



Trinity Learning Center
12733 Kingston Pike
Knoxville, TN 37934

2026-2027

Dear New and Returning TLC Families:

We are so excited for our 2026-2027 school year! Enclosed you will find the forms required to complete your child's enrollment. A checklist is provided to help ensure all documents are completed. **These documents, beginning with page 5, are due back to our office by April 15, 2026.** These can be returned in one of the following ways:

- Bring to school between 8:00 and 3:00 on a school day
- Leave in school mailbox to the right of our entrance
- Mail to: Trinity Learning Center, P.O. Box 22462 Knoxville, TN 37933
- Email to: Admin@tlcknox.com

In addition to our enrollment packet, a current Immunization Record must be submitted. **Please make sure that your physician has signed the form and listed the "physical examination date" in the upper right hand corner of the form.**

If you have any questions, please do not hesitate to contact us at 865-288-3420 or email us at admin@tlcknox.com.

We look forward to a school year filled with learning, friendship, and lots of fun!

Sincerely,

Trinity Learning Center Administration

2026-2027 TLC Child Enrollment Checklist

Before turning in your Enrollment Packet ...

1. Complete these action items on the Brightwheel App :



_____ Login to your Brightwheel Child Care App and complete/update your parent profile

_____ Complete or Update Your Child(ren)'s Profile in Brightwheel
Include/Update: Address, Phone number, Allergies, Contacts, etc.

_____ Set up payment information in Brightwheel

Detailed instructions for the above steps are included in this packet.

2. Make sure you have the following items included with your completed enrollment packet: *(If completed by hand, please write legibly and in black ink only.)*

_____ TLC Student Information Card (PLEASE COMPLETE ALL LINES)

_____ "Help Us Get to Know Your Child" Questionnaire

_____ Children's Health History Checklist

_____ Tuition Agreement

_____ Parental Release and Authorization Form

_____ ***For children 3 years old & up:*** Personal Safety Curriculum Notification

_____ TLC Parent Orientation Checklist

Note: Information on this form will be discussed in detail at the "Parent Orientation Meeting" which will be held before school starts. Details are also found in our Parent Handbook.

_____ Child's Current Immunization Records

Must include an examination date and a physician's signature.

-If you have any updates to your immunization record after submitting your enrollment packet, those updates can be turned in at the start of the school year.

brightwheel App Instructions

Hello TLC Families,

Brightwheel is the app program our school uses for communication, billing, and check-in and check-out procedures. It helps our staff save time, allowing them to spend more time with your children, while giving parents a closer connection to their child during the school day. Brightwheel allows for auto-draft payments making billing much easier and one less thing our families need to worry about. The app is free for families and takes only a few minutes to sign up.

Instructions for Returning TLC Families:

1. **Check that Your Parent Profile is Updated.** Tap your profile in the main menu (top left side of app). Add a profile photo and make sure that your contact information is up-to-date, including phone numbers, and e-mail address.
2. **Update Your Child's Profile.** Tap "edit" on your child's profile to view and update the following areas:

- Allergies & Medication
- Doctor Info
- Address

- **Update Contacts:** You, as a parent, can add and invite other parents, family, and approved pick-ups within your child's profile. For example, you can add a nanny or friend who has your approval to pick up your child from school. You can add a grandparent, even if they live far away, that would like to see daily photos on Brightwheel. Just make sure you enter each person correctly.

Parents: will be able to see all daily communications and photos of their child as well as edit their child's profile

Family: will be able to see photos of your child and be able to pick-up your child from school, but will not be included in the daily communication

Approved pick-ups: will not get any communications or photos of your child, but can pick up your child from school

***Each person is given a different code to use when checking children in and out. We use these to know who dropped off and picked up your child and it is designed for your child's safety. Please DO NOT share your code or use anyone else's code (including your spouse)! We can help anyone listed find or reset their code, if needed.**

- **Multiple Children:** If you have multiple children at TLC, make sure each child's profile is completed.

Questions? Please contact the brightwheel team at support@mybrightwheel.com or visit www.mybrightwheel.com/support.

