



**MADISON DISTRICT
PUBLIC SCHOOLS**

Prepare. Aspire. Succeed.

Madison Schools School Age Care Program

2020-2021 Registration Checklist

- Registration payment: \$35.00 / \$50.00
- Child Information Record (BCAL-3731) One form per child
- Child Information Form - One form per child
- Movie / Media Release
- Payment Agreement
- Policy Agreement
- Child / Parent Behavior Contract – One form per child
- Good Health Certificate - One form per child
- Parent Notification of Licensing Notebook / Playground Consent
- Parent received Parent Handbook
- Please indicate how you learned of our program (circle one):

Friend

Advertisement

Face Book

Sign

Flyer from school

Direct Mailer

Newspaper

Community Event

Website

- Registration payment and checklist received and reviewed by:

Director's Signature: _____

Date: _____



Madison Schools
Early Childhood Center
School Age Program
www.madisonschools.k12.mi.us
 (248) 543-5465 / option #2



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. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

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 Madison District Public Schools, 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



Madison Schools

School Age Child Care Program

Child Information Form

(One Form per Child)

Please Print

Date _____ Grade _____ Teacher _____

Child's Last Name: _____ Child's First Name: _____

DOB _____ Age _____ Any Nick Names _____
MM/DD/YYYY

SCHEDULE – Please indicate when your child will be using the School Age Child Care

Before & After _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Before Only _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

After Only _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

School Age Child Care staff must be notified immediately of any changes to your child's schedule.

Parent(s) Name: _____
Mother / Last Name, First Name Father / Last Name, First Name

Marital Status: ___ Single ___ Married ___ Divorced ___ Other

Siblings Names & Ages

Custody Information _____

1. Have there been any changes in your child's life recently? Yes No

If yes, please explain

2. My child's greatest fears are: _____

3. When angry, my child will: _____

4. My child has difficulty with: _____

5. Please share any family traditions/holiday celebrations/heritage information:

6. Does your child receive services from Madison Schools Special Services Department/MISD?

Yes No

If you answered yes, please complete the following.

Child has an IEP? Yes No

Child has a 504 Plan? Yes No

Child has any other specialized education plan on file with the school? Yes No

Does your child need assistance with
(i.e. going to the bathroom, following directions, etc?) Yes No

If yes, please
explain

7. Other helpful information:



Madison Schools

School Age Child Care Program

Movie Release

I give my permission for my child/children to watch G and/or PG rated movies. On occasion a carefully selected G or PG movie will be shown.

_____	_____	G-Movies Yes ___ No ___	PG-Movies Yes ___ No ___
Child's Last Name	Child's First Name		
_____	_____	G-Movies Yes ___ No ___	PG-Movies Yes ___ No ___
Child's Last Name	Child's First Name		
_____	_____	G-Movies Yes ___ No ___	PG-Movies Yes ___ No ___
Child's Last Name	Child's First Name		

Media Release/Student Work Photograph Form

_____	_____	_____	_____
Child's Last Name	Child's First Name	Second Child's First Name	Third Child's First Name

Periodically the media may be invited to visit School Age Child Care. I hereby give my permission for my child/children's projects, photographs, video images and/or voice recordings to be released to the paper, shown on the community channel or posted on the internet. I will immediately notify the Early Childhood Coordinator or SACC staff in writing should any of the above conditions change. There is no monetary compensation for the use of these projects and/or images.

___ YES, I give permission ___ NO, I do not give permission

Parent/Guardian Signature: _____ Date: _____

Transportation Agreement

_____	_____	_____	_____
Child's Last Name	Child's First Name	Second Child's First Name	Third Child's First Name

I agree for Madison Schools to transport my child (ren) for field trips by Madison School District buses. (additional release form will be required per trip). Emergency transportation by medical services.

Parent/Guardian Signature: _____ Date: _____



Madison Schools

School Age Child Care Program

Payment Agreement

Child's Last Name

Child's First Name

Second Child's First Name

Third Child's First Name

School Age Child Care is a Prepay Program

Registration fee and one week's tuition payment is due before enrollment can begin.

Your tuition payment is due weekly on the Thursday BEFORE the week of care.

