



Community Education  
School Age Child Care

# 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.

<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**

**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 Utica Community Schools-SACC, 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

## Child Communication Form (one form per child)

Date: \_\_\_\_\_  
Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_  
School \_\_\_\_\_ DOB \_\_\_\_\_ Grade: \_\_\_\_\_ Age \_\_\_\_\_  
MM/DD/YYYY

**SCHEDULE – You will be required to highlight the attendance book weekly with your student's expected SACC schedule to ensure proper ratio.** School Age Child Care Director must be notified immediately of any changes to your child's schedule.

- \$5 unexpected attendance /No Show fee will be charge to your account if the book is not properly noted with the student's schedule.

\_\_\_\_ I have read and understand I will be required to highlight to book weekly with my students' schedule and will notify the Director of any changes.

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: \_\_\_\_\_

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 that may help plan for your child's success in our 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 <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: \_\_\_\_\_



## 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: \_\_\_\_\_



# Community Education School Age Child Care

**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.	