

**TLC Early Learning Center**  
**603 Classen Blvd.**  
**Norman, OK 73071**  
**405-329-1503**  
**Website: www.tlsnorman.com**

<b>Child's Information</b>			
Child's Name:		Date of Birth:	Gender: Male      Female
Child attends Church?    Yes    No Where?		Ethnic Origin (optional):	
<b>Home Information</b>			
Please Mark      Father      Stepfather Guardian    Other:		Please Mark      Mother      Stepmother Guardian      Other:	
Name		Name	
Home Address		Home Address	
City                      State                      Zip		City                      State                      Zip	
Home Phone	Cell Phone Text Permission? Y__ or N__	Home Phone	Cell Phone Text Permission? Y__ or N__
Driver's License #		Driver's License #	
E-mail address: (Used solely for TLC Early Learning Center)		E-mail address: (Used solely for TLC Early Learning Center)	
Employer/Business Name		Employer/Business Name	
Address		Address	
Phone Number		Phone Number	

<b>Child's T-Shirt Size (Please mark one)</b>				
<b>Youth Size</b>	Extra Small (4T)	Small (6-8)	Medium (10-12)	Large (14-16)
<b>Adult Size</b>	Small	Medium	Large	

<b>Photo Agreement</b>
Yes__ I grant or No__ I do not grant permission for my child to be included in any photos TLC Early Learning Center may use for newsletters, yearbooks, etc.

<b>Authorized Pick Up Information</b>	
Name:	Phone:
Relationship to child:	
Name:	Phone:
Relationship to child:	
Name:	Phone:
Relationship to child:	

Emergency Information		
Name of Policy Holder		
Health Insurance Co.		
Insurance Company Phone No.		Policy No.
<b>List persons to be called if you cannot be located in the event of an emergency.</b>		
Name	Phone	Cell
Name	Phone	Cell
Physician	Phone	
Hospital Preference		
If your physician cannot be reached, what action should be taken?		
Does your child suffer from allergies or any other medical condition?		
List any prescribed medications that your child currently takes for long-term condition (e.g., asthma, etc.)		
<p>I (we) grant permission for authorized TLC Early Learning Center personnel to take whatever steps necessary to obtain medical care if warranted. These steps may include, but are not limited to:</p> <p>A. Attempt to contact parent or guardian.</p> <p>B. Attempt to contact you through any of the persons listed on the Emergency Information section.</p> <p>C. If TLC Early Learning Center personnel cannot contact you, TLC Early Learning Center staff may do either of the following:</p> <p>Have the child taken to an emergency hospital or call 911.</p> <p>*Expenses may not be covered by the Center's basic insurance policy and some costs may be incurred by the family.</p>		
Immunizations		
<b>OKLAHOMA LAW REQUIRES PROOF OF CHILDREN'S IMMUNIZATIONS</b>		
1. 5 doses of DTP	5. 3 doses by 15 mo. of Haemophilus (HIB)	
2. 4 doses of Polio	6. 4 doses of PCV	
3. 2 doses of MMR	7. 3 doses of Hepatitis B	
4. 1 dose (12-18 mo.) of Varicella (Chicken Pox)	8. 2 doses of Hepatitis A	

**Summer Camp Field Trips (Campers ONLY – Kind-5<sup>th</sup> Grade):** I give permission to TLC Early Learning Center to transport my child to all field trips that occur during Summer Camp 2023. I also give permission for my child to participate in water activities at local swimming pools, splash pads, etc. My child can swim in \_\_\_\_\_ depth of water. I understand my child will be given a swim test before they will be allowed to go to the deep end of the pool.

**Signature:** \_\_\_\_\_

I have read, understand, and agree to all the policies as stated on this enrollment form and in the handbook. I understand that if I do not abide by the policies my child may be released from the program.

**Initials** \_\_\_\_\_

This is a financial commitment of the schedule I selected. I understand if I choose to remove my child early I will give a 2 week notice. If less than a 2 week notice is given, a total of 2 weeks tuition will be required from the date of notification. Enrollment and Curriculum fees are not refundable.

**Initials** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*By submitting this form, I am agreeing to all of its contents and entering into a contractual agreement\*\***

OFFICE USE ONLY						
Date				Shot Record: Y ___ N ___		
Curr. Fee Pd.				In computer		
En. Fee Pd.				Out computer		
QB	BW	DB	PS	EM	FILE	Teach Copy

## TLC Early Learning Center Enrollment Schedule

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



### Sonshine Station Summer Camp 2023

**Program options below:**

Classes	Schedule Available	Hours Available
Cubs, Bears, Tigers, Koalas, Pandas, Explorers	Monday- Friday (choose any 2-5 days)	9:00-3:00 pm
Before Care	Monday-Friday (choose any 1-5 days)	7:30-9:00 am
After Care	Monday-Friday (choose any 1-5 days)	3:00-6:00 pm
Campers 1: Kindergarten & 1 <sup>st</sup> Grade Campers 2: 2 <sup>nd</sup> - 5 <sup>th</sup> Grade	Monday- Friday (choose any 2-5 days)	7:30 am – 6:00 pm

