



Application & Contract

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. 7-18) Previous edition 6-17 may be used.

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 The Children's Center, 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.	

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

Child
Information
Record

Emergency
Contact

Release of
Child

Emergency
Treatment
Release

**Family
Information**

E-mail address: _____

Relationship to Child: _____

If divorced, who has legal custody?

May the non-custodial parent pick up the child? Yes No
(court documentation must be on file if answer is no)

Please list siblings and all other people that live in the home:

Name _____ Relationship to Child _____ Age _____

Name _____ Relationship to Child _____ Age _____

Name _____ Relationship to Child _____ Age _____

Name _____ Relationship to Child _____ Age _____

**Enrollment
Session**

Select session(s)

___ Summer Session (June - August) \$35

___ Fall Session (September - May) \$35

___ Full year (12 months) \$50

___ By checking I authorize the above selected registration fees to be deducted from my tuition
express account.

**Child Care
Schedule**

Note Times Reserving:

M in: ___ T in: ___ W in: ___ R in: ___ F in: ___

out: ___ out: ___ out: ___ out: ___ out: ___

Start Date _____ Please select classroom age group at start date:

___ School-Age (started K - 6th) School Attending _____

___ Preschool (3 years - 5 years)

___ Twos

___ Ones

___ Infant (under 1)

**Food
Program
Information**

Please circle all meals that your child will receive (if schedule varies throughout the week, circle every meal that may apply during the week)

Breakfast

AM Snack

Lunch

PM Snack

Please circle the ethnicity of your child:

Hispanic or Latino

Not Hispanic or Latino

Please circle one or more racial designations:

American Indian or Alaskan Native / Asian / Black or African American
/ Native Hawaiian or Pacific Islander / White

*you are not required to select ethnicity or racial designations for your child. If this information is not selected, we will report ethnicity and/or racial designation based on observation.

**Emergency
Authorization**

☐ I hereby authorize the staff and director representing the center to give consent for any and all necessary emergency medical and First Aid care to include transportation, if needed, for my child while he/she is in the center's custody.

☐ I acknowledge that this center cannot be held liable in any way for accidents that occur on or off premises while my child is under this center's care.

**School-Age
Health
Statement**

(if in public school
system)

____ My child, _____, is in good physical condition and has no health concerns which would limit normal participation in the regular program of the center.

____ My child, _____, has a condition which would limit normal participation in the regular program of the center. (please submit explanation and relevant medical documentation

**Additional
Forms** (if not in
public school
system)

____ I agree to provide a current Health Appraisal for my child who is not yet enrolled in public school.

____ I agree to provide an up-to-date immunization record at the time of enrollment (if child is not in the Michigan Immunization System.

Field Trips

I give my permission for my child to leave The Children's Center premises with The Children's Center staff for program activities within walking distance, as planned by the center staff. I understand that I will be notified by email and posted notice prior to field trips.

Pesticide Policy

If pesticide treatment becomes necessary, notification (written notice and posted notice) will be given to parents in advance of treatment including the reason for treatment, the location, date and type of treatment.

Licensing Rules

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans, and it is available to parents for review.
- Licensing inspection and special investigation reports from at least the last two years are available at Michigan.gov/michildcare.

☐ I have read the above statement issued by The Children's Center.

Photography

Permission (is / is not) given for photography for publicity purposes to be used in print promotions, email, or use on the company's web site including social media sites.

Lotions / Baby Wipes

I give the center permission to apply the selected items to my child in accordance with the directions on the label of the container:

- ☐ Baby wipes
- ☐ Band-Aids
- ☐ Sunscreen
- ☐ Insect Repellent
- ☐ Non-prescription ointment (such as A&D, , Vaseline)
- ☐ Other (please specify) _____

**Enrollment &
financial
policies**

I agree to electronic withdrawal of tuition fees.

I am aware that I will be charged a fee for unsuccessful tuition withdrawal.

I am aware that I will be charge a fee for late pick-ups.

I have received the Parent Handbook, containing additional policies and procedures

I understand that current rates are subject to change.

I am aware that a two week notice is required for withdrawals and failure to properly notify the center will result in being charged for the period of time that notice was not given.

I agree to pay a two-week deposit (\$200 minimum deposit), which will be credited to my account and used when notice of two weeks prior to withdrawal has been given.

I am aware that the center is within it's rights to collect any unpaid tuition, fees and collection or court costs associated with collection of these charges.

I understand that that tuition is prorated and that there are no vacation credits issued.

I understand that a \$10 fee may be charged for schedule changes and withdrawals prior to the end of a contract.

I have read this document and agree to abide by the statements within.

**Full form
Signature**

Parent signature_____ **Date** _____

Choose one payment method below.

**Payment
Authorization
Form**

I (we) hereby authorize The Children's Center to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of the agreement, I (we) are required to give 14 days written notice.

☐ Visa

☐ Mastercard

Cardholder Name _____ Phone _____

Cardholder Address _____

Credit Card

Account number _____ Expiration Date _____

Cardholder signature _____ Date _____

OR

I (we) hereby authorize The Children's Center to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of the agreement, I (we) are required to give 14 days written notice.

(credit union members, please contact credit union to verify account and routing numbers for automatic payment.)

Your Name _____ Phone _____

Cardholder Address _____

**Bank / Credit
Union**

Bank or Credit Union Name _____

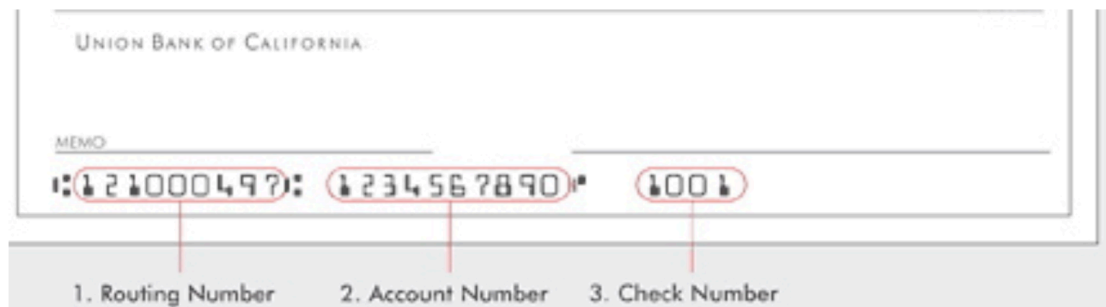
Bank or Credit Union Address _____

Routing Transit # _____ Account # _____

☐ Checking Account

☐ Savings Account

Signature _____ Date _____



In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.