ENCLOSED IS A 2024-2025 REGISTRATION PACKET FOR CLAWSON SCHOOLS 3-YEAR-OLD PRESCHOOL PROGRAMS

TO REGISTER:

- 1. COMPLETE ALL REGISTRATION FORMS
- 2. COMPLETE EMERGENCY CARD
- 3. BRING IN BIRTH CERTIFICATE
- 4. COMPLETE ATTACHED IMMUNIZATION FORM
- 5. BRING IN \$60 (\$100 FOR MORE THAN 1 CHILD) NON-REFUNDABLE REGISTRATION FEE.

WE CAN NOW INVOICE VIA PAYPAL FOR ALL PAYMENTS. WE ALSO ACCEPT CHECKS OR MONEY ORDERS PAYABLE TO CLAWSON SCHOOLS. CASH PAYMENT IS NO LONGER ACCEPTED.

ALL OF THE ABOVE ITEMS ARE NECESSARY TO REGISTER.

REGISTRATION BEGINS
AT THE CLAWSON EARLY CHILDHOOD CENTER
626 PHILLIPS AVE.
THURSDAY, MARCH 7th, 2024
TO REGISTER AFTER JUNE 7th, 2024
CALL CLAIRE PROST AT 248-655-4402.

REGISTRATION IS ON A FIRST COME—FIRST SERVE BASIS

THE FIRST DAY OF THE 2024-2025 SCHOOL YEAR WILL BE MONDAY, SEPT 9th, 2024. 3-YEAR-OLD PRESCHOOL PROGRAMS

Dear Parents/Guardians:

Clawson Public Schools is offering two 17-week semesters of preschool <u>for children who will</u> <u>be three years of age by September 1, 2024.</u> The program will begin on Monday, Sept. 9th at the Clawson Early Childhood Center, 626 Phillips, Clawson, Michigan, 48017. Children may attend on Monday/Wednesday or Tuesday/Thursday mornings from 9:30-11:30-am or Monday/Wednesday or Tuesday/Thursday afternoons from 12:30-2:30pm.

PRESCHOOL CLASSES

This year, we will offer four sessions of our 3-year-old preschool program. Classes will meet 2 hours per day. Children may attend on Monday/Wednesday or Tuesday/Thursday mornings from 9:30-11:30-am or Monday/Wednesday or Tuesday/Thursday afternoons from 12:30-2:30 pm. Parents will be required to donate the treat, drink, cups, and napkins for their child's assigned snack days.

HEALTH FORMS

The State of Michigan requires that any child entering school must have the enclosed health form completed. The enclosed health form must be completed by you AND your child's doctor and turned in no later than October 1, 2024. Health forms are only valid for one year.

IMMUNIZATIONS

When registering your child, the State of Michigan requires that you show proof of immunizations. Please complete attached immunization sheet and bring to registration. To complete an immunization waiver form, please contact your child's pediatrician or Oakland County Health Department. Health forms are only valid for 1 year.

TUITION

Tuition fees are listed on the registration form. A \$60 (\$100 for more than 1 child) non-refundable enrollment fee is due at registration. Out of district students will be charged an additional \$25 per semester fee.

PARENT MEETING

There will be a mandatory parent meeting in the beginning of September, but exact time, location and date have not yet been set.

REGISTRATION

Please complete the enclosed registration form, and bring with you all required documents when you register. Registration for the 3-year-old preschool programs will take place from Thursday, March 7th through Friday, June 7th by appointment only. There will be a sign-up genius link posted on our website where you will sign up for a time. This link will be posted on our website on Monday, March 4th at 9am. Please note that registration is on a first come first serve basis. To register after June 7th, please call Claire Prost at 248-655-4402.

The first half of first semester tuition is due the week of Sept.9th, 2024 or you may pay monthly from September through May. We accept checks or money orders made payable to Clawson Schools. You may also pay by credit or debit if you request to have an invoice sent to you via PayPal. Please make sure you provide us with an email you use for PayPal.

Clawson Schools also has programs and assessments available for children birth to age 5 whose parents may have concerns about developmental delays in the areas of speech and language, gross or fine motor, cognitive, and/or social-emotional development. Call Julie Carl at 248-655-4416.

If you have any questions or concerns, please call Claire Prost at 248-655-4402.

