

# CLIMAX-SCOTTS COMMUNITY SCHOOLS KIDS' CORNER PROGRAM

## KIDS' CORNER REGISTRATION \_\_\_\_\_ YEAR

Please complete and return with the \$10.00 registration fee (\$15.00 per family) to:  
Climax-Scotts Elementary, 11250 East "QR" Avenue, Scotts, MI 49088

<u>Child's Name</u>	<u>Grade</u>	<u>Age</u>	<u>Birthdate</u>	<u>Sex</u>
_____	_____	___	_____	___
_____	_____	___	_____	___
_____	_____	___	_____	___

Will your child(ren) be attending: \_\_\_ before school \_\_\_ after school \_\_\_ wrap-around child care \_\_\_ all

Name of parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Person to contact in case of an emergency (other than parent):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### EMERGENCY CARE:

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the Kids' Corner staff to act on my behalf in granting permission for the above named child(ren) to receive emergency treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 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.

<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
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

<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.	( )		

I give permission to Kids Corner, licensed by the Department of Human Services  
(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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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

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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## UNSCHEDULED CHILD PLACEMENT FORM

Inconsistent schedules may cause miscommunication and may result in an error in placement. In the event of a question of whether or not a child should be placed on the bus due to an inconsistent or incomplete schedule, lack of a note or message, or last minute change, **families will be asked to designate their choice of child placement. PLEASE INDICATE YOUR CHOICE:**

- **My child will remain at Kids' Corner to wait for parental pick-up. An unscheduled child care fee and regular child care fees will be charged.**
- **My child will be placed on the bus. I understand if no one is home to receive them, I may receive a call and have to retrieve my child from the bus garage. I release the Kids' Corner program and staff from all liability and responsibility of this decision.**

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(Parent/Guardian Signature)

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(Date)

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# School-Age Health Statement

New

To comply with licensing regulation R 400.8143(8), Children's Records, school-age parents must sign the following document upon enrollment and annually thereafter, to confirm the following:

(a) My child is in good health with any activity restrictions noted below.

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(b) I will notify the center of any accidents, illnesses, allergies, medications, or health restrictions that my child may incur that result in changes to my child's health.

(c) My child's immunizations are up-to-date.

(d) My child's immunization record or appropriate waiver is on file with the child's school.

Child's Name: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Annual Updates:

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Changes to My Child's Health: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Changes to My Child's Health: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Changes to My Child's Health: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Changes to My Child's Health: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Changes to My Child's Health: \_\_\_\_\_

**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](http://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 \_\_\_\_\_

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.

# CLIMAX-SCOTTS COMMUNITY SCHOOLS KIDS' CORNER CHILD CARE PROGRAM

## PARTICIPATION AGREEMENT

1. I understand that I am enrolling my child for the current school year.
2. I understand that during vacation periods and regular scheduled days off of elementary school, days school is closed because of inclement weather, there will be no program.
3. I understand that in the event a school delay occurs, Kids' Corner will not be operating in the morning.
4. I understand that I will be charged a \$1.00/minute late fee for every minute that my child is under staff supervision after 6:00 p.m.
5. In the event of an illness, vacation, or other absences from Kids' Corner on days for which I have registered my child, I understand it is my responsibility to notify Kids' Corner at 497-2114, the school office at 497-2100, and/or the bus garage at 746-5130.
6. The Kids' Corner staff will assume full responsibility for my child for the time he/she is signed in at the program until they are signed out or at dismissal time.
7. My child must be signed in at time of arrival and signed out by an authorized person.
8. If a medical emergency arises, the Kids' Corner staff will first attempt to contact me. If I cannot be reached, the Kids' Corner staff will contact my child's doctor. If the emergency is such that immediate hospital attention is necessary, the Kids' Corner staff may take my child to the hospital or call an ambulance if appropriate.
9. I understand that I am responsible for weekly payments of contracted fees, **paid in advance**. Reimbursements and credits will **not** be given once a child has been scheduled for the following week for missed days of childcare due to illnesses or other individual circumstances.
10. I understand that I need to fill out my child's Kids' Corner schedule for the up-coming week and turn it in with my payment on or before the Friday of each week.
11. I agree to pay an annual non-refundable registration fee of \$10.00 per child/\$15.00 per family.
12. I understand that Kids' Corner will open at 6:30 a.m. each morning. Kids' Corner staff is not authorized to allow anyone to enter the building before the scheduled start time. \*
13. I understand that there will be a \$20 additional fee for unscheduled childcare in addition to the hourly fee for unscheduled attendance.
14. I understand that in the event the kitchen is closed I will be responsible for providing a sack lunch and drink for my child if they attend child care.
15. My child is in good health, and I assume responsibility for his/her health while at Kids' Corner. I will notify the center of any recent accident or illness, and any health restrictions, allergies, or medications that my child is taking.

I agree to adhere to the Kids' Corner policies and give my child(ren) permission to fully participate in this program.

Child(ren)'s Name(s) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

(\* Kids' Corner hours will be pre-determined by the paid schedules submitted the previous week.)

