

KC Childcare Center & Preschool
Application for Enrollment

Child's name _____ birthdate _____

Desired start date _____ Phone number _____

Days/Times of attendance _____

Mother's name _____ E-mail address _____

Father's name _____ E-mail address _____

Child lives with: _____ both parents
_____ one parent (please name) _____
_____ shared custody (please describe arrangement) _____

Who will typically drop off your child? _____ pick up? _____

Please name people authorized to pick-up your child _____

Is anyone NOT authorized to pick up your child? _____

Is your child toilet trained? _____

Does your child have any special needs we should be aware of? _____

Will this be your child's first experience in a childcare setting? _____

What are your child's favorite activities? _____

How do you comfort your child? _____

Is there any other information you would like us to know? _____

Parent signature _____ date _____

CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult 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.

Provide Complete Address					
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 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 (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 Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

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.	()

I give permission to _____, licensed by the Department of Human Services
(Provider's Name)

to secure emergency medical and/or emergency surgical treatment for the above named minor child while in 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

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.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation

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I choose to enroll my child from _____ a.m./p.m. to _____ a.m./p.m. on the following days:

Mon Tues Wed Thurs Fri

Enrollment Fees due:

First week's tuition \$ _____

Deposit \$ _____

Registration fee \$ 45.00

Total Due Today \$ _____

Child's Name _____ Birthdate _____

Start Date _____

- I agree to read the KC Childcare Parent Handbook
- I agree to follow the policies and procedures of KC Childcare Center
- I understand that the policies are subject to change

Note: All deposit and registration fees are non-refundable

Parent signature

Date

Parent signature

Date

KC Childcare Center & Preschool

Enrollment Contract

In order to enroll my child at KC Childcare Center, I understand that I must:

- ① Complete an application
- ② Complete a Child Information Record
- ③ Complete a Health Appraisal form; the back page shall be signed by a physician
- ④ Sign the enrollment contract

I understand that I must pay:

1. The first week's tuition at the time of enrollment
2. One week's tuition as a deposit, which will be applied to the last week of care.
3. A registration fee of \$~~45.00~~
4. Subsequent weekly tuition payments on the first day of the week that my child attends.
5. A \$ 5.00 late fee, if my tuition payment is late
6. A late fee of \$1.00 per minute, if my child is left at the center past closing. This fee is due at the time of pick-up.

I understand that:

1. If my child is absent or if there is a holiday, there is no reduction in Weekly *tuition*
2. If my tuition is more than one day late, my child will not be able to Attend, until it is paid in full.
3. I am responsible for providing lunch for my child each day. If my Child is an infant/toddler, I will provide formula, food, diapers and wipes each day.
4. I am required to give two week's written notice before my child Leaves the center.
5. I am required to give 30 days written notice before my child drops Enrolled days.

Parent's Signature _____ Date _____

Statement Acknowledging Parent's Receipt of Handbook

I/we, _____, hereby acknowledge and agree with the following:
Parent's names

1. I/we have received a copy of the KC Parent's Handbook.
2. I/we have read and agree to comply with the policies contained in the handbook Which governs the terms of the child care contract, and have been given an Opportunity to ask questions about the content of the handbook.
3. I/we understand that the handbook reflects the current policies and procedures of KC Childcare Center and that it replaces and supersedes any prior policies, Procedures or handbooks.
4. I/we agree that I will conform to these policies and procedures and understand that These policies and benefits may be amended, modified, terminated or replaced by KC Childcare Center.
5. I understand that this handbook is the property of KC Childcare Center and must Be returned to KC Childcare Center upon termination of child care services.

Mother/Guardian signature

Date

Father/Guardian signature

Date

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

I have read the above statement issued by _____
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.

K.C Child Care
5435 Whittaker Rd
Ypsilanti, Michigan 48197

Student Publicity Release

PLEASE PRINT ALL INFORMATION

To the parent or guardian of _____
(Student's name)

On occasion the commercial media or other approved video, photographic and/or audio production crews may be present at the school or at a K.C Child Care sanctioned activity your child attends. If you approve of your child's participation in the video/photographic/audio, productions/interviews/activities that may take place, please sign below after reading the following.

I _____, am the parent/guardian of the above-named
(Print parent/guardian name)
student. In the interest of public education, I hereby authorize the KC Child Care, the commercial media and non-commercial production crews, acting through their authorized employees or agents and in their discretion to use, re-use, publish, re-publish, and copyright audio and/or visual reproductions of the above-named student's voice and/or image, alone or with other persons, with or without the use of the student's name. I understand this release is in effect in perpetuity from the date _____ becomes a
(Student's Name)
student of _____ until the date his/her status as a student terminates.
(School Name)

I hereby release and hold K.C Child Care, harmless from any liability and waive any request for remuneration.

(Parent/guardian signature) (Date)

(Address, City, Zip)