Sincerely,

Claire Prost Clawson Preschool Coordinator

3-YEAR-OLD REGISTRATION FORM CLAWSON EARLY CHILDHOOD CENTER 2024-2025 SCHOOL YEAR

Please Print:	
NAME OF CHILD	
M F BIRTH DATE	
PARENT/GUARDIAN NAMES	
ADDRESS	
CITY ZIP	
PHONE (home) (work)	
(cell)	
1. Is your child's native tongue a language other than English?	
2. Is the primary language used in your home or environment a language other than	
English?	
If yes, what is the language?	
FEES: \$655 FOR 2 DAY PROGRAM PER 17 WEEK SEMESTER PLUS \$60 (\$100 FOR MORE THAT ONE CHILD) NON-REFUNDABLE ENROLLMENT FEE.	<u>N</u>
ADDITIONAL FEE OF \$25 PER SEMESTER FOR FAMILIES WHO LIVE OUT OF CLAWSON.	
CLASS TIMES: 9:30-11:30 AMMONDAY/WEDNESDAY9:30-11:30 AMTUESDAY/THURSDAY12:30-2:30 PMMONDAY/WEDNESDAY12:30-2:30 PMTUESDAY/THURSDAY	
Please remember a non-refundable enrollment fee of \$60 (\$100 for more than 1 child) is due at registration. The first half of first semester tuition is due the week of Sept. 9 th , 2024. You may also monthly payments from September through May. If you would like an invoice for PayPal, please masure we have the email you use for PayPal. Make checks or money orders payable to Clawson Schools. We no longer accept cash payment. Classes are filled on a first come basis.	pay
REGISTRATION FEE ENCLOSED: \$ RECEIPT #: OR	
INVOICE ME VIA PAYPAL EMAIL:	

IMMUNIZATION RECORD

CHILD'S NAME	BIRTH DATE
PLEASE WRITE THE DATES YOUR	CHILD HAS HAD THE FOLLOWING SHOTS:
DPT:	POLIO:
1.	1.
2.	2.
3.	3.
4.	4.
5.	
HAEMOPHILUS INFLUENZAI	E TYPE B (HIB):
1.	, .
2.	
3.	
4.	
MMR:	
1.	
2.	
PNEUMOCOCCAL CONJUGA	ATE (PCV):
1.	*****
2.	
3.	
4.	
HEPATITIS B:	
1.	
2.	
3.	
VARICELLA (chicken pox va	accine)
1.	47
or if your child has had chic	ckenpox, please list date and year:

Required Immunizations for Michigan Childcare/Preschool Attendance

Communicable disease rules are the minimum standard for preventing disease outbreaks in child care settings.

To be protect patients from all diseases we have the power to prevent, healthcare providers in Michigan should follow the 2014 Recommended Immunization Schedule at www.cdc.gov/vaccines or www.michigan.gov/immunize

**All doses of vaccines must be given with appropriate spacing between doses and at appropriate ages to be considered valid.

Curr	Varicella (Chickenpox)	Hepatitis B*	Measles,* Mumps,* Rubella*	Polio	H. influenzae type b	Pneumococcal Conjugate (PCV7 and/or PCV13)	Diphtheria, Tetanus, Pertussis	Age → Vaccine**↓	
ent laboratory	None	None†	None	None	None	None	None	Birth through l month	
*Current laboratory evidence is acceptable instead of immunization with that antigen.	None	1 dose	None	1 dose	1 dose	1 dose	1 dose DTaP	2 months through 3 months	
table instead of in	None	2 doses	None	2 doses	2 doses	2 doses	2 doses DTaP	4 months through 5 months	Childcare/
mmunization wit	None	ses	None	ses	oses	3 doses	3 doses DTaP	6 months through 15 months	Preschool E
h that antigen.	1 dose on or OR current lal histo	2 doses	1 dose on or	2 doses	1 dose on or after 15 months of age OR age appropriate complete series	4 doses OR age appropriate complete series	3 doses DTaP	16 months through 18 months	Childcare/Preschool Entry Requirements
	1 dose on or after 12 months of age OR current lab immunity OR reliable history of disease	3 doses	1 dose on or after 12 months of age	3 doses	er 15 months of opriate complete ies	1 dose on or after 24 mo OR age appropriate complete series	4 doses DTaP	19 months through 4 years	ts
	t age liable		f age		None	None	aP	5 years	

^{*}Current laboratory evidence is acceptable instead of immunization with that antigen.

This table represents the minimum required immunizations for childcare centers



[†] Hepatitis B may be administered as early as birth.

When Do Children and Teens Need Vaccinations?

