

***Kids Care Program
Checklist
Items that are needed
at the time of Registration:***

- Registration Dues = \$40.00 first child/\$10.00 each additional child. (Exact change or check)

- Completed Registration Form (4 pages)

- Completed Emergency Contact Form (Included with 4-page Registration Form)

- Completed Child Information Record
Child Information Record must be filled out completely. Below is information you should have available at registration:
 - Name of Child's Physician.
 - Physician phone number.
 - The name, address, and phone numbers of local person to be contacted in case of emergency.
 - Addresses of father/mother/legal guardians
 - Employer's phone number.

- Completed Good Health Form

- Signed Health Care Plan

- Medication Permission/Instructions Form, if needed. (Please ask for form)

- Parent Notification of the Licensing Notebook Requirement

- Parent Signature page from handbook.

New Re-Enroll

School Year: 2019-2020

Parent/Guardian Information

Parent/Guardian 1 First Name: _____ Last Name: _____

Address: _____

Date of Birth: ____ / ____ / ____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Cell Provider: _____

Do you wish to be contacted by text message? _____

(Standard text messaging rates apply according to your provider's plan)

Custodial Parent (If married, mark both parents) Driver's License #: _____

Email: _____ (Statements will be emailed)

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives with Emergency Contact Authorized Pickup

Is there any information regarding custody or living arrangements we should know?

Parent/Guardian 2 First Name: _____ Last Name: _____

Address: _____

Date of Birth: ____ / ____ / ____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Cell Provider: _____

Do you wish to be contacted by text message? _____

(Standard text messaging rates apply according to your provider's plan)

Custodial Parent (If married, mark both parents) Driver's License #: _____

Email: _____ (Statements will be emailed)

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives with Emergency Contact Authorized Pickup

Child Information

1st Child First Name: _____ Last Name: _____

Name child prefers to be called: _____ Teacher: _____

Child's Address: _____

Gender: Male Female Date of Birth: ___ / ___ / ___ Grade: _____

School: Addams Fisher Jefferson Vandenberg

2nd Child First Name: _____ Last Name: _____

Name child prefers to be called: _____ Teacher: _____

Child's Address: _____

Gender: Male Female Date of Birth: ___ / ___ / ___ Grade: _____

School: Addams Fisher Jefferson Vandenberg

3rd Child First Name: _____ Last Name: _____

Name child prefers to be called: _____ Teacher: _____

Child's Address: _____

Gender: Male Female Date of Birth: ___ / ___ / ___ Grade: _____

School: Addams Fisher Jefferson Vandenberg

4th Child First Name: _____ Last Name: _____

Name child prefers to be called: _____ Teacher: _____

Child's Address: _____

Gender: Male Female Date of Birth: ___ / ___ / ___ Grade: _____

School: Addams Fisher Jefferson Vandenberg

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up First Name: _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact

Authorized to pick up the following children: _____

2nd Contact/Pick Up First Name: _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: _____

Cell Phone: _____ Work Phone: () _____

Email: _____

Emergency Contact

Authorized to pick up the following children: _____

3rd Contact/Pick Up First Name: _____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Emergency Contact

Authorized to pick up the following children: _____

NOTE: Person(s) listed above must provide picture ID before child(ren) will be released from the Kids Care Program. At the time of pick up or drop off they will be required to register in our electronic data base.

Kids Care Schedule:

Start Date: _____

AM Session Drop Off per day: **Full-time:** 7:00am (\$8.00)**Part-time:** 8:00am (\$4.00)PM Session Pick Up per day: **Full-time:** 6:00pm (\$9.00)**Part-time:** 4:30pm (\$5.00)**AM Days:** M T W TH F **PM Days:** M T W TH F Regular Contract: Yes No Flexible Contract: Yes No

I agree to adhere to the policies of the program and the schedule established by this contract. I also understand and agree that monthly payments for Kids Care must be paid in advance by the 18th of every month. Payments not received by the 18th of the month will be subject to a \$20.00 late fee, and will result in the child(ren) being removed from the program until the balance is paid. I understand that the parent/legal guardian signing this contract is obligated for all Kids Care fees, including a non-refundable \$40 registration fee (\$10.00 per additional child in family).

Payment Information

Payments can be made by check, money order, or on line at southredford.org thru payschools.

