

# How to Register for Center Line Public Schools School-Age Child Care (SACC)

Fill out all forms completely.

- There can be no blank spaces.
- If something does not apply, please put NONE or UNKNOWN;  
**DO NOT LEAVE BLANK.**

Return forms with your registration fee and two weeks' tuition.

- Prior to June 15, 2018 and after September 4, 2018, you may return them to the SACC caregiver at your elementary school.
- Between August 6, 2018 and August 30, 2018, please return them to:  
Early Childhood Center  
24580 Cunningham  
Warren, MI 48093  
(8 a.m. – 3:30 p.m.)

Registration Fees:

- One student is \$35.00
- Two or more students are \$65.00 per family

Rates:

	Credit/Debit Card	Cash or Check ( <i>Discount</i> )
One child	\$4.85 per hour Calculated by the ½ hour Minimum charge 1 hour/day	\$4.60 per hour Calculated by the ½ hour Minimum charge 1 hour/day
Each additional child	\$4.10 per hour	\$3.85 per hour

YOUR STUDENT(S) ARE NOT REGISTERED UNTIL THE REGISTRATION FEE AND TWO WEEKS' TUITION IN ADVANCE IS PAID.

If you have any questions, please contact Sheryl Durka at the Early Childhood Center – 586-510-2800 or [durkas@clps.org](mailto:durkas@clps.org).

# 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.

<b>For Provider Use Only:</b>	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**

<b>Emergency Contact &amp; Release of Child:</b> 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.	( )	( )
<b>Release of Child Only:</b> 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. ( )

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

<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b>	
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	

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

CENTER LINE PUBLIC SCHOOLS

SCHOOL-AGE CHILD CARE (SACC)

INITIAL SCHEDULE

2018-19 SCHOOL YEAR

**PLEASE NOTE THAT WE WILL NOT TAKE CHILDREN ON AN "AS NEEDED" BASIS;  
SCHEDULES ARE NOT FLEXIBLE WITH YOUR WORK SCHEDULE.  
WE DO NOT GIVE CREDIT FOR VACATION, ILLNESS OR ABSENCE FOR ANY OTHER REASON.**

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

Child's School: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

Please fill out this schedule completely. **BLANK SPACES WILL BE REGARDED AS A DAY YOUR STUDENT DOES NOT ATTEND SACC.** Keep in mind SACC hours are **no earlier than 6:30 a.m.** and **no later than 6:00 p.m.** Prior to starting this new schedule, it must be approved by your SACC provider.

**SACC charges are calculated in ½ hour increments.  
There is a one hour minimum per day.**

DAY	TIME DROPPED OFF IN MORNING	TIME PICKED UP IN AFTERNOON
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**I understand that this is the schedule that I must adhere to and will be invoiced.** I understand that I am responsible for payments as noted on my invoice. **I understand that unpaid invoices may result in my child being ineligible for the SACC Program.** I further understand that if I wish to change this schedule or withdraw from the program, I must complete the appropriate form or I will continue to be billed.

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Child Care Provider Signature (Approving Schedule Adjustment) Date



CENTER LINE PUBLIC SCHOOLS  
SACC HEALTH CARE INFORMATION  
2018-19 SCHOOL YEAR

**Please fill out completely:**

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

School Attending: \_\_\_\_\_

Name of Child's Physician or Health Clinic	Office Hours	Phone Number (    )	
Address (Number and Street)	City	State	Zip Code
Hospital Preferred for Emergency Treatment	Health Insurance Policy Name and Number		

My child, \_\_\_\_\_, is in good health and immunizations are up-to-date. I, as the parent (guardian), assume responsibility for my child's health while said child attends the Center Line Public Schools SACC Program. I hereby give permission to Center Line Public Schools to secure emergency medical and/or emergency surgical treatment for the above named minor child. Non-emergency medical treatment or elective surgery is not included in this authorization.

Please list your child's health restrictions, allergies or special needs:

---

---

---

---

---

Signature of Parent/Guardian

Date

**SCHOOL-AGE CHILD CARE (SACC)  
PLAYGROUND RELEASE**

**CROTHERS, PECK, AND ROOSE  
2018-19 SCHOOL YEAR**

The School-Age Child Care Programs operate in Michigan Department of Education approved buildings.

The School-Age Child Care Program plans to use the outdoor playground and equipment located at the school. This outdoor play will take place before and after regular school hours. The playground and equipment may or may not comply with the State License Rule R 400.5117.

Michigan Public Schools use the Handbook for Public Playground Safety Guidelines generated by the U.S. Consumer Product Safety Commission.

