

# Trinity Church CDF Freedom Schools®, TCA Preschool Summer Registration 2020



TCA Preschool is for 2-years-old through 4-years-old.

Freedom Schools® is for students entering Kindergarten (5yrs old by 9/1/20) through students entering 6<sup>th</sup> grade.

GENERATION2050 is for students entering 7<sup>th</sup> grade through 12<sup>th</sup> grade.

Child Name: \_\_\_\_\_

Age: \_\_\_\_\_

Office Hours for Summer Registration:

**10:00am – 4:00pm**

(other times may be scheduled by appointment only)

Grade for current **2019-20** School Year: \_\_\_\_\_ What school will your child attend next year? \_\_\_\_\_

Parent Name: \_\_\_\_\_

## APPLICATION CHECK LIST:

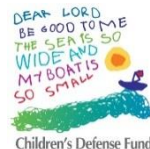
- Registration Fee (**Non-refundable**) *plus* First Week Tuition  
(Money Order / Credit Card Payments Only)
- REGISTRATION PACKET COMPLETE
  - Child Information Form
  - Policies and Procedures Form
  - Emergency Contact Information
  - Health Information Form
  - Food Programs Form (Preschool and VPK receive daily lunch, snack, dinner)
  - Summer 2020 Financial Page
- IMMUNIZATION FORM (Physical and Blue Shot Records)
- TUITION EXPRESS FORM
- BIRTH CERTIFICATE of child
- PARENT PICTURE ID
- All ATTACHED FORMS ARE COMPLETE

# TRINITY CHURCH.TV®

17801 NW 2<sup>nd</sup> Ave., Miami, FL 33169

DCF Childcare License #C11MD1596

School Office: 786-888-LIFE Church Office: 786-888-HOPE

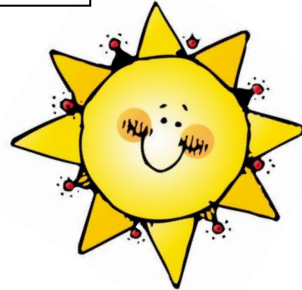


# SUMMER 2020

FREEDOM SCHOOLS®  
**SUMMER**  
 JUNE 15 to JULY 30  
**DAYCAMP**

**CDF Freedom Schools®: 2019-2020 School Year**  
**Kindergarten-6<sup>th</sup> Grade**  
 (5 years old by 9/1/20)  
 June 15 to July 30 • 7:30AM to 4:00PM

**Preschool: Ages 1 – 4 years**  
 June 8 – August 7  
 7:00AM – 6:00PM



Freedom Schools scholars registering for all 7 weeks of camp will receive first preference on waiting lists.  
Please note: Trinity Church Freedom Schools is subsidized in part by the Miami-Dade Children's Trust.  
Scholars must have a Miami-Dade address or their tuition will not be subsidized.

- REGISTRATION FEE – FREEDOM SCHOOL (non-refundable)** \$ 70.00  
 **REGISTRATION FEE – PRE-SCHOOL (non-refundable)** \$ 50.00

	<u>K-5<sup>th</sup></u>	<u>Entering Kindergarten</u>	<u>Broward Rates</u> Special Scholarships available for Broward residents	<u>Preschool (1-4 years)</u>	
<input type="checkbox"/> Preschool only June 8 - 12	Closed	Closed	Closed	<input type="checkbox"/> \$165	\$ _____
<input type="checkbox"/> Week 1 June 15 - 19	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$165	\$ _____
<input type="checkbox"/> Week 2 June 22 - 26	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$165	\$ _____
<input type="checkbox"/> Week 3 June 29 – July 2*	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$165	\$ _____
<input type="checkbox"/> Week 4 July 6 - 10	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$165	\$ _____
<input type="checkbox"/> Week 5 July 13 – 17	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$165	\$ _____
<input type="checkbox"/> Week 6 July 20 - 24	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$165	\$ _____
<input type="checkbox"/> Week 7 July 27 - 30**	<input type="checkbox"/> \$52	<input type="checkbox"/> \$68	<input type="checkbox"/> \$120	<input type="checkbox"/> \$165	\$ _____
<input type="checkbox"/> Preschool only Aug 3 - 7**	Closed	Closed	Closed	<input type="checkbox"/> \$165	\$ _____

- 5% Pre-payment discount for all 7 weeks  
 -\$21.50     -\$28.00     -\$50     -\$60    \$ \_\_\_\_\_

Deadline for pre-payment to receive the discount is June 15, 2020  
 The pre-payment discount option is for the entire camp and **Non-refundable**  
 except for medical reasons with a Doctor's note.

