

Pointe Tremble Early Childhood Center LATCHKEY Registration Form

INDICATE LOCATION PREFERENCE:

- Millside Elementary
- Pte. Tremble Early Childhood Center

INDICATE NEED FOR CHILDCARE:

- FULL TIME (EVERY DAY)
- PART TIME (AT LEAST 2 DAYS PER WEEK)

INDICATE APPROXIMATE DAYS NEEDED EACH WEEK AND APPROXIMATE TIMES:

Monday	Tuesday	Wednesday	Thursday	Friday
____AM	____AM	____AM	____AM	____AM
____PM	____PM	____PM	____PM	____PM

CHILD'S NAME: _____

BIRTHDATE: _____ TELEPHONE: _____

PARENT / GUARDIAN: _____

ADDRESS: _____

City
State
Zip Code

PHONE NUMBERS WHERE PARENTS CAN BE REACHED WHILE CHILD IS ATTENDING LATCHKEY:

MOTHER: _____ FATHER: _____

Phone Number
Phone Number

I, _____, understand that the registration fee is non-refundable.
REGISTRATION FEE: \$29.00 PER CHILD

Signature: _____ Date: _____

Algonac Childcare Program Latchkey Permission Form

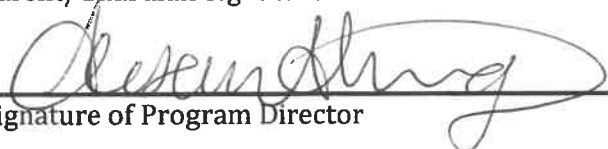
Dear Parent/ Guardian of _____:

Please read and sign this statement of permission.

1. I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of Algonac Latchkey at the Algonac Childcare Program
2. I hereby grant permission for my child to be included in evaluations and pictures connected with Algonac Latchkey at the Algonac Childcare Program.
3. I hereby grant permission for the Director or Caregiver to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:
 - a. Attempt to contact a parent or guardian or other specified person on the child's registration form/emergency card.
 - b. Attempt to contact the child's physician, as stated on the Child Information Card.
 - c. Attempt to contact the parents through any of the persons listed on the Child Information Card.
 - d. If we cannot contact you or your child's physician, we will do any or all of the following:
 - i. Call another physician.
 - ii. Contact EMS
 - iii. Have the child taken to the emergency hospital in the company of a staff member.
 - e. Any expense incurred under #3 above will be the responsibility of the child's family.
4. I understand that Algonac Latchkey at the Algonac Childcare Program will not be responsible for anything that my happen as a result of false or incomplete information given at the time of registration.
5. I understand that Algonac Latchkey at the Algonac Childcare Program WILL NOT ASSUME RESPONSIBILITY for a child who has not been signed in when he/she arrives for the day.

Parent/Guardian Signature

Date


Signature of Program Director

Date

Algonac Community Schools Latchkey Health Release Form

I attest to the fact that my child _____ is in good physical health and that there are not changes in his/her physical condition since receiving a physical on _____.
Date

He/she is physically able to participate in all of the activities involved in the Algonac Latchkey Program and is free from any illness or communicable disease at this time. His/her specific limitations include:

Should any of the above conditions change, I will PROMPTLY notify the Algonac Latchkey Program Director and Staff.

Parent / Guardian Signature

Date

Latchkey Director Signature

Date

Arrival and Dismissal Permission Before and After School

I give my child _____ permission to

- Walk from/to Millside Latchkey to/from Algonquin Elementary with a designated staff.
- Ride an Algonac School bus to from/to Pte. Tremble Childcare to/From Algonquin/Millside Elementary.

Parent signature

date

Algonac Latchkey Homework Policy

By signing this agreement you are letting the Algonac Childcare Staff know that you would like your child to complete their homework at Latchkey before beginning play/ free play time. You also understand that the Latchkey staff will not be doing your child's homework for them, only assuring that it is being completed. You realize that it is your responsibility to make sure that it is being done correctly.