Instructions for New TLC Families:

1. Login to your Parent Account in your Brightwheel app (*your login is likely your phone number*)
2. If you haven't already, follow the link you received via text to set up your Brightwheel account

After you've signed up, here are the next steps:

3. **Enter Your Info:** Tap your profile in the main menu (top left side of app) to add a profile photo and update your contact info. Make sure that you fill this out completely.
4. **Choose a Check-in Code:** You can edit your check in code to a custom 4 digit code in My Profile. Choose something you will remember as you will use it to check your child in and out. If you forget it, you can find it any time under your profile. **Each person has a different code to use when checking children in and out. We use these to know who dropped off and picked up your child and it is designed for your child's safety. Please do not share your code or use anyone else's code (including your spouse)! We can help you find yours if you need assistance.**
5. **Set Up Payment Information:** We use Brightwheel as our billing platform. It allows parents easier access to their payment history and will allow you to set up auto-payments for a hassle-free payment process. To set this up on your account, go to the payment tab and choose payment settings to enter your payment method. You can also follow the text alert or email link sent to you by Brightwheel Billing to set this up.
6. **Enter Your Child's Information:** Tap "edit" on your child's profile to view and update info. Enter your address, child's birthday, allergies and medications, doctors and other details to their account.
7. **Add Other Parents, Family, or Approved Pick-Ups.** You, as a parent, can add and invite other parents, family, and approved pick-ups within your child's profile. For example, you can add a nanny or friend who has your approval to pick up your child from school. You can add a grandparent, even if they live far away, that would like to see daily photos on Brightwheel. Just make sure you enter each person correctly.

Parents: will be able to see all daily communications and photos of their child as well as edit their child's profile

Family: will be able to see photos of your child and be able to pick-up your child from school, but will not be included in the daily communication

Approved pick-ups: will not get any communications or photos of your child, but can pick up your child from school

***** If you will have multiple children at TLC this fall, make sure each child's profile is completed.**

Questions? Please contact the brightwheel team at support@mybrightwheel.com or visit www.mybrightwheel.com/support.

Trinity Learning Center STUDENT INFORMATION CARD

(Please fill out all information COMPLETELY and in black ink)

Child's Full Name: _____ Prefers to be called: _____

Birthdate: _____ (mm/dd/yyyy) Child's Gender: _____ Boy _____ Girl

Mother/Guardian: _____ Father/Guardian: _____

Preferred Phone: _____ Preferred Phone: _____

Address: _____ Address: _____

City/State: _____ Zip: _____ City/State: _____ Zip: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Employer Address: _____ Employer Address: _____

Employer Phone #: _____ Employer Phone #: _____

Work Hours: _____ Work Hours: _____

Child is in Legal Custody of: Both Parents _____ Mother Only _____ Father Only _____ Guardian _____

Child's Physician: _____ Phone: _____

Physician Address: _____ (street, city, state, zip)

Known Allergies or Medical Conditions: _____

If child must be transported to hospital, please indicate which hospital you would prefer: _____

EMERGENCY CONTACTS: Authorized to act for parents in an emergency if parents cannot be reached.

Name: _____ Home Address: _____

Place of Employment: _____ Work Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact is Authorized to Pick Up my child: Yes _____ No _____

AUTHORIZED PICK-UPS: The following additional people are authorized to pick-up my child. (Please add these names to your child's Brightwheel account).

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

=====
Pre-enrollment Visit Date: _____ Pre-enrollment Visit Waived: _____ First Day of Enrollment: _____

Parent Signature: _____ Date: _____

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TLC Help Us Know Your Child

Child's Name: _____

Parent Completing Document: _____

Social History

Other children in the family

Age

School

Others who live in the home & their relationship to your child:

Is the entire family together for any time each day? _____ When? _____

Is there any information about your family's culture, religion, or language that is important for us to know? _____

What language(s) are spoken in your home? _____

Does your child understand English? _____ Yes _____ No Does your child speak English? _____ Yes _____ No

Is your child read to? _____ How often? _____ Does your child enjoy being read to? _____

Favorite Book(s): _____

What experiences has your child had with group play? (Preschool, Sunday School, sports, organized activities, etc.)

How does your child play with children from other families?

What are some ways your child plays at home?