**TOTAL:** \$ \_\_\_\_\_

\*Friday, July 3<sup>rd</sup>, we will be closed for Independence Day Holiday  
 \*\* Week 7 is a partial week for Freedom Schools. Tuition charges are prorated for the four days. Preschool is in session for the entire week.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CHILD ENROLLMENT FORM Summer 2020



<b>Today's Date:</b> _____	
<b>CHILD INFORMATION</b>	
<b>Child's Last Name</b> _____ <b>First</b> _____ <b>Middle</b> _____	
Child's Date of Birth (mo/day/yr) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	Child's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Last 4 Digits ONLY of Child's Social Security# (required)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <input type="checkbox"/> No SSN
Miami-Dade County Public School ID# (required)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <input type="checkbox"/> No MDCPS ID
Child's Current School:	
Type of school your child attended this past school year: <input type="checkbox"/> Public School <input type="checkbox"/> Charter School <input type="checkbox"/> Private <input type="checkbox"/> Home School <input type="checkbox"/> Other _____	
Is your Child Proficient in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Language(s) Spoken in the Home <input type="checkbox"/> Spanish <input type="checkbox"/> Haitian-Creole <input type="checkbox"/> Other _____ <input type="checkbox"/> None	
Street Address _____	
City _____ State: _____ ZIP Code _____	
Child's Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Haitian <input type="checkbox"/> Other	
Child's Race (select only one) <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multiracial	
Child's Current Grade <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>	Does your child receive or qualify for free/reduced price lunch at school during the academic school year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's School Name:	City: _____ State: _____
<b>Family Information</b>	
Child's Primary Caregiver (full name) _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	
Primary Caregiver Email _____	
Primary Caregiver's Phone <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
Mother's Birthplace: <input type="checkbox"/> USA <input type="checkbox"/> Other: _____	Father's Birthplace: <input type="checkbox"/> USA <input type="checkbox"/> Other: _____
<b>Mother's Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Haitian <input type="checkbox"/> Other	<b>Father's Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Haitian <input type="checkbox"/> Other