16-18 years	13-15 years	11-12 years	7-10 years	4-6 years	19-23 months	18 months	15 months	12 months	6 months	4 months	2 months	Birth	Age
73			L.S.			ਜ਼		hs .	រ រ	15			
			4192				(6–18 mos)	`			[1-2 mos)		HepB Hepotitis B
(dep.)	Catch-up	Tdap	Catch-up :	<	Catch-up		(15–18 mos)	,	~	~	×		DiaP/Tdap Diphtheria, tetanus, pertussis (whooping cough)
	Secret 1				Сакт-цр	: V	(12-15 mos)	•	<	<	~		Hib Haemophilus influenzae type b
		Catch-up	V E	<	Catch-up		(6–18 inos)			~	<		≈ IPV Polio
					Catch-up		(12–15 mos)		<	<	~		PCV Pneumococcal conjugate
			a						<	<	<		RV Rotavirus
r s med	ing or a language	Catch-up		<	No.		(12–15 mos)						MAMR Measles, mumps, rubella
		Cztch-up			Catch-np	· 经净收益 经净收益	(12–15 mos)						Varicella Chickenpax
		Cated-up	W. Secret			age 12–23 mos)	(2 doses given						HepA Hepatitis A
Catch-up	, 35 	VV/											HPV Human papillo- mavirus
<	Catch-up	<					9						MCV4 Meningococcil conjugate
			and older)	to all people	(One dose each	•							Influenza Flu

Please note: Cases of pertussis (whooping cough) have increased in children, teens, and adults in the last few years. Tragically, some infants too young to be fully protected by vaccination have died. Ask your doctor or nurse if your children have received all the pertussis shots needed for his or her age. Also, if you haven't had your pertussis shot, you need to get one.

What is "Catch-up?" If your child's vaccinations are overdue or missing, get your child vaccinated as soon as possible. If your child has not completed a series of vaccinations on time, he or she will need only the remainder of the vaccinations in the series. There's no need to start over.

Terrives content tentered by the Centers for Discess Control and Prevention, November 201

www.ánnuniee.ag/æg.d/p4050.pdf • ltem #P4050 (11//11)

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

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:	Da	te of Admiss	sion Date	of Discharge				
Name of Child (Last, First, Middle Initia	l)					Child's	Date of Birth
Address (Numb	er and Street, Building/	Apartment	Number)	City	-1	State	Zip Co	de
Parent/Legal Gu	uardian's Name		Primary Phone	Parent/Legal	Guardian's Name (C	ptional)	Prima	ry Phone
Home Address	(if not child's address)		2 nd Phone (if applicable	Home Addres	ss (if not child's addre	ess)	2 nd Ph	one (if applicable)
City	s	tate	Zip Code	City		State	Zip Co	de
Email Address ((optional)			Email Addres	s (optional)			
Employer Name			Work Phone	Employer Na	me		Work I	Phone
Name of Child's	Physician or Health Cl	inic		Physician's o	r Health Clinic's Pho	ne Number	•	
Hospital Preferr	ed for Emergency Trea	tment (option	onal)	1				
Allergies, Specia (Attach additional sh	al Needs and/or Specia eets, if necessary.)	l Instruction	ns? Yes □ No □ If yes	s, explain:				
CCL-3731 (Rev. 3/17	7/2022) Previous editions 7-18	3 & 4-21 may t	oe used					See Reverse Side
possible, include a second phone nur	tact & Release of Child: Lat least one person other to mber column can be left be	han the pare	ents/legal guardians to be	contacted in an er	order of preference, to be nergency and to whom	e contacted the child ca	In an em n be relea	ərgəncy. If .sed. The
1.				()		()	
2.				()		()	
3.				()		()	
Release of Child (Only: List all Individuals, oth	er than the p	arents/legal guardians, to	whom the child may	be released. (If more inc	dividuals, atta	ch additio	nal sheets.)
1,41		()	2.		()	
3.		()	4.		()	
Parent/Legal Gu	ıardian initials:							
l give p	permission to <u>Claws</u> at for the above named min	ion Pre	2SChool, licensed by e in care.	the Department of	Licensing and Regulat	ory Affalrs to	secure e	mergency
I certify that I ac	ccurately completed this	form and if	anything changes, I wil	I notify the provid	ier by updating this fo	orm.		
Signature of Pare					Date Sign			
Date Card Revlewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials		e Card iewed	Parent or Legal Guardian Initials
	LARA	is an equal o	pportunity employer/pro	gram.		COMPL	ETION: R	3 PA 116 equired iolation Citation.