Eating Habits

My child eats mostly by:

_____ being fed by an adult _____ using hands/fingers _____ using basic utensils

What does your child use to drink:

_____ bottle _____ sippy cup _____ regular cup _____ nursing _____ other

How does your child tell you he/she is hungry or thirsty? _____

How often does your child eat? _____

Does your child have a generally positive attitude about eating? _____

Does your child have a generally positive attitude about trying new foods? _____

Is your child on a special diet? yes no If yes, please describe: _____

Favorite foods: _____

If your child refuses to eat, how is this handled? _____

Sleep Habits

Do you have an established evening routine at home? _____

Does your child sleep through the night? Child's Bedtime: _____ Child's Rise Time: _____

Does your child nap? Nap Time(s): _____

Does your child sleep with a special item or object? _____

My child shares a room with: Other Children Parents No One/Sleeps Alone

Toileting Habits

Is your child toilet trained? yes no If no, have you begun training at home? _____

Comments: _____

How does your child let you know he/she needs to use the restroom? _____

What words do you use at home to refer to toileting? _____

Does your child need regular reminders to use the restroom? yes no

Can your child manage their own clothes in the bathroom? _____

Growth and Development Please check any that apply to your child.

Speech/Language

Child speaks: quite well fairly well not very well hardly at all

Parents understand _____% Others understand _____%

Self-Help Skills

dresses self undresses self helps with chores helps pick up toys

washes own hands blows own nose carries own things

prefers to do things independently prefers assistance from parents or others

Attention and Behavior

___ engages in a non-screen time activity for over 5 minutes

___ prefers to change from one activity to another in less than 5 minutes

___ tries to problem solve ___ requests help when needed ___ is easily frustrated

___ transitions easily between activities ___ needs a warning before changing activities

___ struggles to leave a preferred activity ___ has difficulties with changes in routine

___ generally able to accept redirection ___ struggles to accept limits

How do you feel your child learns best? (visually, with a model, verbal direction, with frequent repetition, by doing it themselves, etc.)

Do you have any specific concerns about your child’s behavior or development? ___ yes ___ no
If yes, please explain:

Has your child ever been referred to a specialist? ___ yes ___ no
If yes, please explain type of referral and/or outcome:

All About Your Child

Circle the word(s) below that best describe your child:

- | | | | | | | |
|--------------------|------------|-------------------|-------------|------------|------------|---------------|
| Active | Mellow | Outgoing | Shy | Happy | Curious | Emotional |
| Strong-willed | Easy-going | Empathetic | Independent | Silly | Serious | Energetic |
| Cooperative | Confident | Timid | Patient | Impatient | Aggressive | Resilient |
| Mischievous | Quiet | Content | Loud | Persistent | Clumsy | Cautious |
| Gentle | Demanding | Creative | Nervous | Kind | Talkative | Unpredictable |
| Easily overwhelmed | | Easily distracted | | Friendly | Sneaky | Helpful |

Are there any other words you would use to describe your child’s personality?

How does your child react when he/she does not get their own way?

What are some things your child does well?

What are some things your child has a harder time with?

What are some of your child's favorite things? (toys, songs, activities, rewards)

What are some things your child dislikes or avoids?

What is comforting to your child when he/she is upset?

Is there anything else you would like to tell us about your child?

Trinity Learning Center, 12733 Kingston Pike, Knoxville, TN 37934
CHILDREN'S HEALTH HISTORY CHECKLIST

 Child's Name

 D.O.B (mm/dd/yy)

 Parent/Guardian Name

Please check YES or NO and provide us with information which can help us understand your child's overall health. This information is also valuable if your child becomes ill while in our care. Thank You.

Medical	Yes	No
1. Were there any problems with pregnancy or upon child's delivery? (i.e. premature birth, low birth weight, complications at birth) If yes, please describe:		
2. Has your child ever experienced a medical emergency, other than an injury? If yes, please explain.		
3. Is your child taking routine medications? If yes, please list & explain what the medication is for:		
4. Does your child have any allergies or reactions to anything , including foods, immunizations, medications, or insects? If yes, please list allergies & your child's typical reaction: ***Please ensure any allergy information is listed in brightwheel and on your Student Information Card.		
5. Does your child have asthma or experience frequent wheezing?		
6. Does your child have any other special medical concerns or diagnoses? If yes, please explain.		
7. Does your child have a diagnosis that requires ongoing medical care? If so, what is needed and who administers this care?		
8. Will your child need any ongoing medical care to be provided at school? If so, please describe the required care.		