<b>Mother's Race</b> (select only one): <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multiracial	<b>Father's Race</b> (select only one): <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multiracial
<b>Mother's Education:</b> <input type="checkbox"/> Highschool <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Graduate Degree	<b>Father's Education:</b> <input type="checkbox"/> Highschool <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Graduate Degree
Has your child ever attended a <i>CDF Freedom Schools</i> Summer program before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child ever attended <i>Trinity Church Freedom Schools Summer Blast</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many years has your child participated in the <i>CDF Freedom Schools</i> Summer program? ____	
Does Child Have Health Insurance (ex., private insurance, KidCare, Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, we may be able to help you find affordable coverage-call 211 or visit <a href="http://www.thechildrenstrust.org">www.thechildrenstrust.org</a> )	
If yes, what is your child's <b>Health Insurance</b> Carrier? _____	
Has your child been in foster care at any point in his or her life? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has a doctor, health professional, teacher, or other official ever informed you that your child has a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child participate in any of the following educational programs (check all that apply)? <input type="checkbox"/> Bilingual Education <input type="checkbox"/> ESL/LEP <input type="checkbox"/> Special Education <input type="checkbox"/> Gifted and Talented <input type="checkbox"/> Other _____	
<b>We want to get to know your child better so we can provide the best possible experience in our programs. Please tell us more about your child...</b>	
<b>What are the main ways your child communicates? (Mark all that apply)</b>	
<input type="checkbox"/> Speaks and is easily understood <input type="checkbox"/> Uses communication devices like pictures or a board <input type="checkbox"/> Speaks but is difficult to understand <input type="checkbox"/> Uses gestures like pointing, pulling or blinking <input type="checkbox"/> Uses sign language <input type="checkbox"/> Uses sounds that are not words like crying or grunting	
<b>What, if any, help does your child receive at this time? (Mark all that apply)</b>	
<input type="checkbox"/> Speech/language therapy <input type="checkbox"/> Special education services in school <input type="checkbox"/> Occupational therapy (OT) <input type="checkbox"/> Behavioral therapy or services <input type="checkbox"/> Physical therapy (PT) <input type="checkbox"/> Counseling for emotional concerns <input type="checkbox"/> Daily medication (not including vitamins) <input type="checkbox"/> None	
<b>What conditions does your child have that are expected to last for a year or more? (Mark all that apply)</b>	
<input type="checkbox"/> Physical disability or impairment <input type="checkbox"/> Developmental delay (only if under age 5) <input type="checkbox"/> Medical condition or illness <input type="checkbox"/> Learning disability (school-age) <input type="checkbox"/> Hearing impairment or deaf <input type="checkbox"/> Problems with attention or hyperactivity (ADHD/ADD) <input type="checkbox"/> Visual impairment or blind <input type="checkbox"/> Problems with depression or anxiety <input type="checkbox"/> Speech or language condition <input type="checkbox"/> Problems with aggression or temper <input type="checkbox"/> Autism spectrum disorder <input type="checkbox"/> Intellectual/developmental disability (over age 5) <input type="checkbox"/> Asthma <input type="checkbox"/> Developmental delay or physical impairment <input type="checkbox"/> Behavior or conduct problems <input type="checkbox"/> Bone, joint, or muscle problems <input type="checkbox"/> Obesity <input type="checkbox"/> None of the above <input type="checkbox"/> Diabetes	
If you marked "None of the above" on the question above, please skip the next two questions and sign below. If you marked any other answer above, please answer the remaining questions and sign below.	
<b>Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>To support your child's successful participation in this program, in what areas might s/he need extra assistance?</b> <input type="checkbox"/> No specific help needed	
<input type="checkbox"/> Holding a crayon/pencil, writing, using scissors or other fine motor tasks <input type="checkbox"/> Sports or physical activities like running or other gross motor tasks <input type="checkbox"/> Managing feelings and behavior <input type="checkbox"/> Academic, learning or reading activities <input type="checkbox"/> Adapting activities to take into account a visual or hearing impairment <input type="checkbox"/> Using assistive device(s) like a wheelchair, crutches, brace or walker <input type="checkbox"/> Personal services like help with feeding, toileting or changing clothes <input type="checkbox"/> Other _____	

<b>What is your household size?</b>	□ □	<b># of children (under 18 yrs.?)</b>	□ □	
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**Is the Participant a Child of a Military Family?**       Yes       No

A member of the child's family is either: 1) an active duty member of the uniformed services; 2) a member of the National Guard or reserves; 3) a member or veteran who was severely injured and medically discharged or retired; or 4) a member killed in the line of duty.

**Please tell us anything else you think is important for us to know about your child:**

**How did you find out about TCA, Freedom Schools® or our Preschool program?**

- |   |   |
|---|---|
| <input type="checkbox"/> Internet or email correspondence | <input type="checkbox"/> Research                               |
| <input type="checkbox"/> Personal contact or relationship | <input type="checkbox"/> School or educational institution      |
| <input type="checkbox"/> Mailing                          | <input type="checkbox"/> Child or youth services agency/program |
| <input type="checkbox"/> Church                           | <input type="checkbox"/> Work                                   |
| <input type="checkbox"/> Event advertising                |   |
| <input type="checkbox"/> Other _____                      |   |

**Do you consider Trinity Church your home church?**     Yes       No

**If you attend a different church, what is the name of your church?** \_\_\_\_\_

**How often do you attend Sunday church services? About . . .**

- |  |  |
|--|--|
| <input type="checkbox"/> Weekly        | <input type="checkbox"/> Whenever there is a special event |
| <input type="checkbox"/> Twice a month | <input type="checkbox"/> Never                             |
| <input type="checkbox"/> Once a month  |  |

**What is your annual household income? (Please select from the list below)**

**Note:** Household income information is **confidential** and will NOT be shared with third parties. The *Children's Defense Fund* requests this information in order to better serve and assess the needs of our *CDF Freedom Schools®* program participants