CLAWSUN PUBLIC SCHOOLS	Str	udent#Year of Grad
STUDENT DATA FORM (please print)	En	try Date Schools of Choice
	1	esident District
School to attend:		Entering Grade:
Student's <u>Legal</u> Name:		Gender: □Male □ Female
(As shown on birth certificate) Last	First	Middle Name
Birth date: Birth P	lace:City or Township	Country of Birth:
Address; Number Street		
Number Street	Apt. #	City Zip Code
Primary Phone Number		
Ethnicity/Race Information (collected for statistic	al nurvoses only)	
Tare A. Is this student mispanic/Latino? (Choose		
No, not Hispanic/Latino (Choose	,	
 No, not Hispanic/Latino 		an, South or Central American, or other Spanish culture or origin
 No, not Hispanic/Latino Yes, Hispanic/Latino (A person of Cuban, I regardless of race) 	Mexican, Puerto Rican, Cub	an, South or Central American, or other Spanish culture or origin
 No, not Hispanic/Latino Yes, Hispanic/Latino (A person of Cuban, I regardless of race) The above question is about ethnicity, not race. I or more boxes to indicate what you consider you 	Mexican, Puerto Rican, Cub No matter what you selected ur student's race to be.	
 No, not Hispanic/Latino Yes, Hispanic/Latino (A person of Cuban, I regardless of race) The above question is about ethnicity, not race. I or more boxes to indicate what you consider you 	Mexican, Puerto Rican, Cub No matter what you selected ur student's race to be. hat apply)	d above, please continue to answer the following by marking one
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□ No, not Hispanic/Latino □ Yes, Hispanic/Latino (A person of Cuban, I regardless of race) The above question is about ethnicity, not race. I or more boxes to indicate what you consider your part B. What is the student's race? (Check all to American Indian/Alaska Native Asian American Indian/Alaska Native Asian American Indian/Alaska Native Asian If checked a medical plan must be on file in your ADD/ADHD □ H	Mexican, Puerto Rican, Cub No matter what you selected ur student's race to be. hat apply) Black/African Am check all that apply our child's school office cadaches	above, please continue to answer the following by marking one erican Native Hawaiian/Other Pacific Islander White Seizure disorder # Other Allergy:
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SERVICES YOUR CHILD RECEIVED AT PRIOR SCHOOL:

Does your child have a 504 plan?	Yes No)(Please provide a copy	y of the 504 plan)
Does your child have an IEP (Individ	dual Education Plan	Yes	No	(Please provide a copy of the IEP and MET)
Eligibility (if known)				-44

Information about Parents / Guardians:

Name:	Female Parent/Guardian in Household	Male Parent/Guardian in Household	PARENT Living	<u>Elsewhera</u>
Relationship to child:		· ·		
Cell Phone:				
Work Phone:				
Email:				
On Full-time Active Military Duty?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes	□ No
Parent Living El	sewhere Address:			
(Should this perso	on receive mailings?) □Yes □ No	Are custody papers on file with Clawso Clawson Public Schools cannot enfor- order on file.		□ No t a court
When parent/guar transportation. Add	ntact Information: rdian is unavailable, please list four adults to ults may be asked to present identification. Lis	st in order of preference, <u>PLEASE PRIN</u>	T LEGIBLY	
NAME	RELATION	SHIP TO CHILD	PHONE: ()	
NAME	RELATIONS	SHIP TO CHILD	_ PHONE: ()	
NAME	RELATIONS	SHIP TO CHILD	_ PHONE: ()	
Other children	that reside in the home:			
	Child's Name	Birth Date	Relationship	Grade
	West State of the	100		- (
Please note any	problems or concerns, which would assist	the school in working with your child		FAX: 1
I affirm that as the listed address. I	he parent/legal guardian, all information punderstand any false information provide	provided above is true and accurate, and by me, may subject me to legal pend	d that my child and I residulties for perjury.	e at the
Parent/Legal Gu	ardian signature	-	Date	- wanter £

Page 2 of 2

CLAWSON PUBLIC SCHOOLS HOME LANGUAGE SURVEY

The Clawson Public Schools district is collecting Information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152-380.1157 of the School Code of 1995, Michigan's Bilingual Education Law.

