Kalkaska Public Schools
Birch Street Elementary School
Registration Form

Kalkaska Public Schools Preschool (Tuition Based)

Today's Date_____ School Year _____/_____

School Site: Birch Street Elementary School, Room 3, 309 N. Birch Street, Kalkaska, MI 49646__

Child's Name _____

Birth date: _____ Age: _____ Sex (M/F) _____

Ethnic Code: Use 1, 2, 3, to rank primary and secondary ethnic groups:

__Native American
__Asian American
__Black or African American
__Native Hawaiian or other Pacific Islanders
__White/Caucasian
__Hispanic/Latino

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Father/Guardian: _____

Father's Cell/Home Phone #: _____ Father's Work Phone #: _____

Email address: _____

Mother/Guardian: _____

Mother's Cell/Home Phone #: _____ Mother's Work Phone #: _____

Email address: _____

Please indicate below when your child will be attending: (*circle all that apply*)

A.M. Only (7:30 a.m. - 11:30a.m.) **Full Day (7:30 a.m. - 3:30 p.m.)**

Monday Tuesday Wednesday Thursday Friday

Tuition Rates: $24.00 Full Day or $15.00 Half-Day Morning Option

Start Date: _____ **Weekly Tuition:** _____

A $25.00 ($15.00 each additional child) non-refundable registration fee is required to hold a place in class. Please complete this form and return it, along with the registration fee, as soon as possible to the address above.

This program serves children 3 - 6 years of age. Children must be potty trained and be 3 years old before the first day of school.

This registration will reserve your space in the program. You will be responsible for payment for your scheduled days each week in order to maintain your spot in the program. Weekly fees are paid directly at the school site at the beginning of the week.

Child Care Health Forms and birth certificate must be on file with the program manager prior to your child attending the program. All immunizations must be up to date BEFORE your child may attend any program.

Your signature indicates you have read and understand all of the above information. Thank you for choosing our program.

Parent/Guardian Signature: _____

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.

BCAL-3731 (Rev. 7-18) Previous edition 6-17may be used.

Kalkaska Public Schools
Birch Street Elementary School
Media Release Permission

I, _____, give my permission to Kalkaska Public Schools to:
(Parent/Guardian's Name)

Take photographs and/or videos of my child(ren) ____ (initial if permission is granted)

Allow my child to participate in interactive live videos for educational purposes ____ (initial if permission is granted)

_____ Child's Name

_____ Child's Name

_____ Child's Name

_____ Child's Name

I understand that by signing below, I am giving permission for photograph's and/or videos of my child(ren) listed above to be used in displays, on bulletin boards, for recruitment materials, social media, or other types of news and educational publications and stories. This authorization will remain in effect for the current school year beginning in September and ending in August.

_____ Parent/Guardian Signature

_____ Date

____/____ School Year

Kalkaska Public Schools
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Clearance Statement

Have you been convicted of any offense other than a minor traffic violation?

Yes _____
No _____

Have you been involved in substantiated abuse or neglect of children or adults?

Yes _____
No _____

This information can be made available to the Michigan Department of Social Services (Licensing Division) upon request.

Parents Signature:_____

Date:_____

Kalkaska Public Schools Birch Street Elementary School

Field Trip Permission

I, _____, give my permission to Kalkaska Public Schools for my

(**Parent/Guardian's Name)** child(ren) listed below to participate in field trips not requiring transportation by a motorized vehicle (examples: neighborhood walks or walking to a nearby school). You will be notified of outings ahead of time. Any field trip requiring transportation by a motorized vehicle will require additional written permission.

_____ _____

Child's Name Child's Name _____

_____

Child's Name Child's Name

This authorization will remain in effect for the current school year beginning in September and ending in August.

_____ _____ _____/_____

Parent/Guardian Signature Date School Year

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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SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3
	2	
DTaP/DTP/DT/Td	1	4
	2	5
	3	6
Tdap	1	
Haemophilus Influenzae type b (HIB)	1	3
	2	4
Polio (IPV/OPV)	1	3
	2	4
Pneumococcal Conjugate (PCV7/PCV13)	1	3
	2	4
Rotavirus (RV1/RV5)	1	3
	2	
Measles,Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (HepA)	1	2
Influenza (IIV/LAIV)	1	3
	2	4
Meningococcal (MCV4 / MPSV4)	1	2
Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	2	
OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	1	
	2	
	3	

History of Chickenpox Disease? ☐ Yes ☐ No If yes, date:

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

Parent/Guardian refused immunizations: ☐

*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

I certify that the immunization dates are true to the best of my knowledge

Health Professional's Signature | Title | / / Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
☐	☐	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ (child's name)'s teeth. As a result of this examination, my recommendation for treatment is: _____

Dentist's Signature | / / Date

PHYSICIAN'S SIGNATURE

Examiner's Signature | / / Date | *Examiner's Name (Print or Type)* | Degree or License

Number & Street | City | MI | ZIP Code | ( ) Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

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Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.