

ABC Preschool Summer

For current and new students: Please enclose a **\$35 registration fee** when returning these forms to reserve your spot. **New students:** please fill out **complete summer packet** for enrollment. **Current Students:** please make any necessary updates/changes on your child's emergency card. If you have photo permission form and I chat form on file, a new one **is not** needed.

Child's name _____ Date of Birth _____

Parent name _____ contact number _____

I would like to sign my child up for:

____ Daycare (open 6-6) see tuition slip for prices. **New Students will need a full D/C packet.**

Daycare- circle days and write time needed: Mon Tue Wed Thur Fri

time: _____

____ (3 day) Preschool Tue., Thur. and Fri. 9-12:00 (8 week session June 26- Aug 23) \$275

____ (2 day) Preschool Tue. and Thur. 9:00-12:00 (8 week session June 26 – Aug 23) \$230

____ Outdoor Activities - Mondays 9-12:00 (8week session June 26-Aug 23) \$125

I have:

____ Enclosed is my \$35 check for registration Ck # _____ staff initial _____.

Forms to return: -This form-(top portion completed).

- Tuition slip filled out with payment.

- Sunscreen form.

-I chat (if one is not on file)

- Photo permission form (if one is not on file)

-Child Information form (new students only)

Place in envelope and return to your child's teacher or office mail box labeled Pam Becker.
Must have registration and class fees included. **(OR)**

Bring these forms and registration fee to Summer Registration.

CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult 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
Father/Legal Guardian's Name		Home Phone ()		Mother/Legal Guardian's Name	
Home Address (if not child's address)		Cell Phone ()		Home Address (if not child's address)	
City		State	Zip Code	City	
State		Zip Code		State	
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone ()		Employer Name	
State		Zip Code		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. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

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.	()		

I give permission to _____, licensed by the Department of Human Services (Provider's Name)	
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.	
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

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.
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Algonac Childcare Center

SUNSCREEN PERMISSION FORM

Name of Child: _____

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at **Algonac Childcare Center** to apply the sunscreen product I provided to my child when he/she will be playing outside, especially during the months of May through October and between the daily time of 9 AM and 5 PM.

I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have *initialed* below **all** applicable information for the use of sunscreen for my child:

_____ I do not know of any allergies my child has to sunscreen

_____ I have provided the following brands/types of sunscreen for use for my child:

_____ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body:

_____ My child is allergic to sunscreen. Do NOT apply sunscreen to my child.

NOTE: DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER!

BUG SPRAY PERMISSION FORM

I give permission for the staff at **Algonac Childcare Center** to apply the bug spray product I have provided to my child when he/she will be playing outside, especially during the months of May through October and between the daily times of 9 AM and 5 PM.

I have *initialed* below **all** applicable information for the use of bug spray for my child:

_____ I do not know of any allergies my child has to bug spray.

_____ I have provided the following brand/type of bug spray for use for my child:

_____ For medical or other reasons, please do NOT apply bug spray to the following areas of my child's body:

_____ My child is allergic to bug spray. Do NOT apply bug spray to my child.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Dear Childcare parents:

Since we now live in the world of new technology, some issues have come up. Each one of our childcare rooms has a camera that we use to take pictures of the children doing various activities. We use these pictures to post around the room and put in our newsletter and the *Algonac Reporter* (Algonac Community Schools District newsletter). The Center newsletter and the District newsletter are also posted on the District web pages.

Please complete and return the following Parental Permission form:



PARENTAL PERMISSION

Child's name: _____

- I give my permission for Algonac Childcare Program to take pictures of my child.
- I give Algonac Childcare Program the permission to use my child's photo in the Center's newsletter, the School District's newsletter and the Center's web page.
- ~~Please email photos of my child to the following address: _____~~

Please check all that apply and return the bottom half to your child's teacher.

Parent's signature: _____