1. I understand that the School Age Child Care is a non-profit, self-supporting program.
2. I understand that my child's School Age Child Care account from the previous school year and /or summer must be in good standing or I cannot register my child for the program.
3. I agree to pay Registration Fee: \$35 per child / \$50 per family (non-refundable – prices subject to change)
4. I agree to pre-pay per session fee per child. I understand that the flat session fee is to be paid in full (morning and/or afternoon) no matter the time I use.
5. I understand that if my child's account is not at a zero balance or in a credit status, my child will be denied entry to the School Age Child Care.
6. I understand my Payment Options are; paying with cash or check to the office. CC accepted with a service fee.
7. I understand the parent that is listed on the School Age Child Care registration form is considered to be the person responsible for full payment.
8. I understand that I will be emailed or given my account statement every Monday, if I fail to receive a statement I will contact my School Age Child Care Director or the School Age Child Care Office.
9. I understand that if I have joint custody of my child and if I share financial responsibility for payments I must work out the payment method with other parent. If I choose I can have a separate School Age Child Care account and I will register separately, pay a separate Registration Fee and Prepay.
10. I understand that the School Age Child Care closes at 6 pm. I understand that I will be charged a late fee of \$1 per minute, per child at 6 pm until my child is picked up. I understand that if I call and notify the School Age Child Care that I will be late, it will NOT eliminate the late fee charge. I understand there are also additional fees for the following: \$5 Unexpected Attendance, \$5 No Call/No Show, \$15 late payment fee, \$20 NSF fee for returned check.

Parent/Guardian Signature: _____

Date: _____

Madison Schools

School Age Child Care Program

Policy Agreement

Child's Last Name

Child's First Name

Second Child's First Name

Third Child's First Name

- I agree to keep my tuition payments current. My School Age Child Care account will be at a zero balance or in a credit status.
- I agree to clock in / out my student each time I drop off and / or pick up my child.
- I agree to provide the SACC staff my child's schedule a week in advance of my child SACC Program.
- I agree to call the Early Childhood office to inform staff whenever my child will be absent. If my child is ill, I will not send my child to School Age Child Care and will make alternate arrangements.
- I will complete and submit all enrollment forms. I will keep all enrollment information current and up-to-date.
- I will read all communications from SACC staff, i.e., newsletters, e-mails, posters and bulletin boards.
- I will keep SACC staff informed of any changes or incidents at home that might result in a change in my child's behavior or attitude.
- I confirm that my child is in good health, able to participate in all activities unless otherwise indicated on the Certificate of Good Health Form, and is up to date on his/her immunizations.
- I agree and assume full responsibility for any damage to person or property caused by my child.
- If a medical emergency arises, SACC staff will first attempt to contact me. If I cannot be reached, the staff will contact the person(s) on the Child Information Record. If the emergency is such that immediate hospital attention is necessary, appropriate emergency procedure will be followed.
- I agree that if the behavior or health of my child should necessitate sending him/her home, I (or someone on my Child Information Record) will **IMMEDIATELY** pick up my child from the program. I agree to keep my Child Information Record up-to-date.
- I understand that if my child has a persistent pattern of negative behavior and interventions have not been successful, I may be asked to remove my child from the SACC program.
- I understand that if I choose I can provide a nutritious snack for my child. Snacks are provided by the School Age Child Care program.
- I understand on any half days, there may be field trips or special activities, which I must sign up for and pay for in advance. NO REFUNDS will be issued for field trips.
- I have read, understood and agree to all of the above. If I have any questions or concerns I will contact School Age Child Care Coordinator, Kelly Garrison at (248)543-5465.

All policies, procedures and staffing related to the School Age Child Care Programs are under the discretion of the School Age Child Care Coordinator.

Parent/Guardian Signature: _____

Date: _____



Madison Schools

School Age Child Care Program

Child/ Parent Behavior Contract

(one form per child)

Child's Last Name: _____ Child's First Name: _____

- I will report directly to School Age Child Care room/staff immediately after school is dismissed and follow specified check-in procedures
- I will listen to staff and follow directions
- I will respect other people's belongings by not touching/using their belongings without permission
- I will respect School Age Child Care property and help clean up personal messes and assist in leaving an area better than I found it
- I will be responsible for all my actions
- I will respect others personal space by keeping my hands and feet to myself
- I will not have any physical contact with other people
- I will not raise my voice while inside the building and will use my inside voice when speaking
- I will use appropriate language and not use negative remarks
- I will ask staff for permission to leave the room/area
- I will respect others feelings by having a positive attitude when talking to them

School Age Child Care operates with a "ZERO TOLERANCE" policy towards bullying

Not abiding by these rules may result in suspension and /or termination from the School Age Child Care. All incidents will be handled on a Three Incident System, except physical contact. If physical contact occurs it will be an Immediate One Day Suspension from the School Age Child Care.

