COLDWATER COMMUNITY SCHOOLS

KIDS CLUB CHILDCARE CENTER REGISTRATION

Thank you for your interest in Coldwater Community Schools Kids Club Childcare Center. The following documents are required to start the enrollment process. You are required to fill out these documents ***completely*** before turning them in for processing. ***Please allow 1-2 days for processing of information before choosing a start date.*** Turn in all paperwork to the Kids Club office with your Registration Fee. If you have any questions, please feel free to contact us at 517-279-5975, Extension 4100.

Registration fee must accompany this paperwork.

_____*Registration Form*

_____*Payment & Policies Agreement*

_____*Choosing a Payment Plan* – **You MUST choose a Payment Plan based on hours/week.**

_____*Parent Notification of the Licensing Notebook*

_____*Signature page: Kids Club Parent Handbook / Parent Permission / School-Age Health Statement.*

_____*Child Information Record* –Per State of Michigan Dept. of Human Service-Bureau of Children and Adult Licensing: **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" is not an acceptable response.

_____*Health Appraisal* – **PLEASE READ CAREFULLY!**

a. **3 and 4 year olds**: *PERSONAL* and *Sections I, II, III, IV and V must be completed with signature and date.*
b. **School age**: PERSONAL and Sections I. Your " Signature and Date" at the bottom of Section I is required! A physical or immunizations are NOT REQUIRED FOR CHILDREN ENROLLED IN PUBLIC SCHOOL.

_____*Within 30 days of initial attendance, 1 of the following is required*:

****For preschoolers*: A physical evaluation performed within the *preceding year* signed by a licensed health care provider.**
****Physical evaluations shall be updated every 2 years for preschoolers.**

****Please take a moment to review your paperwork and make certain that all required fields are filled in, dated and signed!!**

COLDWATER COMMUNITY SCHOOLS
KIDS CLUB CHILDCARE CENTER
REGISTRATION 2019-20

Please refer to the Kids Club Parent Handbook for information reference Registration Fees and Payment Plans. **Please allow 2 days for processing your application**. Contact the Kids Club Coordinator with questions or concerns.

LAST NAME:_____FIRST NAME:_____MIDDLE INT:____

BIRTH DATE: ___/___/___ AGE: _____ GRADE LEVEL: _____ CIRCLE: MALE FEMALE

CHILD'S ADDRESS: _____CITY:_____

FATHER'S NAME: _____ EMAIL ADDRESS: _____

FATHER'S ADDRESS: (IF DIFFERENT FROM CHILD'S) _____

MOTHER'S NAME:_____ EMAIL ADDRESS:_____

MOTHER'S ADDRESS: (IF DIFFERENT FROM CHILD'S)_____

My child's start date is: ____/____/____

My child will attend Kids Club Childcare Center: (Circle)

In the A.M. = Mon. Tues. Wed. Thurs. Fri. DROP OFF TIME: _____

In the P.M. = Mon. Tues. Wed. Thurs. Fri. PICK UP TIME: _____

Full day cancellations/Full day PD days/2 hr. delays: YES NO

_____ **My child's schedule will not be consistent. I will inform Kids Club of our schedule using one of the following methods:**

_____ Monthly Calendar _____ Weekly Calendar _____ Week's advance notification

My child is enrolled in the following Preschool Program:

KLA A.M. ____P.M.____ **HeadStart** A.M.____P.M.____ **GSRP** A.M.____ P.M.____

I understand that a registration fee will be collected at time of registration (August to August) and each year thereafter.

Parent Signature: _____Date: _____/_____/_____

COLDWATER COMMUNITY SCHOOLS
KIDS CLUB CHILDCARE CENTER
PAYMENT AND POLICIES AGREEMENT

The Payment and Policies Agreement form is required at time of registration.

- ★ A one-time non-refundable registration fee is collected at the initial time of registration and each year thereafter. This registration fee is for September to September, the following year.
  - 1 CHILD: $40.00 3 CHILDREN: $100.00
  - 2 CHILDREN: $70.00 4 CHILDREN: $130.00
- ★ If accrued hours per week exceed your chosen Payment Plan, your account will be charged the appropriate Plan price.
- ★ There will be ***no*** refunds or carry-overs when children are not in attendance.
- ★ When Kids Club is closed Payment Plans will be prorated by the number of days that the program is open.
- ★ Hours per week are calculated by the computerized accounting system; rounding to the nearest 5 minutes up/down.
- ★ Failure to login or log-out will result in an additional fee. The fee will be the greater of $10.00 or the amount of hours as if you logged in at opening or logged out at closing.
- ★ An additional $5.00 per 5 minutes will be added to your account when your child is in attendance beyond the 6:00 p.m. closing time.
- ★ Payments are due the Monday following the week of service.
- ★ Currently accepting only cash or checks.
- ★ **Child care services may be suspended until payment is made.**
- ★ We require that ALL families leave a debit/credit card number on file with Kids Club. We will only process this information if:
  - You do not pay your accrued fees on time
  - Late fees are not paid
  - NSF return fees are required that are not paid

DEBIT/CREDIT CARD # _____EXP. DATE: _____SEC. CODE: _____

AGREEMENT STATEMENT:

I _____, parent of _____ have read and understand the above policies. I understand the policies and procedures therein and agree to them. I understand that it is my responsibility to review any updated documentation provided by Coldwater Community Schools Kids Club Program as it is distributed.

Signature: _____Date: _____/_____/_____

Payment Plans

You will need to choose a payment plan at the time of registration.