Emergency Action Plan Required	Yes	No
<p>If your child has any life-threatening condition requiring medical care or medication to be left at school, an emergency action plan must be provided by your child's doctor and submitted to the school. This would include things like anaphylactic allergic reactions that require Epi Pens or seizure disorders. Indicate if a plan will be required and please include it with this form.</p>		
Hearing and Vision		
7. Does your child show indications of (or receive treatment for) hearing or speech problems?		
8. Has your child had more than two ear infections a year? If yes, how many?		
9. Does your child have tubes in his/her ears?		
10. Does your child have difficulty with vision or other eye problems or wear glasses?		
Special Services		
<p>11. Is your child receiving any special services for speech, language, occupational, or physical therapy? If yes, specify:</p>		

When was your child last examined by a physician? _____

(Specify Month, Year and Physician's Name)

Signature of Person completing this form

Date

TLC Tuition Agreement 2026-2027

Child's Name _____

This agreement is entered into by the undersigned parent/guardian (referred to as "you" and "your") of the child named below and Trinity Learning Center (referred to as "we", "us", "our", or "school") on the terms and conditions set out below:

- There will be 10 tuition payments for the 2026-2027 school year. Tuition is averaged out over the school year into 10 equal payments. Your first payment will be due May 15, 2026 and is non-refundable. Your following 9 payments will run monthly from August 15, 2026 through April 15, 2027. Your monthly tuition is listed below. Select the class your child has been enrolled in. If your child is enrolled in 2 classes, mark both classes and add the two tuition fees to get your monthly tuition total.

<input type="checkbox"/> 2 day Toddlers	\$330	<input type="checkbox"/> 3 day Toddlers	\$445
<input type="checkbox"/> 2 day 2's	\$330	<input type="checkbox"/> 3 day 2's	\$445
<input type="checkbox"/> 2 day 3's	\$305	<input type="checkbox"/> 3 day 3's	\$410
<input type="checkbox"/> 2 day 4's	\$300	<input type="checkbox"/> 3 day 4's	\$400
<input type="checkbox"/> 4 day 4's	\$495	<input type="checkbox"/> 5 day 4's	\$595
<input type="checkbox"/> 5 day Fab 5's	\$595		

Monthly Tuition Payment: _____

- Regular extended care will not be charged in your May tuition payment. It will be included in your monthly tuition invoices sent from August to April. This amount is specific to each child depending on the days and times enrolled. Changes can be requested by families and enrollment altered as space is available. This will be reflected on your tuition invoices.
- The Activities Fee of \$50 per class is charged with your first tuition payment and is non-refundable.
- Tuition invoices will be sent 5 days prior to their due date. Payments must be made by the 20th of each month or an automatic \$25 late fee will be applied.
- If you choose to use extended care on an as needed basis or have any additional charges, those will be added to your next monthly tuition bill or could be invoiced separately from your regular monthly tuition if needed.
- Please see the current school calendar for start and end dates, holidays, and other possible closure dates. There will be no make-up days or tuition credit and/or refund due to any closures, scheduled or otherwise.
- A late pick up fee of \$20 will be charged for any child picked up after 2:10 or after 3:15 if enrolled in after care. Regular late pick ups from after care may result in the inability to be enrolled in after care.
- For each of your payments that are returned to our bank unpaid, you agree to pay, with prior notice to you, an amount equal to that of the returned payment plus a \$30 returned charge fee.
- Because our program requires us to engage staff based upon the number of children enrolled, we cannot give tuition refunds or credits for days your child is absent.
- If you choose to terminate your child's enrollment, a 30-day written notice must be submitted to place in the student's file. You can request a withdrawal form from the office at any time. If tuition has been paid beyond what was currently due, the credit would be refundable. If any further tuition is due, TLC will invoice the family within a week of withdrawal notice. These funds will be due within 5 days. All future tuition invoices will be canceled.
- Due to the unlikeliness of filling a spot later in the school year, families who withdraw after February 15th will still owe 50% of the remaining tuition for the school year.

- I understand and agree with the policies above.
- I have completed setting up my billing information in Brightwheel.

Parent/Guardian Signature

Date

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Trinity Learning Center
Parental Release and Authorization Form

Child's Name: _____

For Office Use Only:
Teacher's Name _____

Personal Information Release

I give Trinity Learning Center permission to share my address, phone number, and email with other parents in my child's class. This is often used for birthday party invitations, playdates, etc.

