Kids & Company

Big Kids Parent Checklist

Please remember, you must have ALL paperwork complete and turned in,
along with registration fee in order to be enrolled in the program.

_____Registration Form

_____Emergency Card

_____All Purpose Permission Form

_____Parent Notification of Licensing Notebook

_____PaySchools Parent Guide

_____Parent Handbook available upon request. Can be found on our website at www.lapeerschools.org.

Kids & Company

Located at: Rolland Warner Middle School

3145 W. Genesee St. Lapeer, MI 48446 - (810) 667-2454

LCS Child Care Annual Registration Form

Please return this packet with a **non-refundable** annual registration fee as follows: **$50** per family for <u>current families</u> or **$75** per family for <u>new families</u>: Annual fee (August- June)

Today's Date_____/_____/_____   School Child Attends: _____ Site Child Attends: _____

Child's Name: _____ Date of Birth _____/_____/_____ Grade _____

Address: _____City_____   Zip_____

Home/ Cell Phone: (____) _____-_____ email: _____

Name of Mother/Guardian: _____ Work phone (____) _____-_____

Name of Father/Guardian: _____ Work phone (____) _____-_____

Schedule Information:

Annual registration is required as well as monthly schedules.
Wee-Kids are open Mon-Friday 6:30am-6:00pm.
Elementary School Sites are open 6:30am until school begins and after school until 6:00pm.
Summer Camp has a **separate registration**.

Attending Kids & Company on the first day of school? Yes☐   No ☐   Requested Start Date: _____
Tentative Schedule: Please circle AM, PM or BOTH.
   Mon: AM/PM/BOTH **Tues:** AM/PM/BOTH **Wed:** AM/PM/BOTH **Thu:** AM/PM/BOTH **Fri:** AM/PM/BOTH

According to the Michigan Department of Human Service regulations, the parent or guardian of a child enrolled in a before/after school program must sign a statement verifying that their child is in good health and able to participate in program activities unless otherwise specified.

This is to verify that to the best of my knowledge my child _____is in good health.
I will inform the child care supervisor of any accidents, illness, health restrictions, allergies or medications my child is taking.

 Parent/Guardian Signature: _____**Date:** _____

 Please indicate any health concerns or special needs that you feel our child's supervisor should be aware of:

_____
_____
_____

Office Use Only:
Amount Paid _____Payment type_____ Placement_____
Regularly Scheduled LCS Employee: Yes ☐ No☐   Position _____

Office Copy   Bus Copy   Site Copy

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

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	Primary Phone ( )	Parent/Legal Guardian's Name (Optional)	Primary Phone ( )
Home Address (if not child's address)	2nd Phone (if applicable) ( )	Home Address (if not child's address)	2nd Phone (if applicable) ( )
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/or Special Instructions? Yes ☐ No ☐ If yes, explain:
(Attach additional sheets, if necessary.)

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used   See Reverse Side

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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.

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

ALL PURPOSE PERMISSION FORM
All Kids and Company Programs

Please initial next to each statement you give permission for and sign the bottom.

I grant permission for my child_____ to participate in the program activities
as listed below. Program activities include:

_____ 1. Walking field trips on school property

_____ 2. Photographing or videotaping my child for in-school use only for promotional and personal
use for parents (gifts or scrapbook).

_____ 3. Photographing my child for the local newspaper or marketing to promote Kids and Company
events. (No names are ever used)

_____ 4. Posting photos of my child on the Kids and Company web pages for promotional use by
Kids and Company. (No names are ever used)

_____ 5. Watching PG rated Children Movies, during Kids and Company hours.

_____ 6. Going with staff to a restroom for toilet training.

_____ 7. Riding a Lapeer Community Schools bus or GLTA for any field trip.
(Parents will always be notified in advance of any field trip)

_____ 8. Allowing staff to give or apply sunscreen and chap stick to my child as needed (parent to
provide sunscreen & chap stick). Special needs regarding sunscreen?

_____

_____ 9. Transport my child to safety on a Lapeer Schools bus or walk to evacuation site in the event
the building is deemed unsafe and needs to be evacuated. This also includes drills.

_____ 10. *For School Age Programs Only:* According to the Michigan Department of Human Services,
school age programs operating in a school building are exempt from compliance of the
1997 edition of Public Playground Safety regulations and regular inspections. Before and
After School Age Programs are exempt from licensing rules 400.5117 (7-9).
www.michigan.gov/childcare

_____ 11. I have read and understand all policies and procedures in the Kids and Company Parent
Handbook. I agree to adhere to all Kids and Company policies and I understand that
violation of any of these policies could result in termination from the program.

