HOLLY AREA SCHOOLS
EARLY CHILDHOOD PROGRAMS

PROGRAM REGISTRATION

Program

- ○ Infant/Toddler Program
  - Available at Davisburg Elementary Only
- ○ Preschool Half Day AM/PM
  - Blended PM at Davisburg & Holly Elementary
- ○ Preschool Full Day
  - Available at Davisburg & Holly Elementary
- ○ Latchkey AM
- ○ Latchkey PM

School

- ○ Davisburg Elementary
- ○ Holly Elementary
- ○ Patterson Elementary
- ○ Rose Pioneer Elementary

Program availability may change based on enrollment.

AM and/or PM Latchkey Days & times: _____

Child's Name _____ Date of Birth _____

Home Address _____

Mother/Legal Guardian _____

Address (if different from child) _____

Phone _____ Email _____

Father/Legal Guardian _____

Address (if different from child) _____

Phone _____ Email _____

Does your child have any medical conditions or allergies? _____

Do you have any other children attending our programs? If yes, please include child's name and the program they attend: _____

Is there any other information that will help us to better serve your child? _____

_____

_____

Parent/ Legal Guardian Signature **Date**

PROGRAM POLICIES

Please provide court documents related to custody, guardianship, or foster care placement. *We must have legal documentation to restrict the release of a child to either parent.
The following policies are in place to best support our partnership. Please review the policies and **initial** each section.

_____ **ProCare**

- Invoices will be paid via credit card, debit card, or automatic deduction from your bank account.
- Cash and Checks will not be accepted by Staff at the school

_____ **Tuition Policy**

- Your tuition pays for the operational cost of our programs.
- Non-refundable $50 registration fee applies annually.
- Flat rate tuition payments for all programs are due on the following dates:
    - **Full paid on or before August 27th, 2021,**
    - **5 payment option: (2021) Aug 27th, Oct 29th, Dec 17th; (2022) Feb 25th, Apr 29th.**
    - **10 payment option: (2021) Aug 27, Sept 24th, Oct 29th, Nov 19th, Dec 17th; (2022) Jan 28th, Feb 25th, Mar 25th, Apr 29th, May 27th.**
- If the child is not picked up by their class end time, additional aftercare rates will be assessed.
- We are unable to credit your account for sick days and/or vacations during the school calendar.
- We do not offer discounts for a child leaving the program early. Once the monthly tuition payment is received there will not be reimbursement.

_____ **Late Payment Fee**

- All invoices must be paid in full by the due date on the invoice.
- If payment is not received a fee of **$10 daily** will be automatically assessed.
- **If payments are not received, the child will be unable to attend the following week.**

_____ **Late Pick Up Policy and Fees**

The fees for picking up children after closing time are as follows:

- 1st offense: $15 fee, +$1 per minute late
- 2nd offense: $30, +$2 per minute late
- 3rd offense: $30, +$2 per minute late AND exclusion from the program for the remainder of the school year.

_____ **Potty Training Policy**

Children must be potty trained to enter preschool programs and latchkey services. The child should be able to perform most bathroom activities independently.

_____ **Photo Release**

Photos may be taken at special events throughout the school year. The photos may be displayed on bulletin boards, in the classroom or submitted for the school yearbook. Please indicate your preference below:

- Yes, you may photograph my child.
- No, do not photograph my child.

_____ **Food Statement**

Holly Area Schools provides breakfast for all students before school begins. The Holly Area Schools Early Childhood Programs do not provide lunch services. Families have two options:

- Pack and send meals from home on a daily basis
- Purchase lunch from the school cafeteria
    - You may apply for free/reduced lunch based on qualification by income

_____ **Illness Policy**

Please note the following are symptoms of communicable disease:

- A temperature over 100.4 degrees
- Persistent and/or productive cough
- Discharge from the eyes or nose
- Diarrhea
- Jaundice
- Nausea and Vomiting
- Swelling and/or tenderness of glands
- Any skin eruption, sore, or rash

Children must be free of fever, diarrhea, and/or vomiting for at least 24 hours without medication before returning to school. If there is a communicable disease diagnosis, a doctor's note will be required to return to school.

_____ **Good Health Statement**

I, the parent/guardian of _____, certify that they are in good health and able to participate in age appropriate physical activities.

Please list any physical limitations that may prevent your child from participating in activities.

_____

_____

_____

_____ **Release of Information**

- I give permission for the Holly Area Schools Early Childhood Programs to pull my child's immunization records from the Michigan Care Improvement Registry.
- I decline consent and will provide a complete immunization record or an immunization waiver from the health department before my child attends the program.

_____ **Parent Handbook Agreement**

I acknowledge that I have received the current parent handbook containing important information regarding rules and regulations of this program.

I have reviewed the program policies and agree to abide by these policies while my child is participating in any of the Holly Area Schools Early Childhood Programs.

_____

Parent/ Legal Guardian Signature **Date**

Updated 08/2021

WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

Child(ren)'s Name(s) (Last, First)	Center Name

A written information packet has been provided at the time of enrollment. The packet included all the following information:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- 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.
    - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
    - The licensing notebook is available to parents during regular business hours.
    - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at **www.michigan.gov/michildcare.**
- Other _____

I certify that I received all of the above items.

_____ _____

Parent/Guardian Signature | Date

Note: A single BCAL-4340 form may be used for all children in the same family.

LARA is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

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 _____, 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 6-17may be used.

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