_____ yes _____no

Photo/Video/Media Release

I give Trinity Learning Center permission to share photos of my child **only with other families within our class** on our Brightwheel App to share activities that occur throughout the school day.

_____ yes _____no

I give permission for Trinity Learning Center to use photos of my child on the school website or the school social media pages for purposes of showing school activities to the community.

_____ yes _____no

I give permission for my child to view videos at school. This would happen for very limited time periods and mainly for exercise during indoor recess times or on a rare special occasion. Videos would be G-rated.

_____ yes _____no

Parent Signature

Date

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Tennessee Department of Human Services
Personal Safety Curriculum Notification

Since 1985, Tennessee law has required that children in child care agencies receive annual instruction in personal safety, including child sexual abuse prevention. The personal safety curriculum shall include a Tennessee Department of Human Services (TDHS) recognized component on the prevention of child abuse.

Public Chapter 1032 passed by the General Assembly in 2008 requires that child care agencies have a personal safety curriculum, including a child sexual abuse component, for children enrolled in the agency, and that parents/legal guardians be informed about the curriculum, methods and terminology that will be used in teaching children about personal safety. TDHS was directed to provide guidelines for this curriculum, but individual child care agencies may choose a curriculum that accomplishes the same goal, and may use different terminology in the curriculum. The child care agency is required to allow parents/legal guardians to review and ask questions about the curriculum, and to meet with representatives of the child care agency if they have questions.

In addition, the child care agency must obtain from parents/legal guardians a form acknowledging that they have been notified of the child sexual abuse/personal safety curriculum being used by the child care agency in which the child is enrolled. A copy of the form is required to be maintained in the child's record.

"Keeping Kids Safe" is the sample personal safety curriculum offered by TDHS. This curriculum takes a holistic approach to the safety of children. The curriculum is composed of the following units: Self Esteem, Family & Friends, Feelings, Problem Solving, Personal Safety (general) and Personal Safety (four to five (4-5) year olds), and Safety Around Me. All sessions begin with group time and are followed by supplemental activities that give children additional practice in understanding the concepts. The curriculum uses hand puppets to serve as a group motivator and to introduce the stories. Together staff and parents decide what terminology to use when referring to the genitals, either the correct anatomical terms or the general term "private body parts" as specified below.

Child care agencies, please provide an answer for the questions that follow.

1. Identify the personal safety curriculum used by your agency:

"Keeping Kids Safe" is the personal safety curriculum used by our child care agency.

Our agency uses another personal safety curriculum described below:

Method of Instruction:

2. For all personal safety curriculum, please provide the sample anatomical terminology to be used:

Sample Terminology: "Private Body Parts"

The instructional materials used in the agency personal safety curriculum are available for review by the parents or legal guardians.

I/We acknowledge that we have been provided an opportunity to review the agency's personal safety curriculum, and have been notified of the sexual abuse/personal safety curriculum for our child/children.

Signature of Parent or Legal Guardian

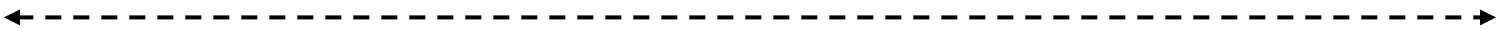
Date

Signature of Parent or Legal Guardian

Date

Signature of Agency Representative

Date



Some child care providers use the "Keeping Kids Safe" personal safety curriculum. The bottom portion of this form lists the web address where you can find this sample curriculum, provided by TDHS. Please take the bottom portion with you so that you can review the curriculum at your leisure.

http://www.tn.gov/assets/entities/humanservices/attachments/keeping_kids_safe_content_updated_wdraft_cover.pdf

Trinity Learning Center
Parent Orientation Checklist

Child's Name: _____

For Office Use Only:
Teacher's Name: _____

Please read and initial all statements.