_____   _____
Parent Signature   Date

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK
Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

CENTER MUST CHECK ONE

☒ The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at **www.michigan.gov/michildcare**.

☐ The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at **www.michigan.gov/michildcare**.

I have read the above statement issued by _____

<div align="right">Name of Child Care Center</div>

Child(ren)'s Name(s):	

Parent Name _____

Parent Signature _____ Date _____

3.18.2020

Registration

Create User

1) To set up an account, go to www.payschoolscentral.com and click REGISTER.

2) Fill out all fields marked with an asterisk. We strongly suggest adding a mobile number as it will help you reset your password via text if you ever have trouble logging in.

3) Review the User Agreement and check the box before clicking ⬚.

4) Click [RETURN TO LOGIN] in the pop-up window and check your email inbox for a confirmation email.

5) You MUST click the link in the email in order to continue. This link is **ONLY VALID FOR 30 MINUTES.** If you do not activate the link within 30 minutes,

please return to www.payschoolscentral.com and click I

6) forgot my password to request a new email.

7) Create and confirm your password in the Account Activation screen after clicking the link in the email. You can view the password complexity rules by clicking ⑦
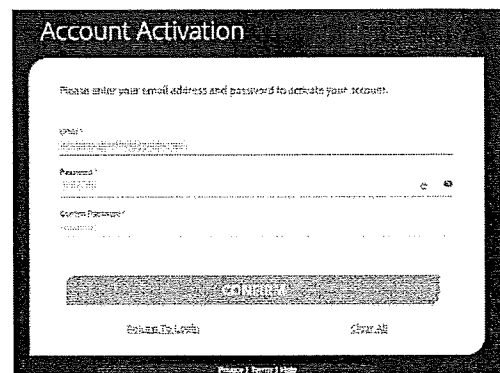
Secure Account

1) Fill out your 3 security questions and answers after setting up your password. Answers must be at least two characters long.

2) Click [SECURE] to continue.

Add Student and\or Staff

1) You have the option to [SKIP] this step and add your students/staff later via the Dashboard.

2) Add your student(s) and staff by filling in all the required fields and clicking

ADD STUDENT / STAFF

Add Student or Staff

3) Once students and staff are added, they will appear at the top of the page where you can remove and manage your students/staff.

4) Click

CONTINUE

once you've added all of your students and/or staff.

5) A summary screen will display all students and staff who've been added. A green circle in a student/patron's card indicates they're active. A red circle indicates they're inactive. If your student or staff is showing up as inactive, please contact your school for assistance.

Add Payment Methods

1) Choose the payment type. Please note school districts choose which payment methods are accepted.

Add Payment Method

2) Enter in the payment method information, including the payment type, nick name, and card number or routing/account numbers. The "Nickname" field is simply a name you can give your payment method. For example: Jane's Visa CC.

3) Please read the Terms and Conditions for each payment method and check the box to agree. Click

ADD PAYMENT METHOD

to add your payment method.

4) You can store multiple payment methods in your account, including credit/debit cards and ACH. To add another payment method, select another payment type from the drop-down menu and follow steps starting on the Add Payment Methods section of this guide. You can also add more payment methods later by going to the Menu and clicking the Payment Methods option.

Email Notifications

PaySchools
Central

1) To turn on any of the notifications, simply click the on/off toggle. An orange toggle indicates the notifications are on.
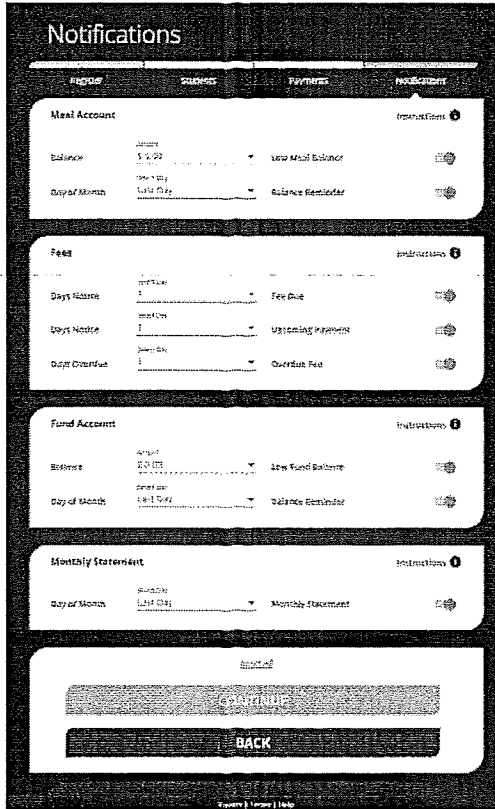
2) There are instructions for each section to give you more information about each type of notification. Click Instructions 🛈 to see the notification descriptions.
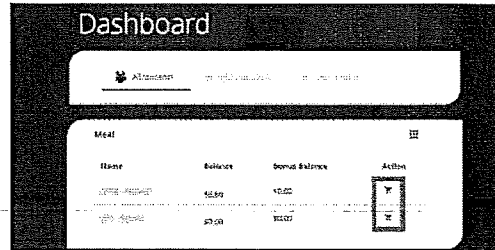
3) To save your notification settings, click CONTINUE.

