

WATERFORD SCHOOLS CHILD CARE SERVICES

Registration/Emergency/Health Form

School Year _____

A yearly per child or family non-refundable Registration Fee is due at the time of enrollment.

OFFICE USE ONLY

\$50.00 child _____

\$75.00 family _____

Initial _____ date _____

Child Information

Child's First Name:		Teacher:	
Child's Last Name:		Room #:	
Male or Female:		Grade entering:	
Date of Birth:		Enrollment Date:	
Child Care Site Attending:		Elementary School Attending :	
Are there siblings at another site? Site name:		Emergency/Holiday Site:	Stepanski
Siblings name(s):			

Parent Information

	Custodial Parent/Guardian	Parent/Guardian 2
First Name:		
Last Name:		
Address:		
City/State/Zip:		
Home Phone #:		
Email Address:		
Cell:		
Employer:		
Work Phone #:		

Emergency/Health Information on back

Emergency Information

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 release. The second phone number column can be left blank. (If more individuals, attach an additional sheet)

Emergency contact /Release of Child;	Local Contact	Local Contact 2 (other than parent)
Name:		
Address:		
City/State/MI:		
Home Phone #:		
Work Phone #:		
Relationship:		

Release of Child Only	Name (other than parent)	Phone#
Authorized Pickup 1:		
Authorized Pickup 2:		
Authorized Pickup 3:		

Custody Restrictions (must include documents) Yes _____ No _____
If yes please describe:

Health Information

Doctor Name:		Doctor Phone:
Hospital preferred;		
Allergies/Special Needs:		Medications:
Any Physicals Restrictions Please describe		

I give permission to: THE WATERFORD SCHOOL DISTRICT CHILD CARE licensed by the **State of Michigan Department of Human Services Bureau of Children and Adult Licensing**, to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. Non emergency medical treatment or elective surgery is not included in this authorization.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian print name; _____

Has attended a Waterford School District Child Care previously? YES NO



WATERFORD SCHOOLS CHILD CARE SERVICES
(School Year)

Child's Name _____ Site _____

I agree to pay Waterford Schools Child Care for services rendered according to the following fee schedule: Charges are based on 1/2 hour options at \$2.00 each, (Sibling rate is \$1.50 per 1/2 hour option), plus any late fees, snack (optional) or extra activities. This form must be filled out for each child registered. A non-refundable Registration Fee must be paid upon enrollment. REGISTRATION FEES (July 1 thru Jan 31): • \$50.00/per child per year • \$75.00/per family per year REGISTRATION FEES (Feb 1 thru June 15): • \$25.00/per child per year • \$37.50/per family per year

FEES ARE SUBJECT TO CHANGE

Table with columns: School Age Option, FEE - \$2.00 each half hour, and Pre School Option - \$2.00 each half hour. Rows include A.M. and P.M. time slots from 6:30-7:00 to 8:31-8:45*.

*\$1.00 Charge (school begins @ 8:45 a.m.)

Late Pick up Fees: \$1.00 per minute after 6:30 PM

We bill weekly and invoices will be available every Tuesday. Payment is due on or before the following Friday. Accounts that become more than 4 weeks past due will result in suspension and a weekly late fee of 5% until these balances are current. Returned Checks and EFT's will be charged a \$25.00 fee.

HEALTH STATEMENT - Please check all appropriate boxes:

My Child is in good health. My child's immunizations are up to date.

My child's immunization record or appropriate waiver is on file with my child's school.

I have been given a copy of the Child Care's Health Care Services Plan, including procedure for: Hand washing, Handling Bodily Fluids, Cleaning and Sanitizing, and Controlling Infections/Communicable Diseases in our facility. Health Resource OCHD 248-858-1280.

POLICY - Please check all appropriate boxes:

I will read the School Age Child Care Program's Policies and Procedures Handbook and talk with my child regarding your discipline and behavior plan, which is in direct alignment with the Waterford School District Code of Conduct.