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> \$0 - 20,000      | <input type="checkbox"/> \$45,001 - 50,000 | <input type="checkbox"/> \$75,001 - 80,000  |
| <input type="checkbox"/> \$20,001 - 25,000 | <input type="checkbox"/> \$50,001 - 55,000 | <input type="checkbox"/> \$80,001 - 90,000  |
| <input type="checkbox"/> \$25,001 - 30,000 | <input type="checkbox"/> \$55,001 - 60,000 | <input type="checkbox"/> \$90,001 - 100,000 |
| <input type="checkbox"/> \$30,001 - 35,000 | <input type="checkbox"/> \$60,001 - 65,000 | <input type="checkbox"/> Over \$100,000     |
| <input type="checkbox"/> \$35,001 - 40,000 | <input type="checkbox"/> \$65,001 - 70,000 |   |
| <input type="checkbox"/> \$40,001 - 45,000 | <input type="checkbox"/> \$70,001 - 75,000 |   |

To create the best program with the lowest possible price for families, Trinity Church partners with a number of different organizations that request demographic information for program quality, research, and evaluation. Please complete all information as carefully as possible. We keep all data confidential and secure. Published reports will not contain any personal identifiable information of your child or family.

**I give my permission for this information to be submitted to Trinity Church, The Children's Trust and/or the Children's Defense Fund. I understand that this information may be used for program quality, academic research, and evaluation purposes. The Children's Trust provides funding for the program.**

<b>PARENT/GUARDIAN SIGNATURE</b> _____	<b>DATE</b> _____
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# POLICIES AND PROCEDURES

The administration and the staff take the rules and guidelines seriously and I the undersigned parent/guardian acknowledge that I agree to cooperate with the policies stated in the Handbook and the Guidelines.

**Daily Check In / Check Out:** Parents/Guardians must use the computerized attendance system to check each child in and out each day. Once checked out, the parent/guardian takes full care, custody, and control of the child. Each adult picking up or dropping off will be registered in our system with a fingerprint. If a sign-in sheet is necessary, the parent/guardian is asked to fill out the sheet appropriately. The time the child arrives and departs must be documented. Black or blue ink must be used. The signature or printing of the name must be legible. The use of pencil is not acceptable.

*School Readiness Sign-in Sheets:* \$15 per day will be added to the ledger for each day that the parent does not appropriately check in or out.

## Permission for “Journey Walks”

I understand that periodically my child may participate in a “Journey Walk” to explore the Trinity Church campus. I give permission for my child to participate in these on-campus walks.

## Written Policy for Recurring Behavior Problems and Accident / Injury reports

An incident report will be written for: **1) student behavior problems; 2) accidents or injury; 3) parent concerns.** At the time of pick-up, the parent must sign the incident report signifying that they have read and understand the contents of the report.

Our program will insure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child time to look over his or her behavior. We will encourage children to choose alternatives to improper behavior. To insure a safe and successful program, discipline is a must. We welcome the ideas of parents, so feel free to share them with us.

1. Children will be corrected and asked to change their behavior.
2. Children will be re-directed from the situation.
3. Children will be placed in “Time Out.”
4. Parents will be contacted if behavior is not corrected.
5. Children will not be subjected to discipline which is severe, humiliating, or frightening.
6. Discipline will not be associated with food, rest, or toileting.
7. Spanking or any other form of physical punishment is prohibited.
8. We reserve the right to terminate students at any time.

## TRANSPORTATION AGREEMENT

I hereby release, forever discharge and agree to hold harmless Trinity Church and Freedom Schools, its directors, employees and volunteers, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child that occur during any activities. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify the above mentioned Trinity Church Freedom Schools, its directors, employees, and volunteers, for any liability sustained by said organization(s) as the result of the negligent, willful or intentional acts of the below named child, including expenses incurred attendant thereto.

## AUTHORIZATION FOR PHOTOGRAPHY / VIDEO

As the parent or guardian of the above-named child, I hereby authorize and give consent to service providers and the staff of Trinity Church and The Children’s Trust as follows:

I hereby consent and authorize the staff of Trinity Church, The Children’s Defense Fund, or The Children’s Trust to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter “Recordings”) of me, my children, or my wards for educational, research, documentary and public relations purposes. Any such Recordings may reveal my identity through the image itself without any compensation to me, my children or my wards.

Any and all Recordings taken of me shall be the sole property of Trinity Church, CDF, or The Children’s Trust.

With regard to the use of any Recordings taken of me, my children or my wards, I hereby waive any and all present and future claims I may have against Trinity Church, The Children’s Trust, their staff, service providers, employees, agents, affiliates and Board members.