**I have been informed of the School-Age Child Care Program's intent to use the playground and equipment at the school.**

---

Parent Signature

Date

**Center Line Public Schools**  
**Roose/Wolfe School-Age Child Care**  
**at the**  
**Early Childhood Center**

**Routine Transportation Permission Form**  
**2018-19 School Year**

Student Last Name	Student First Name
School	
Teacher	Grade

**ROOSE**

I, \_\_\_\_\_, give my permission to Center Line Public Schools to transport my child from the Center Line Public Schools Early Childhood Center to Roose Elementary in the morning and from Roose Elementary to Center Line Public Schools Early Childhood Center at the end of the school day.

**WOLFE**

I, \_\_\_\_\_, give my permission to Center Line Public Schools to transport my child from the Center Line Public Schools Early Childhood Center to Wolfe Middle School in the morning and from Wolfe Middle School to Center Line Public Schools Early Childhood Center at the end of the school day.

---

**Parent/Guardian Signature**

**Date**



School-Age Child Care (SACC)  
Parent Agreement  
2018-19

1. I understand that there is a non-refundable registration fee of \$35.00 for one child or \$65.00 per family.
2. I understand that tuition payments are due **TWO WEEKS IN ADVANCE**. Tuition is calculated by the schedule that I submit with my SACC registration.
3. **I understand that I am obligated to pay for the entire scheduled time, even if I do not use the full amount due to illness, vacation, early pick up or late drop off.**
4. I understand that if my full amount is not paid prior to the start of the invoiced two week period that my child may not be allowed in SACC until it is paid.
5. I understand that there will be no adjustments on my invoice for partial hours, days missed due to non-payment of invoice, vacation, illness, early pick up or late drop off.
6. I understand that **I must give the SACC Program a two week notification to withdraw my child**. Furthermore, I understand that I am responsible for two weeks' tuition from the date I submit written notification of withdrawal from the SACC Program.
7. I understand that if a check or credit card payment is returned for Non-Sufficient Funds, a \$25.00 service fee will be charged. I also understand that I may have to pay by cash for all future services.
8. **I understand that there is a \$1.00 per minute charge after 6:00 p.m. and this is due and payable to the caregiver when I pick up my child. If there has been no parent contact by 6:30 p.m., the Warren Police will be notified.**
9. I understand that in the event that I or any other person designated to pick up my child appear to be under the influence of drugs or alcohol, my child will NOT be released. The person designated as the Emergency Contact Person will be called immediately to arrange safe transportation. If I refuse to leave my child at this time, I understand that the SACC staff will call the police to inform them that my child is in an unsafe situation.
10. I understand that I need to keep my child home when he/she is ill, including, but not limited to, fever, vomiting, diarrhea, and rash. I will follow the "24 Hour Rule" before allowing them to return to school.
11. I understand that the SACC program will provide a snack before and after school.
12. **I understand that I, or a designated Emergency Contact, must sign my child in and out daily with my initials and time. The Emergency Contact must be another adult. This is a State of Michigan Licensing Requirement.**



13. I understand that, in the event my child is having problems adjusting to the program, a conference will be arranged. I understand that after said conference, I will have the right to withdraw my child if I so decide without the two week notice. I also understand that the SACC Program reserves the right to discontinue care for my child after said conference if it is the opinion of the caregiver and administrator that my child will not benefit socially, emotionally, physically or mentally in the program or if my child will cause harm socially, emotionally, physically or mentally to other children.
14. I understand that there is a licensing binder at the SACC location for my perusal. If there is a Corrective Action Plan, it will be located in the SACC Licensing Binder. (Corrective Action Plans are issued by the State of Michigan Licensing Consultants as a result of their visits.)
15. I understand that the SACC Program opens at 6:30 a.m. and closes at 6:00 p.m.
16. I understand that if tax documentation is needed, I will request such documentation and it could take up to two weeks for me to receive it.
- 17. I understand that if my child brings toys, electronic devices, and/or a cell phone that Center Line Public Schools will not be responsible for lost, stolen or damaged items.**
18. I understand that my child may be bused from the SACC location to their home school and vice versa, and I am responsible for getting them to and from the designated SACC location.

**RATE STRUCTURE:**

	<b>REGISTRATION FEE</b>	<b>CREDIT/DEBIT CARD</b>	<b>CASH OR CHECK</b>
One child	\$35	\$4.85 per hour Calculated by the ½ hour Minimum charge 1 hour/day	\$4.60 per hour Calculated by the ½ hour Minimum charge 1 hour/day
Each additional child	\$65/family	\$4.10 per hour	\$3.85 per hour

**I have read the SACC Handbook and this Parent Agreement and agree to comply with the rules and procedures within. I give permission for my child to participate in this program.**

**Parent/Guardian Signature:\_\_\_\_\_ Date:\_\_\_\_\_**