



# Summer Camp 2024 Registration

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

### Registration Requirements – Office Use Only

\_\_\_\_\_ \$30 Registration fee (Non-Refundable)

\_\_\_\_\_ \$25 refundable Key Fob Deposit (Separate Payment Required) *New families only*

\_\_\_\_\_ \$5/Field Trip - bill only if attending Field Trip Date

\_\_\_\_\_ Completion of all required paperwork including Schedule Sheet

\_\_\_\_\_ T-shirt size (one free shirt) \*Youth T-shirt sizes: XS, S, M, L, XL

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:

# CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

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	Primary Phone (     )	Parent/Legal Guardian's Name (Optional)	Primary Phone (     )
Home Address (if not child's address)	2 <sup>nd</sup> Phone (if applicable) (     )	Home Address (if not child's address)	2 <sup>nd</sup> Phone (if applicable) (     )
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/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)			

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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 treatment 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 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. Going with staff to a restroom for toilet training.
6. Riding a Lapeer Community Schools bus or GLTA for any field trip. (Parents will always be notified in advance of any field trip)
7. Allowing staff to give or apply sunscreen and chapstick to my child as needed (parent to provide sunscreen & chapstick). Special needs regarding sunscreen?
8. 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.
9. 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
10. 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**

**Child Care Licensing Bureau**

CENTER MUST CHECK ONE

The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available 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):	
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Parent Name \_\_\_\_\_

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

Date \_\_\_\_\_

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