

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		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 _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical 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
--	---

Parchment Early Learning Center

AND SCHOOL AGE CHILDCARE



Readiness Program

Michigan's Early Childhood Readiness Program

"These materials were developed under a grant awarded by the Michigan Department of Education."

Child's Name: _____

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 agree to provide all meals for our child in one of the following ways: purchasing through Chartwell's Food Service or packing and sending a lunch from home. If my student is in GSRP, I understand that breakfast and lunch are provided at no additional cost to me.

_____ I give permission for my GSRP student to ride the school bus daily (or as otherwise scheduled) from our pick up location to arrive at PELC at 8:10 AM or at 3:15 PM from PELC to our drop off location.

_____ 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.

_____ I agree to allow PELC to use my child's photo or video in any of the following places: classroom or center wide books, albums, and 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 our School Age child who is enrolled in PELC's Summer Camp to participate in swimming activities. My child is a _____ swimmer _____ non-swimmer.

_____ 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: _____

Date: _____

Parent/Guardian printed name: _____

Parent/Guardian signature: _____

Parchment Early Learning Center

AND SCHOOL AGE CHILDCARE



Health Statement Form

****To be completed for school age children ONLY****

(Name of Student – Please Print)

Is in good health with up-to-date immunizations or an immunization waiver on file with the office of the Parchment Community School my child attends.

I understand my child's immunization must always be current and up-to-date.

Please Note any allergies, health concerns, and restrictions the Parchment Childcare Center staff should be aware of:

ALLERGIES: _____

HEALTH CONDITIONS/CONCERNS: _____

ACTIVITY RESTRICTIONS: _____

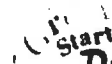
Parent/Guardian Signature

Date

This form is required by the State of Michigan for Childcare licensing purposes.

Parchment Early Learning Center

AND SCHOOL AGE CHILDCARE



Readiness Program

"These materials were developed under a grant awarded by the Michigan Department of Education."

Childcare Schedule

Child's name: _____ Date of birth: _____ Age: _____

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

Childcare (Ages 1-4)

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off					
Pick up					

Before School (GSRP and K-5 students)

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off					
Students will go to school between 8:00-8:20					

After School (GSRP and K-5 students)

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Students will arrive at the center between 3:15-4:15 (Depending on the building they attend school)					
Pick up					

The Parchment School District is closed in some instances that the center is open. In addition to all regularly scheduled days, my child will be attending the following:

- Half days
- No school days
- School breaks (Winter break, Spring break, Summer break)
- Snow days

Childcare Contract Agreement

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 or email 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 one week of the due date, all services will be suspended until the balance is paid in full.

Parent/Guardian Signature _____ Date _____

Tuition³ Express

Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express³—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

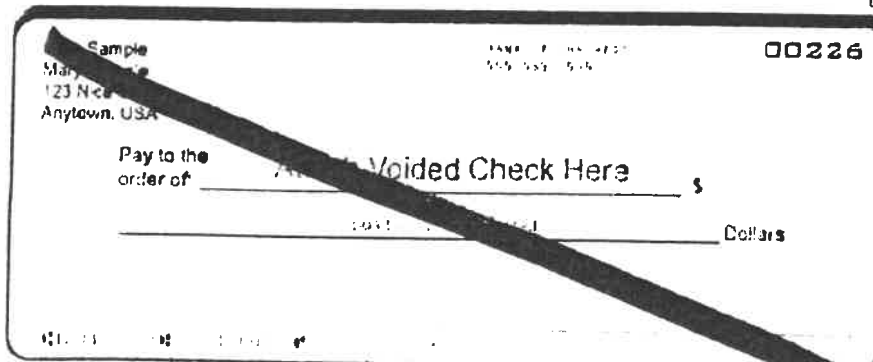
SECTION B (Bank Account)

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 _____

For Official Use Only

Date Received
Employee Signature



A service of



procure
FORWARD

Parchment Early Learning Center

Childcare Tuition Rates

Explorers <i>12 mo - 29 mo</i>	Full Day:	6:00-6:00	\$230/week
			\$55/day
	Half Day:	5 hrs or less	\$40/day

Early Learners <i>2 1/2 yrs - 3 1/2 yrs</i>	Full Day:	6:00-6:00	\$215/week
			\$50/day
	Half Day:	5 hrs or less	\$40/day

Discovery Kids <i>3 1/2 yrs - 4 1/2 yrs</i>	Full Day:	6:00-6:00	\$195/week
			\$45/day
	Half Day:	5 hrs or less	\$30/day

GSRP and School Age Childcare	Before School Care:	6:00-8:20	\$50/week
			\$10/day
<i>GSRP and School Age</i>	After School Care:	3:20-6:00	\$50/week
			\$10/day
	No School Days:	6:00-6:00	\$165/week
			\$40/day
	Half Day:	5 hrs or less	\$25/day
GSRP Tuition			\$150/week

***Registration Fee:** A \$40 fee will be applied for each new enrollee. \$20 for re-enrollment

***Schedule** – charges will be applied for the days your child is scheduled. You will have 10 vacation days free of charge.

***Activity Fee:** A \$25 fee will be applied for every School Age child participating in Summer Camp

***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

***Un-notified Schedule Change Fee:** A \$10/child charge will be applied for any schedule change in which the office was not notified

***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:** A \$25 credit will be applied when you refer a family that enrolls in our program

Effective July 1st, 2018 for currently enrolled.