I, (Print Parent Name) \_\_\_\_\_ have received in writing the disciplinary practices used by this child care facility. I have read and understand the Policies and Procedures on this page.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# EMERGENCY CONTACT INFORMATION

Summer 2020

Child's Name Last		First		<input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date		
Legal:				Birthplace: <input type="checkbox"/> USA <input type="checkbox"/> Other _____		Month	Day	Year
						<input type="text"/>	<input type="text"/>	<input type="text"/>
Nickname:				Home Phone(s)				
Address		Street		City		State		Zip Code
Lives with				Legal Custody				
Father		Employer & Work Hours		Work Phone/Ext.		Cell/Pager		
Mother		Employer & Work Hours		Work Phone/Ext.		Cell/Pager		
Father's Email:				Mother's Email:				
<input type="checkbox"/> E-mail is an effective way to communicate with me/us.								

**PICK-UP RELEASE (Please list parents plus three other people in order of preferred contact.)** Adults (18+ years of age) with permission to pick up my child. Each individual will need to register for their own login access. If you wish to add someone to the list after registration, please use the form provided in the office. We must have all authorized permissions in writing.

Name	Telephone	Work Telephone	Relationship	✓ Check all that apply:		
				Lives With	Emergency	Authorized Pickup

Other Siblings attending Trinity Church Freedom Schools or Trinity Christian Academy: Name(s) Grades and Ages:

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\*The parent/guardian is responsible for keeping Trinity Church Freedom Schools informed of updates or changes to the student's emergency and health information. Trinity Church Freedom Schools and Trinity Christian Academy shall be notified in writing, of telephone or address changes within three days of the occurrence. If we are unable to reach anyone on this emergency form, or if a student is left unattended during non-school hours, the school may contact law enforcement or Child Protective Services

# PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of an accident or serious illness, I request that the school notify me immediately. If the school is unable to reach me, I hereby authorize the school to call the physician indicated on the registration form and follow those instructions. If it is impossible to contact my child's physician, or if the situation requires immediate medical care, the school may make whatever emergency arrangements necessary. I guarantee payment of all charges incurred for medical treatment. All medical expenses for my child are my responsibility.

Child Name:							
DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR ALLERGIES? (Please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please check all that apply:							
ADD/ADHD	Asthma	Bee Sting	Diabetes	Hearing Loss	Heart Condition	Migraines	Severe Allergy/Anaphylaxis
Other		Describe					
Does your child need medication at SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, see below*) List medication(s) at school:							
Medication at home? <input type="checkbox"/> Yes <input type="checkbox"/> No List medication(s) at home:							
Physical Limitations? (Please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please describe:							
Please check the appropriate box if your child requires: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts							
<b>Medical Insurance Information</b>							
Insurer			Group #			ID #	
Physician			Address			Phone	
Dentist			Address			Phone	
Hospital(s) Preferred							

\*The parent/guardian is responsible for keeping Trinity Church Freedom Schools and Trinity Christian Academy informed of updates or changes to the student's emergency and health information.

\*It is the policy of Trinity Church Freedom Schools and Trinity Christian Academy NOT to administer medication.

\*I give my permission for my child to take part in all school activities including sports and school-sponsored trips away from the school premises. If it should become necessary for my child to receive medical treatment for any reason during any of these activities, I authorize school personnel to make arrangements for my child to receive medical care, including transportation. I understand that my medical insurance acts in a primary position and I agree to bear all costs incurred. I hereby release Trinity Church and its staff from any liability related to personal damage or injury. Furthermore, I take full responsibility for my child's actions and will pay for any damages caused by my child.

I hereby certify that all the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



# FINANCIAL RESPONSIBILITY

**How to Pay Your Bill:** We use Tuition Express for our billing. Please complete the TE form. We accept payments by all major credit cards, automatic debit from your bank account or money orders. We do NOT accept personal checks or cash.

Tuition is due Friday, the week BEFORE attendance.

Initial

**No tuition refunds or credit will be given for days your child is absent. If your child is sick; you are still responsible for the tuition.**

Initial

**At 4:15 PM, all Freedom Schools® children will be transferred into Aftercare. It is your responsibility to clock your child out of the attendance system using the Check Out program on one of the computers available. Any child not clocked out by 4:15 PM will be charged an Aftercare fee for that day.**

Initial

**A \$1.00 per minute late fee will be charged for picking up your child later than 6:00 P.M. These fees will be added to your account and payment is expected immediately.** Please be advised that Trinity Church is required to report to the Department of Children & Families repeated tardy pick-ups.

