

Algonac Childcare Summer Registration Agreement

My child, _____, will be attending the Summer Latchkey Program at Pointe Tremble Early Childhood Center at 9541 Phelps Road. He / She is currently enrolled in a school year latchkey program and all fees are up-to-date. I understand the program, and my child and I will follow the rules and regulations as stated in the Algonac Latchkey Parent Manual.

I am aware of and agree with the following:

1. My child will bring a healthy sack lunch every day with a beverage. NO CANDY OR SODA. A light breakfast snack will be provided every day. The Program will also provide a morning and afternoon snack.
2. A summer registration fee of **\$35 per child** will be paid before my child will be registered in the Program. (Any late registration will be assessed a \$20 late fee.)
3. Fees for field trips will be the responsibility of the parent/guardian, payable no later than the Thursday prior to the schedule date. Spending money for field trips are also the parent / guardian's responsibility.
4. I understand that the summer latchkey rates are as follows:
 - a. \$17 – Half day session (up to 6 hours per day)
 - b. \$28 – Full day session (up to 12 hours per day)
5. Tuition is due no later than 6pm on Thursday for the following week. If my child's tuition is paid late, a late fee of \$20 will be applied. Additionally, childcare for that week may not be available if it is determined that enrollment is full or that there is inadequate staffing scheduled.
6. All fees must be up-to-date, or my child will not be allowed to attend summer latchkey.
7. I agree to allow my child to participate in the weekly events. I will be notified on Thursday of each week what activities and fees will be for the following week.

For scheduling purposes, I am informing Algonac Childcare that my child:


WILL _____ **WILL NOT** _____

Be attending the Summer School Program. If my child attends summer school, he/she will be transported to and/or from Pointe Tremble Latchkey Center by bus.

I have received the Summer Latchkey information and I will agree to the terms stated above.

Parent/Guardian Signature

Date



Director's Signature

Date

Algonac Early 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 agree I will provide a LOTION (No Aerosol) Sunscreen for my child due to FDA recommendation.**

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!

INSECT REPELENT PERMISSION FORM

I give permission for the staff at **Algonac Childcare Center** to apply the Insect repellent 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 agree to provide a Non Aerosol brand.**

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: _____

Algonac Summer Latchkey

Electronic Device Policy

I understand that Summer Latchkey is a fun, relaxed atmosphere for the children. When my child attends Summer Latchkey on the days that Electronic devices are allowed I understand it is my child's responsibility to take care of the Electronic device and any games that may accompany the device. I understand it is not the care givers responsibility to keep track of my child's personal belongings or to put their name on their items. It will be my child's responsibility to keep their electronic device and games in a safe place when it is not being used. Please make sure your child's name is on every device and game they bring.

I understand my child will only be allowed to play with their Electronic devices and games at designated times during Summer Latchkey.

Child's Name

My child will be allowed to bring personal Electronics to Latchkey and abide by the above policy

Signature of Parent/Guardian Date

My child will not be allowed to bring personal Electronics to Summer Latchkey

Signature of Parent/Guardian Date

POINTE TREMBLE EARLY CHILDHOOD CENTER

ACKNOWLEDGEMENT OF POLICIES & PROCEDURES
AGREEMENT

I, _____, acknowledge that I have thoroughly read and agree with all the policies and procedures that are in my child's personal file with Pointe Tremble Early Childhood Program. I also acknowledge I've read over my child's emergency card and have made any changes that needed to be completed.

I have also completed all new policy and procedure forms for the summer program.

CHILD'S NAME: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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 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 (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 Special Instructions (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.	()	()	()

I give permission to _____, licensed by the Department of Human Services <div style="text-align: center; font-size: small;">(Provider's Name)</div>	
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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