**Select choices below:**

Cubs, Bears, Tigers, Koalas, Pandas, Explorers 1yr old -PreK4 Please mark day and time frame for each day:	Mon	Tues	Wed	Thurs	Fri
9:00-3:00 pm					
Before Care 7:30-9:00 am					
After Care 3:00-6:00 pm					
<b>Camper 1 &amp; Camper 2 7:30 am-6:00 pm only</b> Mark Grade Completed K <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/>					
<b>Office Use Only</b>	Class:				

### TLC Early Learning Center Fall/Spring Program Aug. 2023-May 2024



**Program options below:**

Classes	Schedule Available	Hours Available
Cubs, Bears, Tigers, Koalas, Pandas	Monday- Friday (choose any 2-5 days)	9:00-3:00 pm
PreK4 Schedule must include Monday	Monday- Friday (choose any 3-5 days)	9:00-3:00 pm
Before Care	Monday-Friday (choose any 1-5 days)	7:30-9:00 am
After Care	Monday-Friday (choose any 1-5 days)	3:00-6:00 pm

**Select choices below:**

Put an X in the box below for the day and time needed:	Mon	Tues	Wed	Thurs	Fri
9:00 am-3:00 pm					
Before Care 7:30 am-9:00 am					
After Care 3:00-6:00 pm					
<b>Office Use Only</b>	Class:				

Office forms

[TLC ELC Enrollment schedule choice form](#)



**Program Information**

Trinity Lutheran Childcare		K830023134	
Program name	License number		
603 Classen Blvd.	Norman	OK	73071
Street address	City	State	ZIP code

Mailing address	Trinity Lutheran Church		
405-329-1503	Trinity Lutheran Church		
Phone	Owner		

**Child Information**

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

Name	Date of birth

**Agreement and Signature**

- I understand and am aware:
  - this program is required to maintain a copy of the compliance file on-site and the information contained in the file is available for inspection.
  - of the Compliance File location and its contents.
  - this form is to be completed:
    - upon child enrollment; and
    - every 12 months thereafter.
  - a copy of the program specific Notice to Parents is to be provided to parent(s) or legal guardian(s) upon enrollment.

For program specific information contained in the Notice to Parents, select one:

- DHS Publication No. 14-01 , Notice to Parents for Child Care Program
- Form 07LC084E, Notice to Parents for Family Child Care Home

Parent or legal guardian name	Parent or legal guardian signature	Date
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This document does not meet posting requirements per OAC 340:110-3-275 through 340:110-3-311, and OHS Pub 14-15 Licensing Requirements for Child Care Programs, and is a parent provided document only. Information contained in OHS Pub 14-01 Notice to Parents is stated below. You may obtain a copy of OHS Pub 14-01 by calling 1-877-283-4113, or by faxing (405) 962-1741.

### NOTICE TO PARENTS

Please review the following records on a regular basis at child care centers, day-camps, drop-in programs, out-of-school time programs, part-day programs, and programs for sick children.

**Posted:**     **The program is required to post:**

- **This Notice to Parents;** and
- Child Welfare Investigative Summary, with confirmed and substantiated findings for 120 calendar days from the date the investigation is completed as indicated on the form.

**Compliance file:** The program is required to make accessible in a prominent location the following documents, maintained together, with the most recent on top and all child-identifying information removed. The compliance file includes items within the last 120 calendar days, at a minimum, from the date on the document or the investigation completion date on the form, unless requirements state otherwise.

The compliance file **only** contains: compliance monitoring from Licensing, Stars and tribal agencies, such as: **monitoring visit forms;** including the most recent visit; **case status information;** such as forms and correspondence regarding: issuance of permits and licenses; non-compliances and Stars violations; notices to comply; complaint findings; office conferences with Licensing, Stars and tribal agencies; Stars alternative settlements and reductions; consent agreements, denials of a request for license, and revocations of a license; child welfare investigative summary, regardless of findings; however, confirmed or substantiated findings are maintained in the file for 12 months; granted criminal history restriction waiver notifications are maintained in the file for as long as the individual is employed or is living in the facility; and other documents indicating placement in the compliance file.

#### Online

**Child care locator and case summary:** Access at the below Web address.

**Licensing requirements for child care programs:** Access at the below Web address or contact the local OHS office below for a mailed copy.

#### At the DHS local office

**Public licensing file:** Contact the local office below to schedule an appointment.

**Case summary:** Contact the local office below for a faxed or mailed copy.

If you believe licensing requirements are not being met or you have questions, please contact a child care licensing specialist from OHS Child Care Services at:

#### DHS local office

##### Child Care Services

**Address:**     631 E Robinson, Norman     **Phone:**     405-573-8300

<http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>