

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 Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)	
City	State	Zip Code	City	State
Email Address (optional)		Email Address (optional)		
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. 1 2011) 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
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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. A A	AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.
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PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Human Services

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 Children and Adult Licensing website at www.michigan.gov/michildcare.

I have read the above statement issued by **WARREN CONSOLIDATED SCHOOL DISTRICT**

Name of Child Care Center

Child(ren)'s Name(s)

Parent Name _____

Parent Signature _____ Date _____

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

Child's Name: _____ Date: _____

LATCHKEY PROGRAM POLICIES

Please initial all statements that you have read the following and turn into the teacher by the first day of class.

_____ I understand that the payment is due on the 10th of each month. Failure to make payments in a timely manner may result in my child being dropped from the program.

_____ I understand that all payments are done on-line.

_____ I understand that if I am late picking up my child, I will be charged \$1.00 late fee for every minute that I am late. This fee will be added to my monthly invoice.

_____ I understand the year-end tax statement policy. A statement costs \$20.

_____ I understand I will make my child's caregiver aware of any changes with phone numbers, addresses, e-mail address and information pertaining to my child.

_____ I understand I must provide local emergency contact information.

_____ I have made my child's caregiver aware of any allergies, medications, and special needs that my child may have.

_____ I understand that my child may be photographed or videotaped during their time in the program. These photos or tapes may be used in newsletters, WCS website, or WCS TV channel.

Or if you wish to OPT-OUT, please sign here: _____

_____ I understand that I must provide my child with a lunch and a beverage on half days.

_____ I am being made aware that a Licensing Notebook of all licensing inspection reports, special investigations reports, and all related corrective action plans are available for review at each latchkey location. I understand that this notebook will be available for parents to review during regular business hours.

_____ I understand that all employees of the Warren Consolidated Early Childhood Programs have been cleared through D.H.S. Central Registry and through the Michigan State Police Criminal Clearance Program.

_____ I have read the Latchkey Program Parent Handbook and I agree to the policies described within it.

Parents Signature: _____ Date: _____