Clawson Childcare Center 2023-24 School Year

Parental Agreement *(Developmental Kindergarten-5th Grade)*

Please check the box once you have read and agree to each statement, then sign and date below.

☐ **Policies and Procedure Agreement**

I have been given a copy of the Clawson Childcare Center Policy and Procedure Handbook (found on website). I have read the Clawson Childcare Center Policy and Procedure Handbook. I understand and agree to adhere to and follow the policies and procedures therein.

☐ **Discipline Policies**

I have read and understand the discipline policies of the Clawson Childcare Center as explained in the Clawson Childcare Handbook. I agree to allow only the policies stated therein to be used in disciplining my child.

☐ **Admission and Withdrawal Policy**

I understand that all criteria for admission must be met in order for my child to attend the Clawson Childcare Center programs, and that if all criteria are not met by the first date of attendance my child's enrollment will be terminated. I understand that I may be asked to withdraw my child if any of the following should occur:

- ✓ The center is unable to provide services to meet the needs of the child(ren).
- ✓ The quality of care provided to the other children is jeopardized.
- ✓ There are, in the opinion of the District, irreconcilable differences concerning the center's policies between the parents and the center.
- ✓ I do not adhere to the policies found within the Clawson Childcare Center Handbook.

I understand that the Clawson Childcare Center reserves the right to terminate and/or deny re-enrollment for failure to adhere to the procedures and policies.

☐ **Payment Agreement**

I agree to the pay the applicable fees according to the programs I have selected and the payment schedule provided. I understand a $10.00-dollar late payment will be applied to my account. I understand that if I need to change programs I must do so in writing and that changes are subject to availability. I understand that failure to pay will result in termination of contract. I understand that my registration fee is non-refundable and that my one-week deposit will be applied to my child's first week of attendance.

☐ **Licensing Notebook**

The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare

_____ _____

Parent/Guardian Signature Date

PLEASE TURN OVER AND FILL OUT PROGRAM SELECTION FORM COMPLETELY

Clawson Childcare Center

Before &/or After School Care Program Selection

Child's Name	**Address (City, State, & Zip Code)**
Date of Birth	**Home Phone**
Mothers Name	**Email Address**
Cell Phone/Home Phone	**Address (only if different than child's)**
Fathers Name	**Email Address**
Cell Phone/Home Phone	**Address (only if different than child's)**
Parent's Marital Status ☐ Married ☐ Divorced ☐ Single	**Child resides with** ☐ Mother ☐ Father ☐ Other _____
Person(s) Responsible for Payment ☐ **Mother** ☐ **Father** ☐ **Other** _____	**Driver's License #**
Grade **Kenwood or Schalm**	Attendance ☐ Monday through Friday ☐ Other _____
Does your child receive special education services **Yes or No**	If yes what service does your child receive from the district? Are there any behaviors we should be aware of

PROGRAM CHOICE

Before & After School Care* (3-5 days/wk) Developmental Kindergarten - 5th Grade	**First Child**	**10% Sibling Discount**
☐Before School (6:30-8:12am)	☐$45.00/week	☐$40.50/week
☐After School (3:07-6:00pm)	☐$58.00/week	☐$52.20/week
☐Before & After School	☐$80.00/week	☐$72.00/week
☐1/2 Day Add Additional $20.00 to regular payment	☐$20.00	☐$18.00
☐No School Day & Break Weeks	☐$35.00/Per Day	☐$31.50/Per Day

Occasional Care (1-2 days/wk) All ages (24 hour notice)	**First Child**	**10% Sibling Discount**
☐Before School Occasional Care	☐$13.00/day	☐$11.70/day
☐After School Occasional Care	☐$19.00/day	☐$17.10/day
☐Before & After School Occasional Care	☐$23.00/day	☐$20.70/day
☐1/2 Day Occasional Care	☐$30.00/Per Day	☐$27.00/day
☐No School Day & Break Weeks	☐$45.00/Per Day	☐$40.50/Per Day

My child will attend on the first half day of school: ☐YES ☐NO

Registration Fee and First week payment is due at time of registration.

PAYMENT DUE	Registration Fee ($60 per child)	$	Amount Paid	$
	First Child One week	$	Check No.	
	Second Child One Week	$	PayPal	
	Total	$	Money Order	

Payments can be made by check to Clawson Public Schools or via PayPal

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	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. 7-18) Previous edition 6-17 may be used.

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 Citation.

BCAL-3731 (Rev. 7-18) Previous edition 6-17may be used.

GOOD HEALTH STATEMENT

I verify that my child _____ a) is in good health, b) that all of my child's immunizations are up to date, and c) that my child's immunization records are up to date and on file at my child's school. Any activity restrictions are listed below. I agree to notify the Clawson Childcare Center should any changes in my child's health occur.

Restrictions: _____

_____

_____

_____ _____

Parent Signature Date

GENERAL INFORMATION TO HELP US PROVIDE THE BEST CARE FOR YOUR CHILD

What are your child's favorite activities? _____

_____

Who does your child share a home with? Parents, siblings, pets, etc. _____

_____

Does your child have any physical, emotional, or language difficulties that we should be aware of? _____

_____

Is there anything in your child's family life that you think we should know in order to care for your child more effectively? _____

_____

Does your child have any allergies or medical issues? ☐ Yes ☐ No If yes, please describe: _____

_____

Is there anything else you would like us to know to help us to better care for your child?

_____

_____

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK
Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

CENTER MUST CHECK ONE

☐ The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.

☒ The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at **www.michigan.gov/michildcare**.

I have read the above statement issued by Clawson Early Childhood Center
Name of Child Care Center

Child(ren)'s Name(s):	

Parent Name _____

Parent Signature _____ Date _____

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MEDICATION PERMISSION AND INSTRUCTIONS
CHILD CARE HOMES AND CENTERS
Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY PARENT

I give my permission for _____ to give or apply the medication
(Caregiver, Facility)

_____, to my child _____, as follows:
(Specify, prescribed medication/over the counter product) (Child's Name)

DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE
It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.				

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