

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:	Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)			Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State Zip Code
Parent/Legal Guardian's Name	Home Phone ()	Parent/Legal Guardian's Name (Optional)	Home Phone ()
Home Address (if not child's address)	Cell Phone ()	Home Address (if not child's address)	Cell Phone ()
City	State	Zip Code	City State Zip Code
Email Address (optional)		Email Address	
Employer Name	Work Phone ()	Employer Name	Work Phone ()
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)			
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)			

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2.	()
3.	()	4.	()

Parent/Legal Guardian Initials:
 _____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.
 Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116
 COMPLETION: Required
 PENALTY: Rule Violation

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Community Education School Age Child Care Program

Child Information Form (One Form per Child)

Please Print

Date: _____

Child's Last Name

Child's First Name

DOB _____
MM/DD/YYYY

Grade: _____

Age _____

SCHEDULE – Please indicate when your child will be using the School Age Child Care

- Before & After** ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday
- Before Only** ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday
- After Only** ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday
- Schedule varies-** Will contact SACC Director weekly with updated schedule

School Age Child Care Director must be notified immediately of any changes to your child's schedule. You will be required to highlight attendance book weekly.

Parent(s) Name: _____
Mother / Last Name, First Name

Father / Last Name, First Name

Marital Status: ___ Single ___ Married ___ Divorced ___ Other

Siblings Names & Ages _____

Custody Information _____

1. Have there been any changes in your child's life recently? Yes No

If yes, please explain _____

2. My child's greatest fears are: _____

3. When angry, my child will: _____

4. My child has difficulty with: _____

5. Please share any family traditions/holiday celebrations/heritage information:

Does your child receive any special support services during the school year? Yes____ No____

Including: Support for learning? Yes____ No____
Support for behavior? Yes____ No____
Support for communication? Yes____ No____
Support for health related issues? Yes____ No____

Please explain:

Please share strategies used at school and at home that are effective with your child:

Please share any additional information needed by our staff to plan for your child's success in our program:

Electronic Signature Agreement: By signing this Electronic Signature Agreement, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Electronic Signature	
Electronic Signature:	
Please type your First and Last Name	Date
<input type="checkbox"/> I understand that checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.	



Community Education School Age Child Care Program

Movie Release

I give my permission for my child/children to watch G and/or PG rated movies. On occasion a carefully selected G or PG movie will be shown.

1. _____ **G- Movies** Yes___No___ **PG – Movies** Yes___ No___
Child's Last Name Child's First Name
2. _____ **G- Movies** Yes___No___ **PG – Movies** Yes___ No___
Child's Last Name Child's First Name
3. _____ **G- Movies** Yes___No___ **PG – Movies** Yes___ No___
Child's Last Name Child's First Name

____ **YES**, I give permission

____ **NO**, I do not give permission

Parent Signature

Date



Community Education School Age Child Care Program

Media Release/Student Work Photograph Form

- | | | |
|----|-------------------|--------------------|
| 1. | _____ | _____ |
| | Child's Last Name | Child's First Name |
| 2. | _____ | _____ |
| | Child's Last Name | Child's First Name |
| 3. | _____ | _____ |
| | Child's Last Name | Child's First Name |

Periodically the media may be invited to visit School Age Child Care. I hereby give my permission for my child/children's projects, photographs, video images and/or voice recordings to be released to the paper, shown on the community channel or posted on the internet. I will immediately notify the Site Director and/or staff in writing should any of the above conditions change. There is no monetary compensation for the use of these projects and/or images.

____ **YES**, I give permission

____ **NO**, I do not give permission

Parent Signature

Date



Community Education School Age Child Care Program Payment Agreement

- | | |
|-------------------------------|-----------------------------|
| 1. _____
Child's Last Name | _____
Child's First Name |
| 2. _____
Child's Last Name | _____
Child's First Name |
| 3. _____
Child's Last Name | _____
Child's First Name |

School Age Child Care is a Prepay Program
 Registration fee and one week's tuition payment is due before enrollment can begin.
 Your tuition payment is due weekly on the Thursday BEFORE the week of care.

1. I understand that my child's School Age Child Care account from the previous school year and /or summer must be in good standing or I cannot register my child for the program.
2. I agree to pay **Registration Fee:** \$60 per child / \$75 per family (non-refundable – prices subject to change).
3. I agree to **pre-pay \$4.50 per hour per child.** I understand that there is minimum charge of one hour per session (morning and/or afternoon). After the one hour minimum I will pay in 15 minute increments. (Prices subject to change)
4. **I understand that if my child's account is not at a zero balance or in a credit status, my ProCare Log In code will be disabled and my child will be denied entry to the School Age Child Care.**
5. I understand my Payment Options are; Online using Tuition Express, Phone School Age Child Care Office with Credit Card, Mail check or Bring cash payment to the Community Education Center.
6. I understand the parent that is listed on the School Age Child Care registration form is considered to be the person responsible for full payment.
7. I understand that I will be emailed my account statement every Monday, if I fail to receive a statement I will contact my School Age Child Care Director or the School Age Child Care Office.
8. I understand that if I have joint custody of my child and if I share financial responsibility for payments I must work out the payment method with other parent. If I choose I can have a separate School Age Child Care account and I will register separately, pay a separate Registration Fee and Prepay.
9. I understand that the School Age Child Care closes at 6 pm. I understand that I will be charged a late fee of **\$1 per minute, per child** at 6 pm until my child is picked up. I understand that if I call and notify the School Age Child Care that I will be late, it will NOT eliminate the late fee charge. I understand there are also additional fees for the following: **\$5** Unexpected Attendance, **\$5** No Call/No Show, **\$5** Declined Charge payment through Tuition Express, **\$25** NSF fee for returned check.

