

# 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.

<b>For Provider Use Only:</b>	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. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

**See Reverse Side**

<b>Emergency Contact &amp; Release of Child:</b> 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.	( )	( )
<b>Release of Child Only:</b> 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. ( )

<b>Parent/Legal Guardian Initials:</b>	
_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care.	

<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b>	
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	

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## 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](http://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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# LATCHKEY PROGRAM POLICIES

**Please initial all statements indicating that you have read and agree to the statements below:**

\_\_\_\_\_ I understand that the payment is due on the 10<sup>th</sup> of each month. Failure to make payments in a timely manner may result in the child be removed/dropped from the program.

\_\_\_\_\_ I understand that all payments must be made online.

\_\_\_\_\_ I understand that if I am late picking up my child, I will be charged a \$1.00 late fee for every additional minute after 6:00PM. The fee will be added to the monthly invoice. Repeated late picks up may result in the child being removed/dropped from the program.

\_\_\_\_\_ I understand that year-end tax statements will be provided by request only. A \$20 fee will be charged for the year-end tax statement and will be added to your monthly invoice.

\_\_\_\_\_ I understand that I am responsible to provide the child's caregiver with any changes in parent/student information including: phone numbers, addresses, email addresses, and pertinent information pertaining to the child.

\_\_\_\_\_ I understand that I must complete the entire Child Information Record Form and include all parent information, local emergency contact information, physician and hospital information, as well as allergies, special needs, and special instructions.

\_\_\_\_\_ 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, the WCS District Website, and/or the WCS TV channel.  
If you wish to OPT-OUT, please sign here: \_\_\_\_\_

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

\_\_\_\_\_ I understand that I must complete the Parent Notification of Licensing Notebook. I am aware that a Licensing Notebook of all licensing inspection reports, special investigation 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 Latchkey meet 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 agree to all policies as described.

Child's Name: \_\_\_\_\_

Parent Name: (print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_