oday's Date		Schoo	ol	
ame of student				
	First	Middle		Last
udent birth date:		Grade	Country of bir	th
1. Is your chi	ld's native tongue a language native tongue/language is the langua	e other than English? age most often spoken <u>by th</u>	Yes	□ No
	hat is that language?			
(The primary I	ary language used in your ch anguage is the dominant language i D No hat is that language?	used at home regardless of	the language spoken t	by the student.)
3. Did your ch	illd attend school in another low many years?	country? 🗆 Yes	□ No	
4. Has your ch	nild been enrolled in a schoo	In the United States?	□ Yes i	□ No
If yes, w	hen did your child first enrol	I in that school? Mont	th	Year
5. What langu	age (or languages) does you	r child read?		
				?
l understand th	at my child,	The second	, will rece	ive English language proficiency
				ualifies for English as a Second
Language progr	am services. I understand th	nat a t that time I have t	the right to refuse	English as a Second Language
program service	es for my child. However, I c	an request services at a	a later date.	
Parent or Guard	llan signature	-	Date	

CLAWSON PRESCHOOL PARENTAL RELEASE FORM

Dear Parent/Guardian:

Occasionally, for educational purposes, pictures or videotaped recordings will be made in classrooms and/or of students in other schools programs. Some of the pictures or recordings may be used in presentations or used on local cable or broadcast stations or in local newspapers. Your child's name may be mentioned with either a picture or in the videotaped recordings.

PLEASE CIRCLE <u>DO</u> OR <u>DO NOT</u> IN THE FOLLOWING STATEMENTS:

I DO/DO NOT give permission for	
. (Student's Name)
to be included in any videotaped recordi	ings.
I DO/DO NOT give permission for	
(Student's Name)
to be photographed for the news media presentations.	or special programs and/or
I DO/DO NOT give permission for	
•	(Student's Name)
photographs and/or videotaped recordir	ngs to be put on school related websites
l understand my child's name may be use used.	ed in conjunction with any pictures(s)
	*
	9
Parent/Guardian Signature	Date

MEDICATION PERMISSION AND INSTRUCTIONS CHILD CARE HOMES AND CENTERS

Department of Licensing and Regulatory Affairs Bureau of Community and Health Systems Child Care-Licensing Division

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.

give my permission for		(Caregiver	Facility)	to give or apply the medication
(Specify, prescribe	ed medication/over the c	number nead west	, lo my child	, as follows
DIRECTIONS:	1100	outlier producty		(Child's Name)
1. Date to Begin Giving Medic	ention		2, Date to Stop Medication	
			is, control of outpergrammodation	
3. Times Medicallon is to be o	Sivon		4. Amount (dosago) of Medicalic	n Each Time Givan
5. Storeya of Madlantion			<u> </u>	
5. Other Directions, if Any		The second second second		
Signature of Parant			THE CONTRACTOR OF THE CONTRACT	Dole
TO BE COMPLETED BY THE	CAREGIVER GIVING	THE MEDICATION:		
DATE	TIME	AMOUNT GIV	EN CAREGIVER'S NA	ME CAREGIVER'S SIGNATURE
				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	W			
			7,000	

	le rangement de ditte	<u> </u>	parent every 3 months if the medic	
		TO DO FOURWARD WITH the	purent every 3 months if the made	allow la approlant
R	is recommended this for	IN DO TONOWGO WILL INO	parameter of the manner of the manner	and it is uniformly.

BCAL-1243 (Rev. 1-16) Previous edition obsciete. MS Word

CHILD PLACEMENT CONTRACT

Note: This contract is required of all licensed child care centers by R400.5105b of the Michigan Administrative Code. The Michigan Department of Consumer and Industry Services is required to inspect the child care center and enforce the contract based on the terms provided in this contract.

Clawson Public Schools agrees to provide child care services for the following named child:

(Printed Name of Child) (Date of Bir

The Clawson Public Schools, as a licensed child care facility, will provide the following provisions of the Michigan Administrative Code as required by R 400.5105b:

R400.5102 Licensee.

Rule 102. (2) A licensee shall have the following administrative responsibilities regarding staff:

(b) Develop and Implement a written screening policy for all staff and volunteers including parents who have contact with children.

R400.5106 Program.

Rule 106. (1) A center shall provide a program of daily activities and relationships that offers opportunities for the developmental growth of each child in all of the following areas:

- (a) Physical development, including large and small muscle.
- (b) Social development, including communication skills
- (c) Emotional development, including positive self-concept.
- (d) Intellectual development
- (2) A center shall permit parents to visit the program for the purpose of observing their children at all times.
- (3) A center operating with children in attendance for 5 or more hours per day shall provide for daily outdoor play, unless prevented by inclement weather conditions.
- (4) A center shall provide child under school age in attendance for 5 or more continuous hours a day with an opportunity to rest.
- (5) A center shall provide children less than 3 years of age with an opportunity to rest regardless of the number of hours in care.
- (6) A center shall permit children under 12 months of age to eat and sleep on demand.

