

**Registration  
Packet for  
Additional  
Children**



# 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

School Age Child Care Director must be notified immediately of any changes to your child's schedule.

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	
<b>Electronic Signature:</b>	
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.	

# 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
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.
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<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	

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# Community Education School Age Child Care Program

## Child/ Parent Behavior Contract (one form per child)

\_\_\_\_\_  
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 exclusion and /or termination from the School Age Child Care. All incidents will be handled on a Three Incident System, except physical contact. If physical contact occurs it will be an Immediate One Day Exclusion from the School Age Child Care.

All other incidents will be handled as follows:

1 <sup>st</sup> Incident	Verbal Warning
2 <sup>nd</sup> Incident	Written Warning
3 <sup>rd</sup> Incident	Parent meeting and possible 1 day exclusion and/or termination from School Age Child Care

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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: \_\_\_\_\_