Parent Signature: _____

Date: _____



Community Education School Age Child Care Program

Policy Agreement

1.	_____	_____
	Child's Last Name	Child's First Name
2.	_____	_____
	Child's Last Name	Child's First Name
3.	_____	_____
	Child's Last Name	Child's First Name

- I agree to keep my tuition payments current. My School Age Child Care account will be at a zero balance or in a credit status.
- I agree to clock in / out my student each time I drop off and / or pick up my child.
- I agree to provide the SACC Director my child's schedule a week in advance of my child SACC Program.
- I agree to call the SACC room to inform staff whenever my child will be absent. If my child is ill, I will not send my child to School Age Child Care and will make alternate arrangements.
- I will complete and submit all enrollment forms. I will keep all enrollment information current and up-to-date.
- I will read all communications from SACC Director, i.e., newsletters, e-mails, posters and bulletin boards.
- I will keep Director informed of any changes or incidents at home that might result in a change in my child's behavior or attitude.
- I confirm that my child is in good health, able to participate in all activities unless otherwise indicated on the Certificate of Good Health Form, and is up to date on his/her immunizations.
- I agree and assume full responsibility for any damage to person or property caused by my child.
- If a medical emergency arises, SACC staff will first attempt to contact me. If I cannot be reached, the staff will contact the person(s) on the Child Information Record. If the emergency is such that immediate hospital attention is necessary, appropriate emergency procedure will be followed.
- I agree that if the behavior or health of my child should necessitate sending him/her home, I (or someone on my Child Information Record) will IMMEDIATELY pick up my child from the program. I agree to keep my Child Information Record up-to-date.
- I understand that if my child has a persistent pattern of negative behavior and interventions have not been successful, I may be asked to remove my child from the SACC program.
- I understand that if I choose I will provide a nutritious snack for my child. Snacks will not be provided by the School Age Child Care program.
- I understand on any half days, there may be field trips or special activities, which I must sign up for and pay for in advance. NO REFUNDS will be issued for field trips.
- I have read, understood and agree to all of the above. If I have any questions or concerns I will contact School Age Child Care Coordinator, CJ Wajeesh at (586) 797-6980.

All policies, procedures and staffing related to the School Age Child Care Programs are under the discretion of the School Age Child Care Coordinator.

Parent Signature: _____

Date: _____



Behavior Contract

1.	_____	_____
	Child's Last Name	Child's First Name
2.	_____	_____
	Child's Last Name	Child's First Name
3.	_____	_____
	Child's Last Name	Child's First Name

- I will report directly to School Age Child Care room immediately after school is dismissed and follow specified check-in procedures
- I will listen to staff and follow directions
- I will respect other people's belongings by not touching/using their belongings without permission
- I will respect School Age Child Care property and help clean up personal messes and assist in leaving an area better than I found it
- I will be responsible for all my actions
- I will respect others personal space by keeping my hands and feet to myself
- I will not have any physical contact with other people
- I will not raise my voice while inside the building and will use my inside voice when speaking
- I will use appropriate language and not use negative remarks
- I will ask staff for permission to leave the room/area
- I will respect others feelings by having a positive attitude when talking to them

School Age Child Care operates with a **"ZERO TOLERANCE"** policy towards bullying

Not abiding by these rules may result in suspension and /or termination from the School Age Child Care. All incidents will be handled on a Three Incident System, except physical contact and leaving designated room/building without permission. If physical contact occurs, or if a child runs from the SACC room or building it will be an Immediate One Day Exclusion from the School Age Child Care.

All other incidents will be handled as follows:

- | | |
|--------------------------------|--------------------------------------------------------------------------------|
| 1st Incident | Verbal Warning |
| 2nd Incident | Written Warning / Parent Meeting / Child Coaching Plan / Parent Pick-up |
| 3rd Incident | 1-Day Exclusion from School Age Child Care |

Student(s) Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Community Education School Age Child Care Program

Parent Handbook Acknowledgment Form

The parent handbook describes important information about our programs, and I understand that I should consult my Director regarding any questions not answered in the handbook.

Since information and policies are subject to change, I acknowledge that revisions to the handbook may occur and will be notified in writing as soon as possible after any changes have been made. I understand that the revised information may supersede, modify, or eliminate existing policies.

- I understand that the School Age Child Care Parent Handbook may not cover every issue that arises and as a result creates the need for communication between the SACC Staff and myself
- I understand that I am held accountable for these policies until my child is no longer enrolled
- I have reviewed and discussed any pertinent information with my child

Furthermore, I acknowledge I have read and agree to all terms and conditions set forth in the SACC Parent Handbook. I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

Please sign and date and return to your SACC Director to keep on file.

Building: _____

1. _____
Child's Last Name

Child's First Name

2. _____
Child's Last Name

Child's First Name

3. _____
Child's Last Name

Child's First Name

Parent Signature: _____

Date: _____



Community Education School Age Child Care Program

Good Health Certificate (one form per child)

Child's Last Name

Child's First Name

Has your child been diagnosed with any of the medical conditions or problems listed below?	Yes	No
Allergies		
Hay Fever		
Asthma		
Eczema or frequent skin rashes		
Convulsions/Seizures		
Heart Trouble		
Diabetes		
Frequent colds, sore throats, earaches (4 or more per year)		
Trouble passing urine or bowel movements		
Shortness of breath		
Menstrual problems		
Dental problems: date of last exam		
Reactions to food, medication or other that has not been diagnosed by a Doctor as an allergy		
Other		

Please explain any problem identified above:

Does your child have allergies? Yes _____ No _____

If yes, please list allergies: _____

List all medications your child takes: _____

Please note any illnesses, accidents or hospitalizations your child has experienced:

I hereby certify that my child is in good health and that his/her immunizations are current.

Parent Signature: _____

Date: _____