[R 400.5205 and R 400.5209 apply only to children from birth to 2 $\frac{1}{2}$ years of age as required in Part 2 of these rules.]

R 400.5205 Formula; milk;foods

Rule 205. (1) The requirements of R 400.5110 apply to infant formula and feeding in addition to the requirements of subrules (2) to (11) and (13) of this rule.

- (2) When a center provides formula for the child who is on the infant formula, commercially prepared, prebottled, ready-to-feed formula shall be provided. A center shall keep a list of formulas it offers and the number of calories per ounce that each formula provides.
- (3) A formula shall be iron-fortified for a child who is less than 6 months of age, unless otherwise recommended by the parent or a licensed physician for the individual child. Iron-fortified cereal if not already provided the recommended by the parent or licensed physician for the individual child.
- (4) Formula left in a bottle at the end of a feeding shall be discarded with the bottle.
- (5) Special formula required for an individual child by the center in commercially prepared, pre-bottled, ready-to-feed units, unless provided by the parent as specified in subrule (12) of this rule.

- (6) When formula is discontinued, all of the following provisions shall apply:
 - (a) A center provide and use whole homogenized vitamin D-fortified cow's milk, unless otherwise directed by the parent or a licensed physician.
 - (b) Milk shall be poured into clean cups or bottles and have sanitized nipples. Excess milk left in a bottle or cup shall be discarded.
 - (c) Nipples shall be thoroughly cleaned and sanitized after each feeding and before being used again. This sterilization shall be by boiling the nipples for not less than 5 minutes.
- (7) This rule does not preclude a mother form visiting the center in order to breast-feed her child or from sending to the center expressed milk for the child.
- (8) A child too young to sit in a highchair or at a feeding table shall be held in a semi-sitting position or placed in an infant seat while being fed.
- (9) A child who is unable to hold his or her bottle shall be held when the bottle is given.
- (10) Solid foods shall be introduced to the individual child according the parent's or a licensed physician's instructions.
- (11) Commercial baby food containers that are opened, and foods prepared in the center which are stored, shall be covered, dated, and labeled as to the contents and refrigerated. The contents shall be used or discarded within a 36 hour period. A child shall not be fed directly from baby food containers if the contents are to be fed to the child at more than 1 sitting or more than 1 child.
- (12) When a parent chooses to provide formula or food in accordance with R 400.5110(1)(b), the center shall assure that the food, formula, bottles, nipples, and containers comply with all of the following provisions:
 - (a) Formula shall be prepared at the child's home and placed in an assembled bottle unit before being brought to the center.
 - (b) Formula, milk, and perishable foods needing refrigeration shall be refrigerated. Formula shall not be stored longer than 24 hours after opening. Foods shall be covered and labeled as to the contents, date of opening, and the specific child for whom its use is intended. Foods other than formula shall be used or discarded within a 36 hour period after opening.
 - (c) Each bottle and nipple supplied by a parent shall be used for a single feeding only and then returned to the parent.
 - (d) Formula and mild left in a bottle at the end of a feeding shall be discarded.
- (13) An exception to subrules (2) and (3) of this rule may be made when a center which provides formula is located in an area where commercially prepared, pre-bottled, ready-to-feed formula is not available for center use and the center is in compliance with all of the following provisions:
 - (a) All formula shall be commercially prepared ready-to-feed formula
 - (b) All formula shall be poured directly from the opened can of formula into clean bottles with disposable liners.
 - (c) All nipples shall comply with either of the following provisions:
 - (I) Be disposable nipples, each of which shall be for a single use only be an individual child (II) and shall be discarded after use.
 - (III) Be reusable nipples, each of which is cleaned after each single use with hot detergent water and rinsed thoroughly. Each reusable nipple shall then be sterilized by boiling fully for not less than 5 minutes in water before reuse.
 - (d) Each liner shall be for a single use only by an individual child and shall be discarded after use along with any remaining formula.
 - (e) All liner, nipples, formula and other equipment used in bottle preparation shall be prepared, handled, and stored in a sanitary and sterile manner as required to safeguard children.
 - (f) Prepared bottles and opened cans of formula shall be refrigerated until used by the child.
 - (g) All opened formula which has not been used within the manufacturer's stated use time after opening shall be discarded. All bottles filled with formula and all opened cans of formula shall be dated to show the date and time of the opening of the commercially prepared formula and the manufacturer's stated use time of the formula. An individual formula for an individual child shall be labeled identifying the individual child for whom its use is intended. Bottles liners and disposable nipples of the unused bottles shall be discarded with the formula. Reusable nipples shall be cleaned and sterilized as required in subdivision (c) of this subrule before being used by a child.

