

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 form with a \$75 per family non-refundable annual registration fee:
Annual fee (August- June)

Today's Date ____/____/____ School Child Attends: _____ Site Child Attends: _____

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

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 is open 6:30am-6:00pm-Separate registration for Summer Camp.

Attending Kids & Company on the first day of school? Yes No Requested Start Date: _____

Tentative Schedule: Please indicate AM, PM or both.

Mon _____ Tues _____ Wed _____ Thu _____ Fri _____

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

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 Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)	
City	State	Zip Code	City	State Zip Code
Email Address (optional)			Email Address	
Employer Name		Work Phone ()	Employer Name	
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.	

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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

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at www.michigan.gov/michildcare.

I have read the above statement issued by _____
Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____ Date _____

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