

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	

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PINCKNEY COMMUNITY EDUCATION LATCHKEY

Parents: Please check each area and sign below:

I UNDERSTAND THAT.....

_____ Lunches and snacks are to be brought each day for my child. Drinks should not be in glass containers.

_____ Children must be signed in and out by parents or other persons designated on the emergency cards.

_____ Staff may request picture ID of *anyone* picking up children.

_____ Children may NOT be dropped off prior to 6:15 AM and MUST be picked up by 6:00 PM (6:15 PM at Navigator) to avoid additional fees. Families whose children remain in care after closing are charged \$10.00 for the first 5 minutes and \$1.00 per minute thereafter per family. **Parents are encouraged to call the center in the event they will be late.** If the parent has not called the center and the latchkey staff has not been able to reach the persons designated on the emergency card by 6:30 PM, department administrators will be called to handle the situation. I am responsible for late fees.

_____ Phone calls are appreciated when arriving late, but they do not exempt late fees.

_____ **The official clock will be the clock in the childcare room.**

_____ It is my responsibility to schedule and prepay for my child by the Friday before the week of care and that a late fee of \$8.00/day will be added for schedules received after 6:00 PM Friday.

_____ Scheduled days may not be credited if not in attendance. Once scheduled, days CANNOT be changed.

_____ Added on days are subject to availability of space. You must call to confirm. NO DROP-INS ALLOWED.

_____ The latchkey center maintains a licensing notebook on all licensing inspection reports, special investigation reports and all related corrective action plans. The notebook will be available to parents for review during regular business hours. Licensing inspections and special investigation reports from the past two years are available on the Bureau of Children and Adult licensing website at www.michigan.gov/michildcare.

Statement of Health

Is your child in good health? _____yes _____no

Is your child up to date on all of their immunizations? _____yes _____no

Does your child have any activity restrictions due to health restrictions? _____yes _____no

If yes please explain: _____

Parent/Legal Guardian Initials:

_____ **I have read the parent handbook and agree to abide by Pinckney Community School's policies and procedures.**

_____ **School Child will attend** _____
Child's Name

Parent's Signature

WEEKLY SCHEDULE

STUDENT NAME _____

WEEK OF _____

CHECK DAYS	AM	M	T	W	TH	F
NEEDED FOR CHILDCARE	PM	M	T	W	TH	F

AMOUNT OF CHECK/CASH \$ _____ CHECK # _____

MAKE CHECKS PAYABLE TO: PINCKNEY COMMUNITY SCHOOLS OR PCS

FEE SCHEDULE:

Monday – Thursday:

\$9.00 for each session (AM or PM)

\$8.00 for each session (AM or PM) for siblings

Friday

\$35.00 for full day (7:00 AM - 5:00 PM)

Half Days:

\$9.00 for AM session

\$8.00 for AM session for siblings

\$21.00 for PM session

\$20.00 for PM session for siblings

A SESSION BEING BEFORE SCHOOL AND ANOTHER SESSION AFTER SCHOOL EACH DAY.

Schedules, along with payment, must be received by 6:00 PM on the Thursday prior to the week your child will attend. A late fee of \$8.00 a day (M-F) will be charged for any schedules submitted after this time. Missed days cannot be refunded or transferred. Snow credits are not given. If your child is scheduled to attend latchkey and a snow day is called you will not receive a credit however, you can use the program on the snow day and apply your daily fee towards the snow day fee.

The Pinckney Childcare Program closes at 6:00 PM (6:15 PM at Navigator). Families whose children remain in care after closing are charged \$10.00 for the first 5 minutes and \$1.00 per minute thereafter per family. **Parents are encouraged to call the center in the event they will be late.** Phone calls do not exempt late fees. If the parent has not called the center and the latchkey staff has not been able to reach the persons designated on the emergency card by 6:30 PM, department administrators will be called to handle the situation. The deciding clock regarding time is the clock in the child-care room. If continued lateness becomes a problem we reserve the right to remove your child from the latchkey program.

**CHILDREN CAN ONLY BE RELEASED TO PARENTS AND THOSE DESIGNATED ON YOUR EMERGENCY CARDS,
OR BY WRITTEN (AND SIGNED) NOTES FROM PARENTS.**