Rule 400.5209 Diapering; toilet training plan.

Rule 209. (1) Diapers shall be disposable or from a commercial diaper service. If a child's health condition necessitates that disposable diapers or diapers from a commercial service cannot be used, then an alternative arrangement may be made according to the parent's or a licensed physician's instructions.

(2) Diapering shall be done in the child's own crib or in a designated diapering area.

- (3) A center shall maintain a diapering area, and all supplies and equipment shall be maintained in a safe and sanitary manner.
- (4) The caregiver shall thoroughly wash his or her hands after each diapering, and after cleaning up bodily fluids, using soap and running water.

(5) A washcloth or towel, or both used in diapering shall not be used subsequently on another part of the body or for any other purpose until laundered.

- (6) Toilet training shall be planned cooperatively between the child's primary caregiver and the parent so that the toilet routine established is consistent between the center and the child's home, and at a minimum, shall include washing hands after toilet use. The center shall empty and sanitize all training devices immediately after each use.
- (7) The caregiver shall change diapers when soiled or wet.

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(WORD.C,STATE LICENSING: CHILD PLACEMENT CONTRACT)

pon signing this agreement, the parent, legal guardian or responsible adult and the child care facility grees to abide by all of the provisions contained in the contract.
grees to ablue by an of the provisions contained in the contract.

witness wherof, the parties hereto have executed this	s contract as of the specified date:		
arent, Legal Guardian or Responsible Adult	Clawson Public Schools		
	Claire Prost		
Signature	Signature		
	Claire Prost		
Printed Name	Printed Name		
	Clawson Preschool Director		
Relationship to Child	Title		
Date			

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section II may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. (BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)

PERSON	NAL												
CHILD'S NA	ME (Last, First, MIddle)									DATE OF BIRTH (mm/dd.	'yy)		\neg
								/	/				
ADDRESS (Number & Street) (City)				(ZIP Code) TODAY'S DATE (mm/dd					\neg				
					MI			_					
PARENT/GUARDIAN (Last, First, Middle) HOME TELEPHONE NUMBER						R							
										()			
ADDRESS (N	Number & Street)	(City)					(ZIP Code) WORK TELEPHONE NUM			MBE	R		
								MI		()			_
		SECTION	NC	1-	HE	ΑĽ	тн	HISTORY					
. No Kes	를 모 보 # Is your child having any of the problems listed below? Birth History:												
		ctions (for example, food, medica				ner)	7						
		-											
	☐ 6 Diabetes												
	☐ 7 Frequent Colds	, Sore Throats, Earaches (4 or mo	re	per	yea	r)		Are there any current	or past diagn	osis(es) 🗆 Yes 🗆	N	0	
	☐ 8 Trouble with Pa	ssing Urine or Bowel Movements						If yes, please describe	e:				_
	9 Shortness of Br	reath											
	☐ 10 Speech Probler	ทร											_
	☐ 11 Menstrual Prob						4				_	_	_
		s: Date of Last Exam /	_	_/			4						_
	☐ Other (please desc	ribe):				_							_
				_		_	9						-
					_	_		14 11 4 11 11			-	-	-
		ke any medication(s) regularly?	_	_	_	_	===	If yes, list medications	3:				-
Reason	for Medication		_			_	۳,						\dashv
							+	Was the health history	rovioused by	a health professions	12		-
8=	Parent/Guardian		ite		-	_	=	□ Yes □ No		r's Initials:			
								**			=		=
	SECTI	ON II - PHYSICAL EXAMINA Required for Child (TION, TESTS AND M Start / Early Head Star		ENTS			
			_	_				ements					
				Г	<u>a</u>								age .
			la la	Referred	Under Care						Normal	Referred	Under Care
⊋ Ş Wa	as child tested for:	Test results:	Norma	툹	팀	No	şş.	Was child tested for:	Test results:		No	Refe	롤
VISI	ON	Visual Acuity						HEIGHT & WEIGHT	Height				
		Muscle Imbalance							Weight				
Date	a://	Other:						Other:	Other				
HEA	RING	Audiometer						HEMOGLOBIN / HEMATOCRIT		⇨			
		Other:						BLOOD PRESSURE	Reading:				
Date				L		Ш			g.				
URII	NALYSIS	Sugar						TUBERCULIN	Туре:				
		Albumin											
Date		Microscopic		L	_			Date: / /	Neg.: ☐ Pos.:				_
BLO	OOD LEAD LEVEL				_	NC at	OTE:	Blood lead level required for and two years of age, or of	r all children er once between	rolled in Medicaid mus three and slx years of	ed i age	test	ed
	, ,	Levelug/dl			⇨	pre	eviou	ısly tested. All children under	r age six living i	in high-risk areas should	be	test	ed
Date:/ at the same intervals as listed above.													
Examinations and/or Inspections Essential Findings Deviating from Normal:													
									Evam	Date: / /			-
									Exqu	D410. / /			