- _____ I have received a copy of the Trinity Learning Center Parent Handbook and agree to follow the policies listed.
- _____ I have received a copy of the Tennessee Department of Human Services Summary of Licensing Requirements for Child Care Agencies and I understand that these requirements apply to TLC.
- _____ I have read TLC's Discipline and behavior management policies and will support the steps outlined.
- _____ I understand the TLC Office voicemail answering system is activated when the main number is busy, that voicemail is checked throughout the day, and I have the capacity to leave a message 24 hours a day. I understand that I may contact TLC at any time (after hours and in case of an emergency) through the Brightwheel App.
- _____ I agree to follow TLC's financial requirements as listed in the tuition agreement. I am aware of my tuition rate, extended care charges and other TLC fees. I understand that payments are due on the 15th of each month, in May and then running from August to April. I am aware that a 30-day notice is required for disenrollment.
- _____ *For children 3 years old and above:* I have been informed that a state-mandated personal safety curriculum will be taught to my child and that a copy of the curriculum is on file in the office for review. I have also been informed that TLC will teach a portion of the Safe Kids curriculum for school safety and that a copy of this curriculum is also on file in the office for review.
- _____ *For children 13 months and under:* I have read and understand TLC's Safe Sleep Policies.
- _____ I have received information about child neglect and abuse, including the prevention, detection, and reporting of the same.
- _____ I understand that on occasion, an impromptu age-appropriate fitness/exercise/movement video may be shown without prior notification in the event of indoor recess.
- _____ I have been informed of Trinity's "Impaired Release Policy," which states that anytime we feel a child is at "immediate risk," upon release, we will call 911.
- _____ I have listed any known allergies or health conditions on my child's enrollment paperwork.
- _____ I understand that I have to sign a parental release for the following: 1) administration of any medication (including creams, sunscreens, chapstick), 2) release of phone numbers, home address and email address to classmates, 3) permission to share photos of my child with other families in my child's class and on the school's website or social media, and 4) permission for my child to watch videos at school.
- _____ I understand that in the event emergency medical attention is warranted, TLC is authorized to call 911, treat and/or transport my child by ambulance to the hospital of my choice. I understand that I will be called ASAP by TLC staff.

- _____ TLC has informed me of my roles in their emergency preparedness/multi-hazard plan. This plan outlines procedures to follow in unlikely circumstances including fire, extreme weather, law enforcement emergencies (i.e. lockdowns and intruders), utility failure, and hazardous materials. I understand that I can request to view this entire plan through the TLC Director.
- _____ I understand that TLC wishes to promote and instill to our enrolled children the value of sound nutrition and physical activity. I will support this important effort when selecting snacks, lunch foods, and beverages to send to school with my child. I understand that I should send my child to school with a nutritious snack (a grain and fruit/vegetable) and nutritious lunch (milk, *unless allergies prohibit, 2 servings of fruits/vegetables, 1 serving of grains, 1 serving of meat/meat alternative) daily, as outlined by the USDA and American Academy of Pediatrics Lunch Food Guidelines for Children ages 1-12. I understand that food cannot be heated or refrigerated during the school day and an ice pack must be used to keep foods cold. I understand that food shall never be used as rewards for children or withheld as punishment. I will refrain from sending high-sugar desserts, carbonated beverages, and candy to school as these items do not fall within the recommended food guidelines.
- _____ All circular, air-way sized foods that are considered choking hazards must be cut in half lengthwise to avoid the danger of choking. This includes foods such as hot dogs, cherry tomatoes, grapes, olives, baby carrots, etc.
- _____ I understand that TLC promotes health and wellness through physical activity for children and is never used negatively or to control behavior.
- _____ I understand that I must sign my child in and out every day using the Brightwheel App.
- _____ I understand that I must provide written permission for my child to leave school with any person not already listed on the student information card and/or Brightwheel App.
- _____ I understand that I will notify TLC Office Staff if I remove an authorized pick-up from my child's Brightwheel App.
- _____ I understand that I must give written permission for observation of my student by a non-childcare agency staff member.
- _____ I have been informed that TLC follows the Knox County Schools Closure Plan in regards to inclement weather, delays, and illness.
- _____ I am aware that TLC is a non-smoking/tobacco-free facility.
- _____ I am aware of TLC's hours of operation, drop-off and pick-up times, and late fees associated with late pick up and late tuition.
- _____ I am aware of TLC's transition plan when moving a child from one grade/class level to the next.
- _____ I am aware of TLC's "Hold Harmless Agreement" for staff babysitting.
- _____ I am aware of the ongoing Parent Engagement opportunities that will be offered at Trinity Learning Center.

My signature confirms that I have read and agree to all the statements listed above.

Parent Signature

Date