3 YEAR OLDS THROUGH 5TH GRADE

CIRCLE YOUR CHOSEN PLAN BASED ON HOURS PER WEEK CHILD IS ATTENDING:

Payment Plan	Hours Per Week	Weekly Rates
A	0-5	$25.00/wk
B	6-10	$37.50/wk
C	11-15	$52.50/wk
D	16-20	$60.00/wk
E	21-25	$68.75/wk
F	26-30	$82.50/wk
G	31-35	$96.25/wk
H	36-40	$110.00/wk
I	41-45	$123.75/wk
J	46-50	$137.50/wk
K	51-55	$151.25/wk
L	56-60	$165.00/wk

TODDLER ROOM

PART TIME DAYCARE 0-30 HOURS/WK.=$120.00/WK.

FULL TIME DAYCARE = $210.00/WK.

****LATE PICK-UP FEE* An additional $5.00 per every 5 minutes will be charged if your child is in attendance beyond 6:00 p.m.**

Revised: April 2018

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Human Services

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 Children and Adult Licensing 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 _____

COLDWATER COMMUNITY SCHOOLS
KIDS CLUB CHILDCARE CENTER
REGISTRATION

CHILD'S NAME _____Date: _____/_____/_____
(PRINT)

KIDS CLUB PARENT HANDBOOK

I have received and thoroughly read a copy of the *Kids Club Parent Handbook*. I understand it's policies and I agree to abide by them.

Parent/Guardian Signature: _____

SCHOOL-AGE HEALTH AND IMMUNIZATION STATEMENT

By signing this statement, I verify that my child is in good health and his/her immunization records/waiver are up-to-date and on file at their school.

Parent/Guardian Signature: _____

PERMISSION FOR PHOTOGRAPHY

Photographs will occasionally be taken of our children to display in the rooms, hallways, bulletin boards or to be used for publication in our local newspapers or the Coldwater Community School's webpage.

_____I authorize the staff at Kids Club Childcare Center to photograph my child/children to be used for publication in the local newspapers or Coldwater Community School's webpage.

_____Please DO NOT photograph my child *for any reason.*

I am aware that this permission slip will be valid for as long as my child is enrolled in this program or until I have submitted a written request to nullify all of the terms of this permission slip.

Parent/Guardian Signature: _____

PERMISSION FOR FIELD TRIP TO PARK/OR WALKING OUTINGS

Kids Club Childcare Center has my permission to take my child on short outings/walks to the park or surrounding area as part of our childcare program curriculum.

Parent/Guardian Signature: _____

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.)	

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 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

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

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. (**BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION**.)

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?
☐	☐	☐	1 Allergies or Reactions (for example, food, medication or other)
☐	☐	☐	2 Hay Fever, Asthma, or Wheezing
☐	☐	☐	3 Eczema or Frequent Skin Rashes
☐	☐	☐	4 Convulsions/Seizures
☐	☐	☐	5 Heart Trouble
☐	☐	☐	6 Diabetes
☐	☐	☐	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
☐	☐	☐	8 Trouble with Passing Urine or Bowel Movements
☐	☐	☐	9 Shortness of Breath
☐	☐	☐	10 Speech Problems
☐	☐	☐	11 Menstrual Problems
☐	☐	☐	12 Dental Problems: Date of Last Exam / /
☐	☐	☐	Other (please describe): _____
☐	☐		Does your child take any medication(s) regularly?
Reason for Medication			

Birth History:

Are there any current or past diagnosis(es) ☐ Yes ☐ No

If yes, please describe:

If yes, list medications:

_____ / /

Parent/Guardian Signature Date

Was the health history reviewed by a health professional?

☐ Yes ☐ No ***Examiner's Initials:*** _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	VISION Date: ___/___/___	Visual Acuity			
			Muscle Imbalance			
			Other:			
☐	☐	HEARING Date: ___/___/___	Audiometer			
			Other:			
☐	☐	URINALYSIS Date: ___/___/___	Sugar			
			Albumin			
			Microscopic			
☐	☐	BLOOD LEAD LEVEL Date: ___/___/___	Level _____ ug/dl ⇨			

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	HEIGHT & WEIGHT	Height			
			Weight			
		Other: _____	Other			
☐	☐	HEMOGLOBIN / HEMATOCRIT	⇨			
☐	☐	BLOOD PRESSURE	Reading: _____			
☐	☐	TUBERCULIN Date: ___/___/___	Type: _____ Neg.: ☐ Pos.: ☐ _____ mm			

NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3
	2	
DTaP/DTP/DT/Td	1	4
	2	5
	3	6
Tdap	1	
Haemophilus Influenzae type b (HIB)	1	3
	2	4
Polio (IPV/OPV)	1	3
	2	4
Pneumococcal Conjugate (PCV7/PCV13)	1	3
	2	4
Rotavirus (RV1/RV5)	1	3
	2	
Measles,Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2

History of Chickenpox Disease? ☐ Yes ☐ No If yes, date:

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (HepA)	1	2
Influenza (IIV/LAIV)	1	3
	2	4
Meningococcal (MCV4 / MPSV4)	1	2
Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	2	
	Type of Vaccine(s)	Date of Vaccine(s)
OTHER Vaccines Specify Date & Type	1	
	2	
	3	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

Parent/Guardian refused immunizations: ☐

I certify that the immunization dates are true to the best of my knowledge

_____ _____ ___/___/___

Health Professional's Signature Title Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
☐	☐	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ 's teeth. As a result of this examination, my recommendation for treatment is: _____

child's name

_____ ___/___/___

Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ ___/___/___ _____ _____

Examiner's Signature Date ***Examiner's Name (Print or Type)*** Degree or License

_____ _____ MI _____ (_____) _____

Number & Street City ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

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Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.