



Welcome to Parchment Early Learning Center! We appreciate your consideration of our center, and recognize the importance of the decision to place your child in someone else's care.

We offer the highest quality childcare & preschool with an appropriate academic emphasis. In our care, your children will receive the physical, social, emotional & intellectual support that they need for growth and development. They will also receive continuous love and acceptance from their teachers and caregivers.

At Parchment Early Learning Center, we are building the foundation for lifelong learning and academic success! We strive to teach values such as patience, responsibility, compassion for self and others, communication & teamwork.

Your children will be given endless opportunities to imagine and create! They will be encouraged in their efforts and their successes will be celebrated.

Thank you for the opportunity to partner with your family!

Sincerely,

Anna Wessing and Emily Whittico
Program Directors
Parchment Early Learning Center
Parchment School District

Parchment Early Learning Center
Childcare Tuition Rates
<i>Effective Date August 28, 2023</i>

Early Learners 2 ½ yrs - 3 yrs	Full Day:	6:00 – 6:00	\$235/week
	Half Day:	5 hrs or less	\$40/day

Discovery Kids 3 yrs - 4 yrs	Full Day:	6:00 – 6:00	\$225/week
	Half Day:	5 hrs or less	\$40/day

Preschool 4 yrs - 5 yrs	Full Week:	6:00 – 6:00	\$220/week
	GSRP/KCReady4s Before School Care:	6:00-8:30	\$10/day
	GSRP/KCReady4s After School Care:	3:30-6:00	\$10/day
	No School Full Day:	6:00-6:00	\$50/day
	No School Half Day:	11:30-6:00	\$40/day

School Age Childcare	Before School Care:	6:00 – 8:30	\$60/week
			\$12/day
	After School Care:	3:35 – 6:00	\$60/week
			\$12/day
	Full Day:	6:00 – 6:00	\$210/week
			\$45/day
	Half Day:	5 hrs or less	\$35/day

***Schedule:** Charges will be applied the week preceding care. Families are responsible to pay for all scheduled days, even if your child does not attend.

***NSF Fee:** A \$5 fee will be applied for any denied payment.

***Late Pickup Fee:** Families will be charged a late pickup fee for each child on the following scale:

6:01-6:15 \$10 6:16-6:30 \$15 6:31 or later \$25

***Multiple Child Discount:** A 10% discount will be given for the second child and after

***Military Discount:** A 10% discount will be given to any former or active military members

***Employee Discount:** A 10% discount will be given to any current Parchment School District employee

***Referral Credit:** If you refer a family that enrolls in our program, we will credit your account \$25

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:		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	Primary Phone ()	Parent/Legal Guardian's Name (Optional)	Primary Phone ()
Home Address (if not child's address)	2 nd Phone (if applicable) ()	Home Address (if not child's address)	2 nd Phone (if applicable) ()
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/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)			

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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.	

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Health Statement Form

To be completed for school age children

Child's Name: _____

Date: _____

I understand that my child's immunizations must be current and up-to-date.

I verify that my child is in good health with up-to-date immunizations (or an immunization waiver) on file with the elementary school my child attends.

Please note any allergies, health concerns, or restrictions PELC should be aware of:

Allergies: _____

Health conditions/concerns: _____

Activity Restrictions: _____

None

Parent/Guardian printed name: _____

Parent/Guardian signature: _____



Childcare Contract and Schedule

Child's name: _____ Requested start date: _____

(K-5 Students) Elementary School: _____ Grade: _____

Please select those that apply:

Childcare (2 ½ yrs - 4 yrs)						
	Monday	Tuesday	Wednesday	Thursday	Friday	
Drop off time						
Pick up time						
Preschool (4 yrs - 5 yrs)						
	Monday	Tuesday	Wednesday	Thursday	Friday	
Full Time	8:30-3:30	8:30-3:30	8:30-3:30	8:30-3:30	8:30-3:30	8:30-3:30
Before School (Preschool - 5th grade)						
	Monday	Tuesday	Wednesday	Thursday	Friday	
Drop off time						
After School (Preschool - 5th grade)						
	Monday	Tuesday	Wednesday	Thursday	Friday	
Pick up time						

I agree to send my child only when they are scheduled to attend and to call the office ahead of time if I need to add additional days or times. I agree to inform the office via phone, email, or Procure for times that my child will not be in attendance.

I agree to pay for services as listed on the Pricing Sheet. I am aware of the weekly billing cycle and procedures as described in the Center Policies. I agree to pay for any charges incurred if my weekly payments are declined.

I understand that if my balance is not paid within two weeks of the due date, all services will be suspended until the balance is paid in full.

Parent/Guardian Signature _____ **Date** _____



Written Agreements

Child's Name: _____

Date: _____

Please initial ALL that apply

- _____ I verify that I received a written information packet containing information regarding:
- Criteria for admission and withdrawal
 - Schedule of operation, denoting hours, days, and holidays that the center provides services to families
 - Billing and 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
- _____ I understand that breakfast and lunch are provided to my child on days when school is in session. I agree to provide my child breakfast and lunch on any day when school is not in session. I agree to provide an afternoon snack for my child on a daily basis.
- _____ I give permission for PELC staff to administer any topical, nonprescription medication to my child that is labeled with my child's name and that I have provided, including, but not limited to, sunscreen.
- _____ I agree to allow PELC to use my child's photo in my child's classroom or the hallway of PELC
- _____ I agree to allow PELC to use my child's photo or video in any of the following places: center-wide photo albums, newsletters, the website, Panther Press, and the Kalamazoo Gazette. I understand that photos or videos posted outside of the center will not have my child's name attached to them.
- _____ I agree to allow my **School Age** child to play on the Elementary School's playgrounds. I understand that a school playground is not required to meet the same playground safety regulations that licensed childcare centers are required to meet.
- _____ I agree to allow Parchment School District to provide routine transportation for my **School Age** child to and from their elementary school and PELC when my child attends the Before or After school program.
- _____ I understand that a door entry code will be activated for my family. I agree to keep the code confidential and not share it with others. The following 4 digits is my preferred entry code: _ _ _ _

Parent/Guardian printed name: _____

Parent/Guardian signature: _____

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

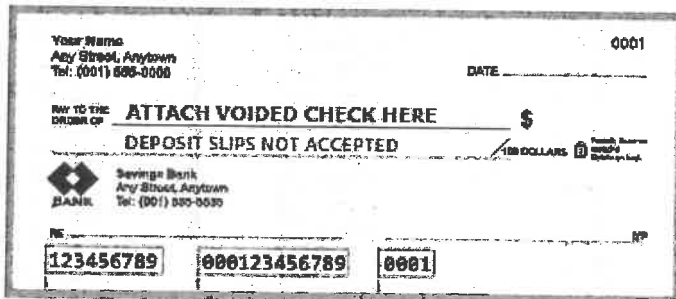
SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #		
Address	City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

Authorized Signature	Date
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ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER
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FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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