



Harper Creek Summer Child Care

To be held at Sonoma Elementary

Students **MUST** be registered and have paid the \$25 per child supply fee prior to attending.

Child's Name _____ Date of Birth _____

Age _____ Home Elementary School _____ Grade in Fall of 2019 _____

Tuition

Includes breakfast and snack (parents also welcome to send their own)

Lunch is not provided except on Pizza Fridays

Weekly: \$125 per student (siblings \$115) **Daily:** \$35 per student with weekly notice (siblings \$30)
\$50 per student without weekly notice (siblings \$50)

Full Summer Advance payment: \$875.00 (7 full weeks) (siblings \$805)
Week of July 1-3 \$100.00 (siblings \$90.00)

Students can hold their spot when on vacation for \$15 per week with advance notice. If a child does **NOT** attend during a registered week the parent is still responsible for the full amount unless a two week advance notice has been provided.

Please circle the weeks / days your child will be in attendance.

Week of:	Full Time or Days Selected	Hold my Spot Fee \$15	Weekly Theme (may be adjusted)
June 17-21	M T W TH F		Beach
June 24-28	M T W TH F		Space
July 1-3 closed 4th & 5th	M T W		4 th of July Celebration
July 8-12	M T W TH F		Dinos and Mermaids
July 15-19	M T W TH F		Making and Baking
July 22-26	M T W TH F		Spirit Days
July 29- Aug 2	M T W TH F		Legos
Aug 5-9	M T W TH F		STEAM

Front and back of additional enrollment page must also be completed to be considered enrolled in the HC Summer Child Care program.

This information is required by Child Care Licensing. Each box must be completed, as per licensing regulations, otherwise we will need to return it to you to complete. A blank box, a line through a box, or "N/A" are not acceptable by the State. Thank You!

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
Father/Legal Guardian's Name		Home Phone ()	Mother/Legal Guardian's Name		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 (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 Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 6-15) Previous edition 7-12 only 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 must initial one of the following:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

_____ I do not give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. I understand I assume responsibility for all emergency medical care.

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. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

BCAL-3731 (Rev. 6-15) Previous edition 7-12 only may be used.

Harper Creek Community Schools
SUMMER 2019 CHILD CARE ENROLLMENT FORM
To be held at Sonoma Elementary

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

Please read and sign each statement.

➤ **Acknowledgement of Handbook**

I have read the Child Care Parent Handbook. I understand the information and policies contained in the handbook and agree to abide by the policies. I understand that I am responsible for contacting the Program Director should I have any questions.

Parent Signature: _____ Date: _____

➤ **Statement of Good Health**

My child is in good health and has up-to-date immunizations on file in his/her school's office. My child does not have any activity restrictions unless listed on the reverse side of this form. Please initial if any restrictions are listed on back.

MEDICATION: Should my child need to take medication during Child Care hours, I understand that I will need to provide the medication in the original container and have a Health Department medication form on file for each medication. All medication will be stored in a locked cabinet.

Parent Signature: _____ Date: _____

I have signed an immunization waiver which is located in the school office. _____ *Please initial if appropriate*

➤ **Emergency Medical Care**

I give the Harper Creek Community Schools Summer Child Care program, licensed by the Department of Licensing and Regulatory Affairs, to secure emergency medical treatment in the event of a medical emergency.

Parent Signature: _____ Date: _____

➤ **Behavior**

I have shared behavior expectations with my child. I understand that the Child Care staff are responsible for the safety of all children in the program and in the event that my child is not appropriate, and/or jeopardizes the safety of him/herself or other children in the program, I may be informed that my child will be released from the program. Should this situation occur any fees paid in advance will be reimbursed to the parent.

Parent Signature: _____ Date: _____

➤ **Photographs**

I recognize that photographs will occasionally be taken of the children in the Summer Child Care Program and that from time to time these pictures may be used in school brochures, newspaper articles, school wall frames, etc.

Parent Signature: _____ Date: _____

I decline to have my child's photo taken and used for publicity purposes. _____ *Please initial if appropriate*

Tuition and Annual Fees

I understand that I am responsible for full payment of tuition the Friday before care begins. I understand that late fees will be applied and my child may lose their place in the program if payments are not made in a timely manner.

I am including the \$25.00 Summer Supply fee payable to Harper Creek Community Schools with this enrollment form.

Parent Signature: _____ Date: _____