Statements such as "UF	P-TO-DATE" or "COMP	SECTION III - III LETE" will not be accept	MMUNIZATIONS ed. Admission to school may be denied o	on the basis of this info	rmation.*		
VACCINES (Circle Type)		INISTERED	VACCINES (Circle Type)		IINISTERED DYYYYY		
Hepatitis B	1	3	Hepatitis A (HepA)	1	2		
(HepB)	2		Influenza (IIV/LAIV)	1	3		
	1	4	Influenza (IIV/CAIV)	2	4		
DTaP/DTP/DT/Td	2	5	Meningococcal (MCV4 / MPSV4)	1	2		
	3	6	Human Papillomavirus	1	3		
Tdap	1		(HPV9/HPV4/HPV2)	2			
Haemophilus Influenzae	1	3		Type of Vaccine(s)	Date of Vaccine(s)		
type b (HIB)	2	4	OTHER Vaccines	1			
Polio	1	3	Specify Date & Type	2			
(IPV/OPV)	2	4		3			
Pneumococcal Conjugate	1	3	Indicate and attach physician diagnosis	or laboratory evidence of	immunity as applicable		
(PCV7/PCV13)	2	4	*NOTE: According to Public Act 368 of 1	978, any child enrolling i	n a Michigan school for		
Rotavirus (RV1/RV5)	1	3	the first time must be adequately	/ immunized, vision teste	d and hearing tested.		
	2		Exemptions to these requirement objections, provided that the wa				
Measles, Mumps, Rubella (MMR)	1	2	delivered to school administrato				
Varicella (Chickenpox)	1	2	at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.				
History of Chickenpox Disease? Yes	□ No If yes, date:		Parent/Guardian refused immunizations:				
I certify that the Immunization dates are true to the best of my knowledge / / Health Professional's Signature Title Date							
4		SECTION IV. DE	COMMENDATIONS				
No	(Re		d Head Start/Early Head Start)				
Is there any defect of vision, hear	ring or other condition for v	vhich the school could help b	y seating or other actions? If yes, please explain	n:			
Should the child's activity be resi	tricted because of any phys	sical defect or illness?					
Should the child's activity be resi		assroom Playground	Gymnasium ☐ Swimming Pool ☐ Compet	itlve Sports Other			
Other Recommendations							
	SECTION V - DEN	ITAL EXAMINATION	AND RECOMMENDATIONS (OPTI	ONAL)			
I have examined		's teeth. As	a result of this examination, my recommendati	on for treatment is:			
ch	ild's name						
M-V-1							
PHYSICIAN'S SIGNATURE							
		/ /		=======================================			
Examiner's Signate	Ire	Date	Examiner's Name (Prin	t or Type)	Degree or License		
Number & Stree	et =		City MI	P Code (Telephone		

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

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	weet us				
Child(ren)'s Name(s):							
Parent Name							
Parent Signature		Date					
LARA is an equal opportunity employer/program.							

CLAWSON EARLY CHILDHOOD PARENT HANDBOOK ACKNOWLEDGMENT LETTER

Center Name
Clawson Early Childhood Center

A written information packet has been provided (online) at the time of enrollment. The packet included all the following information:

- Criteria for admission and withdrawal
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.
- Fee policy
- Discipline policy
- · Food service policy
- Program philosophy
- Typical daily routine
- Parent notification plan for accidents, injuries, incidents, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook
- The center does not keep a licensing notebook, but the internet is available onsite. Reports from at least three years are available at www.michigan.gov/michildcare.

• Other		
certify that I received all of the above items.		
Parent Signature	Date	

Note: A single BCAL-4340 form may be used for all children in the same family

LARA is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.