TRINITY LEARNING CENTER TLC
425 Magnolia Road
Pinehurst, NC 28374
910-215-5775 / TrinityCF.net

FAMILY INFORMATION: **All information required**	
Child's Full Name:	
Date of Birth:	Nickname:
Home & Mailing Address:	
Street:	City:
State:	Zip Code:
Mother's Name:	
Home & Mailing Address: if different	
Street:	City:
State:	Zip Code:
Cell Phone:	Email Address;
Place of Employment:	
Telephone Number of Employment:	
Father's Name:	
Home & Mailing Address: if different	
Street:	City
State:	Zip Code;
Cell Phone:	Email Address:
Place of Employment:	Telephone of Employment:
Sibling:	Sibling:
Name of Pet(s):	
Play and Toy Preferences:	
Anything else you would like us to know about your child?	
Church Affiliation:	
NAME OF OTHERS PERMITTED TO PICK UP YOUR CHILD WHEN PARENT NOT AVAILABLE **Photo ID is required for pick-up. In the occasion parent(s) or those listed not available personal telephone call to the TCL Director must be made. TLC follows the policy for children pickup.**	
Name:	Relationship:
Address:	
Cell Phone:	Email:
Name:	Relationship:
Address:	
Cell Phone:	Email:

"Train up a child in the way he should go, even when he is old he will not depart from it". Proverbs 22:6

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MEDICAL INFORMATION
CHILD'S FULL NAME:
NAME OF CHILD'S DOCTOR:
DOCTOR'S PHONE NUMBER:
DOES YOUR CHILD HAVE ALLERGIES: No: Yes:
Allergies:
Medical Conditions:
Special Needs, please explain below

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TLC RELEASES & POLICIES

CHILD'S NAME: _____

Please initial EACH LINE indicating that you agree with our Releases and give us permissions:

_____ I have been provided a copy, have read and agree to the Trinity Learning Center (TL) Policy guidelines

_____ I give my permission for my child's photo to be used for TLC promotional materials. No last names will be used unless parents give written permission prior to publication.

_____ Printed materials (flyers, etc.); _____ Trinity Christian Fellowship website only

_____ Facebook / Instagram; _____ Yes to all; _____ No to all

I give my permission for my child to be taken for walks, rides in the Bye-Bye Buggies, participate in the Pinehurst Splash Pad activity and/or swim in the little swimming pools on the TLC premises, and play on any playground equipment on or off premises while in the care of the TLC staff.

_____ I do release Trinity Christian Fellowship and Trinity Learning Center, Pinehurst, North Carlina, and its agents, from all liability for injury or accident, and do give my permission to the TLC and/or church staff and employees to secure medical attention should the need arise.

Please initial EACH LINE indicating that you agree and understand our Tuition/Registration policies:

_____ The Registration Fee(s) are non-transferable and non-refundable

_____ The Registration Fee must be paid before your child's slot is reserved

_____ Tuition will be charged whether your child attends class or not (vacation, doctor appointments, etc.)

_____ The tuition amount has been calculated and has been set for the entire school year. Consideration has been taken regarding holidays and breaks and are factored into the tuition. No changes or adjustments will be made; I understand and agree that all monies are non-transferable and non-refundable

_____ Tuition is due on or before the first day of the month

_____ **LATE TUITION FEES:** If tuition has not been paid by the 7th day of the tuition month, a late fee of $20 will be applied t your account. For tuition that has not been paid and has already assed a $2- late fee, you will continue to be charged $5 per day until payment has been made

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_____ **LATE PICK UP FEES**: If you are more than 10 minutes late for pick up, a $10 late fee will be applied to your account. Late fee balances for any reason, over $50 will result in the termination of your child's enrollment and your child's place will be given to another family.

Parent's Printed Name: _____

Patrent's Signature: _____ Date: _____

Teacher's Printed Name and Signature: _____ Date: _____

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