Registration Packet for Additional Children

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.)	

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

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment 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

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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 _____ Grade: _____ Age_____

MM/DD/YYYY

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
☐ 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

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: _____**