

Statements of Health and Immunization: To be completed by the parent.

Parent/legal guardian **must initial or sign** the appropriate statements:

1. Health

_____ My child is free from health conditions which could pose a risk to my child or other children and adults and has no limitations or needs regarding participation in daily activities.

_____ My child has a health condition which could pose a risk to my child or other children and adults and/or has limitations on participation, special needs, or requires treatment while in care. (Please describe using back or attachment.)

2. Immunizations

My child has completed or is in progress of receiving **immunizations** as recommended by the Department of Community Health.

___ Yes ___ No If no, please specify reason: ___ Religious ___ Medical ___ Other
___ If no, waiver on file

3. Notice of the Licensing Notebook

The Licensing Notebook contains all licensing inspection and special investigation reports and related corrective actions plans since May 28, 2010. The Licensing Notebook is available to all parents during regular business hours. Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at: www.michigan.gov/michildcare

I have read and understand the above information regarding the Licensing Notebook.

Parent Signature _____

Extended Day Care Handbook

* I have received and read the written information in the *HFRS Extended Day Care Handbook*.

4. Parent's Signature _____ **Child's name** _____

5. Date _____