A \$2.00 fee applies to all payschool online payments.

If you are paying by check, please include your **driver's license number** on all checks.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

I have chosen a flexible schedule. I understand that I will be billed for the number of days that I have submitted on my flexible calendar, even though I may not use every day. I understand that I must submit a schedule **no later** than the Friday before the week begins. I understand that all payments are due by the last business day of the month, regardless of when schedule is submitted.

INITIAL _____

Thank You!

GOOD HEALTH FORM
2019-2020

Child's Name: _____ School: _____

Please sign and return the following form. This form must be completed before your child may start Kids' Care.

1. Does your child require medication that would have to be given during Kids Care hours? _____
If so, please fill out the medication permission and instruction sheet.

2. Does your child have any allergies? Yes No
If so, list any allergies: _____

3. My child is in good health. Yes No
If no, please list medical conditions we should be aware of:

4. Does your child have an IEP (Individualized Education Plan) .Yes No

5. My child's immunizations are up to date. Yes No

6. My child's immunization record is on file at my child's school. Yes No

7. My child is able to do all activities with the Kids' Care Program. Yes No
If no, please explain:

8. I give permission to have sunscreen applied to my child: Yes No
Signature _____ Date _____

9. I allow my child to watch PG movies with Kids' Care. Yes No

10. I allow pictures to be taken of my child during Kids' Care and used on Cable TV, Districts Website, Literature regarding Kids' Care, Newspaper. Yes No

Signature _____ Date _____

11. Is there any additional information we should know when caring for your child? Yes No

I agree that the above information is correct to the best of my knowledge. In the event that any of the above information changes, I will notify the Site Supervisor immediately. As part of our program, there will be times that we take the kids outside to play and to get exercise. In order for them to be allowed to play on the playground equipment during the before and after school hours of Kids' Care, you need to sign this form understanding that the playground equipment has not been inspected or approved by the state.

Signature _____ Date _____

Health Care Plan
2019-2020

1) Children and Staff hand washing:

- a. Must wash hand before eating, cooking and after bathroom use
- b. Use soap and warm running water
- c. Lather hands with soap and rub for 15 seconds
- d. Wash backs of hands, wrists, between fingers
- e. Rinse hands under warm running water for 10 seconds
- f. Dry hands with paper towel or air dryer
- g. Turn off faucet using the paper towel

2) Handling children's bodily fluids:

- a. Adult must wear protective gloves when handling children's bodily fluids. Dispose of gloves in trash and wash hands, using the First Aid training standards.

3) Cleaning and Sanitizing:

- a. All toys, equipment and other surfaces will be washed at least once a week, or more often if needed, using an approved disinfectant.

4) Controlling infection and universal precautions:

- a. Any child with a fever higher than 99° or present signs of a contagious infection/disease will be sent home from Kids Care.
- b. Children who have had a fever over 99° must remain home until they have been fever free for 24 hours.
- c. If a child has vomited while in the program, they will be sent home and cannot return for 24 hours.
- d. If a child has diarrhea they should stay home until it is resolved.
- e. If a child stays home from school due to an illness, they cannot attend Kids Care on that day.
- f. We will control infection by cleaning and sanitizing all materials once a week, and more if needed.
- g. We will enforce hand washing before meals and after bathroom use.

5) Health Related Resources

- a. St. Mary Mercy Hospital 734-655-4800
- b. Garden City Osteopathic Hospital 313-421-3300
- c. Children's Protective Services 313-396-0300
- d. National Youth Crisis Hotline 800-448-4663
- e. Public Health Department 734-727-7086
- f. Poison Control Center 800-764-7661

I have been given a copy of the Health Care Plan for Kids' Care and I have read and understand what the health procedures are.

Print Students Name _____

Parent Signature _____ Date _____

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
Father/Legal Guardian's Name		Home Phone ()	Mother/Legal Guardian's Name		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 (optional)		
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. 6-15) Previous edition 7-12 only may be used.

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 must initial one of the following:	
_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.	
_____ I do not give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. I understand I assume responsibility for all emergency medical care.	
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. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

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

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PARENT NOTIFICATION OF THE LICENSING NOTEBOOK
Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Licensing and Regulatory Affairs

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at **www.michigan.gov/michildcare**.

I have read the above statement issued by _____

Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____

Date _____

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