All other incidents will be handled as follows:

- | | |
|--------------------------------|---|
| 1st Incident | Verbal Warning |
| 2nd Incident | Written Warning / Parent Meeting / Child Coaching Plan |
| 3rd Incident | 1-Day Suspension from School Age Child Care |

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



Madison Schools

School Age Child Care Program

Good Health Certificate

(one form per child)

Child's Last Name: _____ Child's First Name: _____

Has your child been diagnosed with any of the medical conditions or problems listed below?	Yes	No
Allergies		
Hay Fever		
Asthma		
Eczema or frequent skin rashes		
Convulsions/Seizures		
Heart Trouble		
Diabetes		
Frequent colds, sore throats, earaches (4 or more per year)		
Trouble passing urine or bowel movements		
Shortness of breath		
Menstrual problems		
Dental problems: date of last exam		
Reactions to food, medication or other that has not been diagnosed by a Doctor as an allergy		
Other		

Please explain any problem identified above: _____

Does your child take any medications regularly? Yes No

If yes, what medication? _____

Reason(s) for medication: _____

I hereby certify that my child is in good health and that his/her immunizations are current.

Parent/Guardian Signature: _____

Date: _____

Madison Schools

School Age Child Care Program

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 investigations reports and all related corrective actions 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 www.michigan.gov/michildcare

I have read the above statement issued by the School Age Child Care.

Last Name: _____ Child's First Name: _____ Child's First Name: _____

Parent/Guardian Signature: _____ Date: _____

Playground Consent

The Michigan Department of Human Services, Office of Child Day Care Licensing has established new criteria for playground and playground equipment. A public (school or park) playground is not required to meet all the same playground safety regulations licensed centers are required to meet. Given this information, in order for a child who is enrolled in a licensed program within a school approved by Michigan Department of Education to play on the equipment the parent must give their consent. If you choose not to give your child permission to play on the equipment they will still be taken outdoors with the other children and will be offered an alternative activity.

Last Name: _____ Child's First Name: _____ Child's First Name: _____

Parent/Guardian Signature: _____ Date: _____



Madison Schools

School Age Child Care Program

Handbook Notification

Child's Last Name

Child's First Name

Second Child's First Name

Third Child's First Name

- I have received a copy of the Madison Schools, School Age Child Care parent handbook.
- I understand that the School Age Child Care Parent Handbook may not cover every issue that arises and as a result creates the need for communication between the SACC staff and myself.
- I understand that I am held accountable for these policies until my child is no longer enrolled.
- I understand that SACC reserves the right to change these policies and will notify me in writing as soon as possible after any changes have been made.
- I have read and agree to all the terms and conditions set forth in the SACC Parent Handbook.
- I have reviewed and discussed any pertinent information with my child.

This form must be completed and returned to your Director within five days of receiving this book.

Parent/Guardian Signature: _____

Date: _____

Reg Fee paid \$ _____ / Pre-Pay paid \$ _____

CASH _____

CHECK _____

CC _____

Parents,

I hope this letter finds you safe and healthy. Below you will find our Learning Tree prices and hours once we return to F2F instruction. At this time Learning Tree will only be offered for students who are in our GSRP program and kindergarten. Unfortunately, we will not offer LT on Fridays at this time. If you have any questions regarding Learning Tree please do not hesitate to contact me via ClassDojo, phone, or email.

Learning Tree Hours

6:30 am – 8:30 am
1:30 pm – 6:00 pm

Learning Tree Prices

AM = \$5
PM = \$25
Both = \$30

Registration Fee: \$35/child \$50/family

DHS Information

Provider: Madison Early Childhood Center
Provider #: 0181933

Educationally yours,

Bobby Robinson
ECC Principal
248.543.5465
bobby.robinson@madisondistrict.org