



Summer Camp 2021 Registration

Kids & Company at Rolland-Warner: 3145 W. Genesee St. Lapeer, MI 48446 (810)667-2454

Registration Requirements – Office Use Only

- _____ \$30 Registration fee for new registrations (Non-Refundable)
- _____ \$25 refundable Key Fob Deposit (Separate Payment Required)
- _____ \$50 Field Trip Fee (Non-Refundable & Separate Payment Required)
- _____ Completion of all required paperwork including Schedule Sheet
- _____ T-shirt size (one free shirt: additional shirts \$8)

Name of Child: _____ Date of Birth: _____ Grade for Fall: _____

Address: _____
(Street) (City) (State) (Zip)

E-mail address: (for statements) _____

Name of Parents/Guardians:

_____ Home/Cell Phone: _____ Work Phone: _____
(Mother)

_____ Home/Cell Phone: _____ Work Phone: _____
(Father)

According to Michigan Department of Human Service Regulations, the parent or guardian of a child enrolled in a Before and/or 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 medication my child is taking.

(Parent/Guardian Signature) (Date)

Please indicate any health concern that you feel your child's supervisor should be aware of:

- _____ Diabetes/Hypoglycemia _____ Orthopedic _____ Convulsive Disorder
- _____ Allergies _____ Permanent Vision Problems _____ Cardiac
- _____ Permanent Hearing Problems _____ Other (Please List) _____

Parent comment on special needs or additional health information:

Youth T-Shirt Sizes		Amount needed
	Chest x Length	
XS	14 x 18	
S	16 x 20	
M	17 x 22	
L	18 x 24	
XL	19 x 26	

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.	

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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?
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- _____ 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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Dear Kids and Company Families,

The goal of Kids and Company is to provide a fun and safe environment for your child during Summer Camp. We support this by providing opportunities for your child to participate in a variety of planned activities, physical fitness, games, crafts etc.

No electronic devices will be allowed except on Friday's. It is difficult for the staff to monitor the appropriateness of the content in which your child is interacting while on any device.

They will be given 15 minutes in the am and 15 minutes in the pm to use their device. It will need to be kept in their locker for the remainder of the day. **NO EXCEPTIONS!**

If you need to get a hold of your child, please call our office.

Please know that we want your child's Summer Camp experience to be fulfilling and nurturing. We are not responsible for lost or stolen items.

Please sign and return by the first day of attendance.

Parent _____ Child _____