YES, I would like my child to completely their homework at Latchkey before play/free time.

NO, my child does not have to complete their homework at Latchkey before play / free time.

Child's Name: _____

Signature: _____ Date: _____

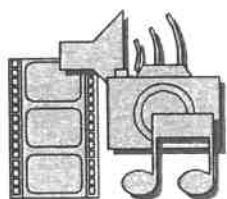


Photo Permission and Release

Child's Name: _____

I give my permission for Algonac Childcare to take pictures of my child during their day at Pointe Tremble Early Childhood Center, on fieldtrips, and during holiday and other programs.

I give Algonac Childcare permission to use my child's photo in the Center's newsletter, the School District's Newsletter, the Center's web page, and the Center's Facebook page as well as any potential publicity from local news.

Parent's signature: _____

Latchkey Program

Electronic Device Policy

I understand that Latchkey is a fun, relaxed atmosphere for the children. When my child attends Latchkey on the days that Electronic devices are allowed I understand it is my child's responsibility to take care of the Electronic device and any games that may accompany the device. I understand it is not the care givers responsibility to keep track of my child's personal belongings or to put their name on their items. It will be my child's responsibility to keep their electronic device and games in a safe place when it is not being used. Please make sure your child's name is on every device and game they bring.

I understand my child will only be allowed to play with their electronic devices and games at designated times during Latchkey.

Child's name: _____

____ My child will be allowed to bring personal electronic to Latchkey and abide by the policy above.

____ My child will NOT be allowed to bring personal electronics to Latchkey.

Parent/Guardian Signature _____ Date _____

Algonac Childcare Program

Child's Name _____

SUNSCREEN PERMISSION FORM

As the parent/guardian of the child named above, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission to the staff of Algonac Childcare Program to apply the sunscreen product I provided to my child when he/she will be playing outside, especially during the months of May through October between the times of 9AM and 5PM. I agree I will provide a **LOTION (no aerosol)** sunscreen for my child due to FDA recommendation.

I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have initialed below all applicable information for the use of sunscreen for my child:

____ I do not know of any allergies my child has to sunscreen.

____ I have provided the following brands/types of sunscreen for use for my child:

____ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body:

____ My child is allergic to sunscreen. Do NOT apply sunscreen to my child

INSECT REPELLENT PERMISSION FORM

I give permission for the staff at Algonac Childcare Program to apply the insect repellent product I have provided to my child when he/she will be playing outside, especially during the months of May through October and between the times of 9AM and 5 PM daily. I agree to provide a **Non Aerosol brand**.

I have initialed below all applicable information for the use of bug spray for my child:

____ I do not know of any allergies my child has to bug spray

____ I have provided the following brand/type of bug spray for use for my child:

____ For medical or other reasons, please do NOT apply bug spray to the following areas of my child's body:

____ My child is allergic to bug spray. Do NOT apply bug spray to my child.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Latchkey After-School Permission Slip

Please use this form if your child will be attending after school programs, clubs, sports, or tutoring.

I give my child _____ permission to attend

From _____ (time) to _____ (time) on:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
(circle all that apply)

For the dates of _____ to _____.

My child will be picked up at _____ on the above days from
Latchkey/ Other Location (circle one)

I understand that Latchkey/ Algonac Childcare program is not responsible for my child while he/she is attending the above program.

I need to sign my child out from Latchkey when picking up my child.

Parent / Guardian Signature

Date

Acknowledgement of Parent Manual

The Parent Manual is a valuable tool that you will need to keep and look through when you have questions that arise throughout the year. If you lose your copy or require a new copy you can stop by the Childcare office or find it on the Algonac Community Schools website www.algonac.k12.mi.us

Acknowledgement of Parent Manual

I acknowledge that I have received and understand the parent manual that was provided to me before my child's enrollment in Algonac Childcare Program.

Child's Name: _____

Parent's Name: _____

Date: _____

Parent's Signature: _____

Director's Signature: _____

Date: _____

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.	