<b>Summer Registration Fee Per Child (Non-refundable)</b>	
Preschool Summer Program	\$ 50.00
Kindergarten Summer Program	\$ 70.00
Freedom Schools® Summer Program	\$ 70.00

<b>Age / Grade</b>	<b>Weekly Tuition</b>	
Preschool (2-4 years)	7am – 6pm	\$150
Freedom Schools®, Going into Kindergarten <small>(Age 5 by September 1, 2020)</small>	7:30am – 4pm	\$85
Freedom Schools® Going into 1 <sup>st</sup> – 6 <sup>th</sup> <small>(Age 6 by September 1, 2020)</small>	7:30am – 4pm	\$65
Freedom School Aftercare	4pm – 6pm	\$5 per day

**10% Sibling Discount** (in the same family; living in the same household)

IF YOU ARE GOING TO BE LATE PICKING UP YOUR CHILD/CHILDREN, PLEASE CALL THE OFFICE AT:  
**786-888-5433**

The late fees will still apply; however, we will be able to assure your child that you are on your way.

**Withdrawal Procedures:** A parent wishing to withdraw a student must complete a Withdrawal Notice Form which is available at the School Office. All student accounts must be paid in full, before withdrawal. Non-payment of an outstanding bill will be turned over to collections and reported to your funding agency that reserves the right to terminate your voucher.

*If your child is absent for 5 days, their slot will not be held unless paid for in advance. A re-enrollment fee may be required. Weekly payment is due even if the child is out sick.*

I the undersigned parent/guardian agree to comply with the financial policies. I *understand* and *agree to pay* for all tuition fees and services. Additionally, I understand that the registration fees are **NON-refundable**.

Parent Name (Please Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

17801 NW 2<sup>nd</sup> Ave., Miami, FL 33169  
DCF Childcare License #C11MD1596  
School Office: 786-888-LIFE Church Office: 786-888-HOPE



## Children's Defense Fund Freedom Schools® Program Parent/Guardian Commitment Form

### Roles, Responsibilities and Commitments for Parents, Guardians and Families

I, \_\_\_\_\_, understand that the *Children's Defense Fund Freedom Schools*® program sponsored by Trinity Church uses models, curriculum, and training provided by the Children's Defense Fund (CDF). CDF seeks to ensure every child a **Healthy Start**, a **Head Start**, a **Fair Start**, a **Safe Start**, and a **Moral Start** in life and successful passage to adulthood with the help of caring families and communities. I understand that a key goal of the *CDF Freedom Schools*® program is to involve parents in the life of the program as active participants in the learning experiences of their children.

Because children **do what we do and not what we say**, I understand that all adults, including parents, guardians, and adult family members of children enrolled in the *CDF Freedom Schools*® program, are expected to be positive role models, to communicate the importance of academic achievement, and to contribute to the creation of a caring and nurturing learning environment in which every child is valued and seen as capable of achieving.

I agree that during the time my child(ren) is enrolled in the *CDF Freedom Schools*® program, I will:

- Volunteer in the school at least once a week;
- Participate in weekly parent workshops;
- Do my part to help make the *CDF Freedom Schools*® program a caring and nurturing learning environment; and
- Ensure that my child(ren) is/are in attendance on a daily basis.

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Signature of Parent

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Date

---

Signature of Site Coordinator

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Date

# “Getting to Know Me”



Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

We want to get to know you better so that we can provide the best possible educational experience. No one knows your child better than you.

**1. We want to know about your child's favorite/least favorite toys/activities**

Favorite

Least favorite

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. What calms your child and what upsets your child?**

Calms

Upsets

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. How do your child communicate?**

Verbally

With vocalizations

Through gestures (i.e. pointing, pulling, blinking)

American Sign Language (ASL)

With communication devices (i.e. pictures)

Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Which statement best describes your child's ability to move from one activity to another?**

Easily moves from one activity to the other

Needs assistance to move from one activity to the other

Please explain \_\_\_\_\_

**5. Does your child play/interact best (please check all that apply):**

Independently

With friends

Small group

Large group

\_\_\_\_\_

Outdoor

Indoor

With adults

Additional comments:

\_\_\_\_\_

**6. Do any of the following bother your child?**

Noise

Texture (i.e. sand, water)

Lights

Touch (i.e. hugs)

Smells

**Is there anything else you would like to share about your child!**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_