Meal and Fee Payments

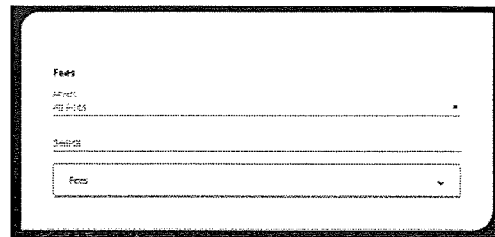1) To make a one-time lunch payment, go to the Dashboard and click the 🛒 to the

right of your student's name. To make a fee payment, scroll down to the Fees card and click the 🛒 next to the fee you wish to pay.

Meal:

Fee:

2) Enter the amount you wish to add to the lunch account or how much you'd like to pay towards your fee (if partial payments are allowed) and click ADD TO CART.
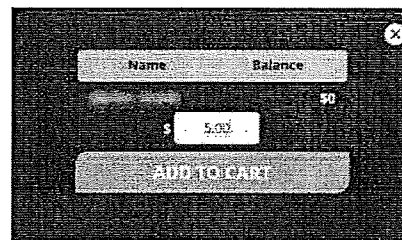

3) You will now see a blue circle in the upper right-hand corner of your screen where your cart is. The blue circle indicates there are items in your cart and the number indicates the amount of items.

4) If you would like to schedule your fee payment for a later date, click Or, Schedule For A Later Time >>.
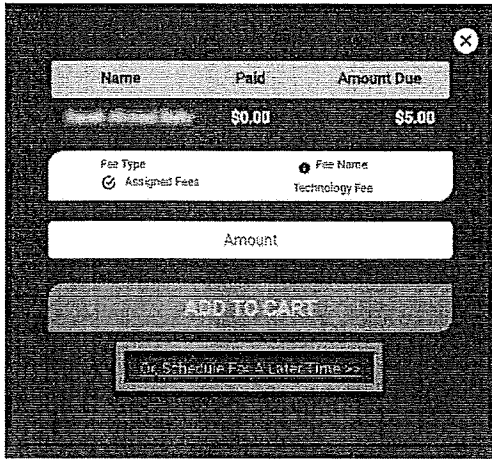
5) To check out, click on the white shopping cart in the upper right-hand corner of the Dashboard screen.

6) Review and update the items in your cart and make any necessary changes.

7) Select your payment method and click **CONTINUE**.
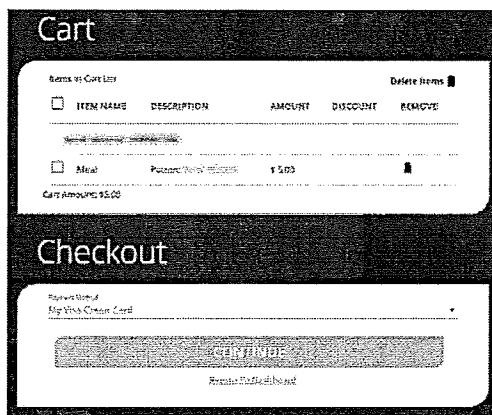
8) Check the box in the Totals pop-up window to agree to the terms and conditions and click
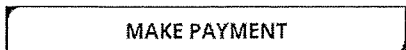
MAKE PAYMENT

9) After completing your purchase, you will receive an email with a receipt listing the item(s) purchased. You can also view your payment history by opening the Menu and clicking on the Payment History option.

