

**Registration
Packet for
Additional
Children**

CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult 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.

SCHOOL			GRADE		
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. 7-12) previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

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.	()

I give permission to _____, licensed by the Department of Human Services

Utica Community Schools

(Provider's Name)

to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent or Guardian	Date Signed
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Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.
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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
- Schedule varies- Will contact SACC Director weekly with updated schedule

School Age Child Care Director must be notified immediately of any changes to your child's schedule. You will be required to highlight attendance book weekly.

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	
Electronic Signature:	
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.	



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. If a child runs from the building or fails to return to the designated SACC room, there will be an immediate one day exclusion.

All other incidents will be handled as follows:

1 st Incident	Verbal Warning
2 nd Incident	Written Warning
3 rd 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: _____