceed to Part III.	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs)				
		Head Start	Foster Child	Migrant	Runaway	Homeless
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐

PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income¹ - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? (i.e., weekly, monthly, etc.)
 income received by child household members listed in PART I here. \$ _____/_____

B. Other Household Members¹. List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only along the frequency i.e., twice a month, weekly, etc. If they do not receive income from any source, write "0". If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often?	2. Subsidies, child support, alimony / How often?	3. Social Security, pensions, retirement / How often?	4. All other income / How often?
1. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
2. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
3. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
4. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
5. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____

C. Total Household Members (Adults and Children) listed in Part I and Part II _____

Social Security Number. If Part II B is completed and household members are listed (with or without income), the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.

Last four Digits of Social Security Number XXX-XX _____ ☐ I do not have a Social Security Number

PART III: Enrollment Information: Children Only

My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm]. ☐ (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Circle the meals your child will normally receive while in care: Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART IV: Signature

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. If not completed fully and signed, the participant will be placed in the Paid category.

Signature: X _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

PART V: Participant's Ethnic and Racial Identities: The use of racial and ethnic data is to ensure compliance with USDA nondiscrimination requirements only.

Providing information in Part V is voluntary. Your response or lack of response will not impact the participant's eligibility for meals.

Check (✓) one ethnic identity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino	Check (✓) one or more racial identities: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Hawaiian or other Pacific Islander ☐ White ☐ Multiracial
---	--

Official Use Only Section for Provider: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total income: _____ Per: ☐ Week ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Year Household Size: _____

Categorical Eligibility: check (✓) if applicable ☐ Eligibility: check (✓) one Free ☐ Reduced ☐ Paid ☐

Day Care Homes Only: check (✓) one Tier I ☐ Tier II ☐

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow Up Official's Signature: _____ Date: _____

Trinity AME Early Learning Center, LLC

Parent Tuition Agreement Form

Tuition/Fees are as follows:

Annual Registration Fee (Infant, Toddler and Preschool) \$125.00 (non-refundable)	Annual Registration Fee (Extended Care and Summer Camp) \$65.00 (non-refundable)
Infants \$180.00 per week	Preschoolers \$160.00 per week
Toddler One \$170.00 per week	Pre-Kindergarten State-Funded
Toddler Two \$165.00 per week	Extended Care (Pre-K only) \$75.00 per week
Discount for Two or More Children 15% of the total fee	Summer Camp \$150.00 per week

Notes regarding payment/fees:

- At registration, the first week's tuition payment and registration fees are due.
- A \$5.00 late fee is assessed for each day that the current payment is late.
- Fees are not adjusted for late arrival or early pickup.
- 2 weeks of vacation leave are granted with 1-week prior notice (this holds the child's seat). ▪ Fees are due regardless of inclement weather or school closure days.
- Late fees are due at time of pickup, otherwise it will be added to the tuition balance and must be cleared within three (3) school days.
- If payment plus late fees is not received by the close of business on Tuesday of the service week, entry will not be granted until fees are paid. Parents will be given up to two weeks to make restitution. If, after that period has expired, the account has not been settled, child/ren will be disenrolled.
- Full or partial payment will be accepted from the Department of Early Learning CAPS program and Quality Care for Children Boost program. Application forms and a CAPS or Boost contract must be submitted at the time of enrollment. If the enrollment in either program ends, the parent must set up an immediate payment plan.

Timing and Method of Payment

All payments are to be made by credit card, money order or cash on Friday prior to the week of service and must be paid no later than 10:00 a.m. on Monday of the service week.

Submit payments via:

ProCare app (download app for free Android/iPhone)

<https://trinity-elc.org>

Kiosk in the entry

Tuition Agreement

I agree to pay \$_____ for my child(ren)'s weekly tuition for _____ (Full-Time/Extended Care.

By signing this contract, the undersigned represents that the undersigned has understood and agreed to the terms and conditions of this contract. Breach of this contract in any way by the parents/guardians may result in immediate termination of childcare services.

Trinity AME ELC Executive Director

Parent/Guardian Parent/Guardian