



LCS Tuition Preschool 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.

Included in this packet

- Preschool Payment Schedule
- Registration Form
- Payschools Instructions (at bottom of this page)
- Child Information Card
- All Purpose Permission Form
- Parent Notification of Licensing Notebook

Documents Parent Provides:

- Child's Birth Certificate
- Immunization Record (up-to-date)
- Health Appraisal (included in packet)

Available upon request. Can be found on our website at www.lapeerschools.org.

- Parent Handbook
- Early Childhood Curriculum Guide

Payschools Instructions: Parents can access PaySchools on the District homepage at LapeerSchools.org and follow these steps to set up an account under Kids and Company: Under "For Parents", Click on Payschools

1. **Click on the Kids & Company link**
<http://www.payschools.com/cat.asp?id+6AFF8DE21A0E4924A0595A99C33A4754>
2. Choose an item to add to cart with amount
3. Click on check out where you will be asked to register or login
4. If new, fill in the required fields to register an account (submit e-mail address and password which you will need for future entries)
5. Click the link to associate your student with your account and follow prompts to enter first and last name of your student. You do not need school id # for your student.
6. You will be taken to a payment screen. You can pay by Credit or Debit card or by electronic check. A receipt for this transaction will be sent to your e-mail address.
Click sign out and you're finished. Thank you for taking advantage of this new payment option. Please contact the Kids & Company Secretary at 810-667-2454 or Margaret Kulman (Business Office) at 810-538-1612 if you have any questions.



2020-2021 Preschool Payment Schedule

All Payments are due on the first day of the month starting September 1st

Payment Plans

Semi-Annual

	September 1	December 1
3 Year-old Program: Tues, Wed, Thu	\$420.00	\$420.00
4 Year-old Program: Monday-Thursday	\$480.00	\$480.00

8 Payment Plan

Due First Day of the Month

3 Year-old Program: Tuesday-Thursday	\$105.00	September 1
	\$105.00	October 1
	\$105.00	November 1
	\$105.00	December 1
	\$105.00	January 1
	\$105.00	February 1
	\$105.00	March 1
	\$105.00	April 1
4 Year-old Program: Monday-Thursday	\$120.00	September 1
	\$120.00	October 1
	\$120.00	November 1
	\$120.00	December 1
	\$120.00	January 1
	\$120.00	February 1
	\$120.00	March 1
	\$120.00	April 1

Methods of Payment: Please let our secretary Crystal Wilson know in advance your payment plan.

We accept cash, check or online payment through PaySchools.

Please drop cash/check payment off in the Kids & Company office or into the payment drop box outside our office door.

Or mail to address below:

Kids and Company
3145 W. Genesee St
Lapeer, MI 48446

Make all checks payable to: Lapeer Community Schools

(Please put the child's first and last name on the memo line of your check)

Kids & Company



Located at: Rolland Warner Middle School - 3145 W. Genesee St. Lapeer, MI 48446 - (810) 667-2454

LCS Tuition Preschool Registration Form

Today's Date ____/____/____ Program(s) Child will attend: _____

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

Address: _____ City _____ Zip _____

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

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

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

Siblings Attending Kids & Company at another site: Name: _____ Site: _____

Schedule Information:

Class days and times are dependent on enrollment and subject to change.

Indicate your choice by checking box

3 Year Old Program (children must be 3 by October 31)

Tues/Wed/Thu 8:45-11:45 AM \$840/Year (payment plans available)

4 Year Old Program (children must be 4 by October 31)

Mon/Tue/Wed/Thu 8:45-11:45 AM \$960/Year (payment plans available)

Mon/Tue/Wed/Thu 12:45-3:45 PM \$960/Year (payment plans available)

\$75 non-refundable family registration fee is due to hold a spot.

Fees are payable by check, cash or online through PaySchools. Make checks out to Lapeer Community Schools

Parent/Guardian Signature: _____ Date: _____

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

Office Use Only:

Amount Paid _____ Payment type _____ Placement _____

Regularly Scheduled LCS Employee: Yes No Position _____

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.

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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SECTION III - IMMUNIZATIONS					
Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*					
VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2			2	3
DTaP/DTP/DT/Td	1	4	Influenza (IIV/LAIV)	1	3
	2	5		2	4
	3	6	Meningococcal (MCV4 / MPSV4)	1	2
Tdap	1		Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
Haemophilus Influenzae type b (HIB)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Polio (IPV/OPV)	1	3		2	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	3		
	2	4	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
Rotavirus (RV1/RV5)	1	3	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
	2				
Measles, Mumps, Rubella (MMR)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____			_____		
Health Professional's Signature			Title		
			_____ / ____ / ____		
			Date		

		SECTION IV - RECOMMENDATIONS	
		(Required for Child Care and Head Start/Early Head Start)	
No	Yes	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:	
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other	
Other Recommendations			

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)	
I have examined _____ child's name _____'s teeth. As a result of this examination, my recommendation for treatment is: _____	
_____ / ____ / ____	
Dentist's Signature	
Date	

PHYSICIAN'S SIGNATURE			
_____	_____ / ____ / ____	_____	_____
Examiner's Signature	Date	Examiner's Name (Print or Type)	Degree or License
_____	_____	_____ MI _____	_____ (_____) _____
Number & Street	City	ZIP Code	Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.