Auto-Replenishment

1) To set up auto-replenish, click the Auto-Replenishment option in the Menu. You can also access Auto-Replenishment by clicking ⋮⋮⋮ in the Meal card.
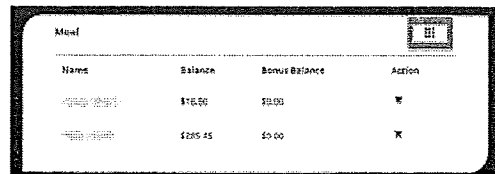
2) You will see your list of students and can either select a single name to set up unique auto-replenish settings or you can select All Students to apply the same settings to everyone in your account.
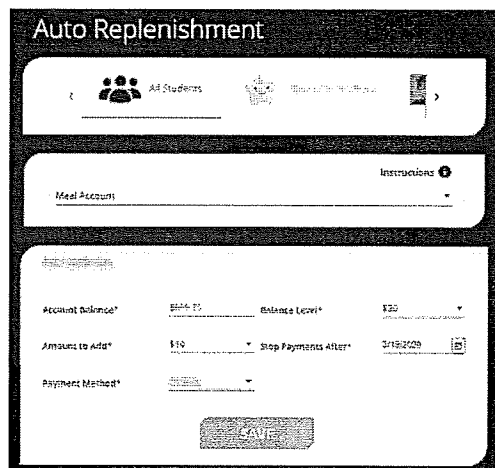
3) Once you've selected your student(s), enter in the required fields and click **SAVE**.

4) Read the Terms and Conditions and agree by putting a check mark in the box and clicking **SAVE**.

5) An orange toggle will appear, which indicates auto-replenishment is on.

6) Once your auto-replenish settings have been saved, you will see a status icon next to the Turn Off switch. Hover over the icon to see the auto-replenish status.

Status ● indicates the balance level has been met and your account will be replenished that day.

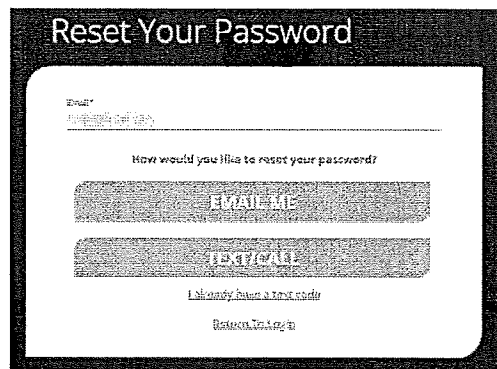**Status** ✖ indicates the balance level has not yet been met and auto-replenishment has not kicked off.
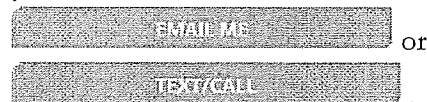
7) To turn off auto-replenish, simply click the orange toggle.

Reset Your Password

1) If you cannot log into PaySchools Central, or if you would like to change your password, click I forgot my password on the login screen and follow the steps to reset your password.

Welcome

LOGIN   REGISTER

Google Play   App Store
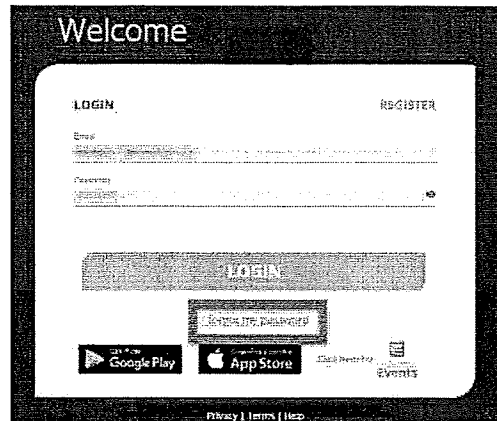
2) Enter in the email address associated with your account where indicated and click **EMAIL ME** or **TEXT/CALL**.

Reset Your Password

Email*

How would you like to reset your password?

EMAIL ME

TEXT/CALL

I already have a text code

Return To Login

Email

1) The **EMAIL ME** option will send you an email with a reset password link. Click the link and follow the instructions to reset your password when you reach the Account Activation page.

2) Click **CONFIRM** to submit your changes.

Account Activation

Please enter your email address and password to activate your account.

Email*

Password*

Confirm Password*

CONFIRM

Return To Login   Clear All

Text

1) The **TEXT/CALL** option will send you a text verification code, which you'll need to enter on the following page:

Create A New Password

PLEASE NOTE

If you included your mobile number during registration, you will receive a text message which expires for 5 minutes. If you do not use the code immediately, you will also get a phone call providing you the access code.

Verification Code*

Please enter a code receive on your phone.
Phone*

Password*

Confirm Password*

CONFIRM

Return To Login

2) For either the email or text/call option, click

CONFIRM

to submit your changes. You will see the following pop-up, which indicates you successfully created a new password.

Successfully set password ⊗

Your password has been set successfully, and you have received a confirmation email from us. You can now sign in on the PaySchools login page with your email address and password

LOGIN

PaySchools Central