I understand that children who are less than 36 months but more than 33 months will be placed in a 36 month plus age grouping

I hereby give permission to Waterford Schools Child Care for my child to be transported in a vehicle and/or participate in Field Trips

I am aware that my child/children will use this school's outdoor play area and equipment, approved by the Michigan Department of Education, but not necessarily in compliance with the Department of Human Services Child Care Center Licensing Rules and Regulations

I am aware there is a licensing notebook including all licensing inspection reports, special investigation reports and all related corrective action plans, on site and available for review. WSD's Child Care Policy/Procedure regarding staff background checks are included.

Parent/Guardian Signature

Date

LICENSING REPORT STATEMENT

Waterford Schools Child Care is licensed through the **State of Michigan, Bureau of Children and Adult Licensing.**

It is required by licensing that we have signed acknowledgement from parents/guardians of children under the care of, or considering placing their children in the care of, our child care center that they are aware:

- The center maintains a licensing notebook of all licensing inspection reports, special investigation reports, and all related corrective action plans (CAP).
- The notebook is available to parents/guardians for review during regular business hours.
- Licensing inspection and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website

At:

www.michigan.gov/michildcare

Parent Signature

Date

*This signed form must accompany your registration materials;
★Child Information/Emergency Form ★Program Contract ★Paid Registration Fee
before your child will be able to use child care.*

Office use:	
Site: _____	Date: _____
Copy to: child care office <input type="checkbox"/>	Copy on site: <input type="checkbox"/>

HEALTH CARE SERVICES PLAN

HANDWASHING:

The following procedures will be used for hand washing:

- * * Have a single service towel available.
- * * Turn water on to a comfortable temperature between 60 degrees F and 120 degrees F.
- * * Moisten hands with water and apply soap.
- * * Rub hands together vigorously until soapy lather appears and continue for at least 10 seconds.
- * * Rub area between fingers, around nail beds, under fingernails, jewelry, and back of the hand.
- * * Rinse hands under running water until free of soap and dirt. Leave water running while drying hands.
- * * Dry hands with a clean, disposable paper or single use cloth. Turn off tap with disposable paper or single service towel.

The following are not approved substitutes for soap and running water:

- * * Hand sanitizers
- * * Water basins
- * * Pre-moistened cleansing wipes

HANDLING BODILY FLUIDS:

The center will use precautions when handling bodily fluids as instructed in the blood born pathogen training. Steps include:

- * * Staff will put on gloves.
- * * Staff will clean up bodily fluid with a disposable paper towel.
- * * The area will be washed with soap and water, rinsed, and sanitized.
- * * The child's hands will be washed.
- * * Staff will remove gloves and wash hands.

CLEANING AND SANITIZING:

The following steps will be followed:

- * * The surface will be washed with soap/detergent and water.
- * * It will next be rinsed with clean water.
- * * The surface will be wiped or sprayed with a sanitizing solution. Toys and small items may be submerged in the solutions.
- * * The area or items should be allowed to air dry. If they must be wiped, allow three minutes before wiping, so that the sanitizing agent has time to work.

SANITIZING SOLUTIONS:

- * * Water and non-scented chlorine bleach solution with a concentration of one tablespoon bleach to one gallon of water, or one teaspoon of bleach to 32 oz. of water.
- * * Commercial sanitizers specified on the label to be safe for food contact surfaces and not hazardous to children; used according to manufacturer's mixing and usage directions.

CONTROLLING INFECTIONS:

- * * See universal precautions above.
- * * Toys that are mouthed or otherwise exposed to bodily fluids will be removed, washed, rinsed and sanitized.
- * * Bedding will be stored so that it does not come into contact with other children's bedding. Cots and mats will be washed, rinsed, and sanitized daily if soiled or contaminated with bodily fluids, or used by different children; weekly if used by one child.
- * * Children who have any type of communicable disease/condition will be removed from care and may only return to care with a doctor's note.
- * * Children who become ill will be moved away from the other children until picked up.
- * * Parents will be informed of any communicable diseases in the facility.

HEALTH RESOURCE(s):

OAKLAND COUNTY HEALTH DEPARTMENT: NORTH OAKLAND CENTER 248 858-1280