

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

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

Waterford School District Child Care Services

Access Swipe Card Agreement and Security Policy

In order to ensure a safe and secure environment for our students and staff, Child Care doors will be locked at all times. Access Swipe Cards will provide authorized users access through the designated entrance for Child Care. No one will be allowed to enter without an Access Swipe Card.

To receive your activated Access Swipe Card, you must sign and return this agreement with the \$10 fee per card.

I understand that my Access Swipe Card is for access purposes only. It is not an acceptable form of identification.

I understand that the Waterford School District will monitor any and all Access Card Usage.

I understand that my Access Swipe Card is nontransferable. I will not share with others. Any individual attempting to gain access to Child Care by using another authorized user's Access Swipe Card will be subject to disciplinary action, including possible dismissal from the program.

I understand that my Access Swipe Card is the property of the Waterford School District. If I lose my card I will report it immediately to Child Care Services.

I understand that I will be charged a \$15 fee if a replacement Access Swipe Card is needed. *Please note that you will damage the card chip if you punch holes in the card.*

I understand that if my child transfers to another Waterford School District Child Care site there is no charge for a new Access Swipe Card.

This Agreement Must Be Filled Out Completely. Please Print Legibly.

In witness whereof, I agree to the terms of this agreement.

Parent or Guardian's Signature

Date

Child's Name

Address

City/State/Zip

_____/_____
Home Phone

_____/_____
Work Phone

_____/_____
Mobile #1

_____/_____
Mobile #2

Email

For Waterford School District Use

Number of Cards Requested _____

Amount Received _____

CASH | CHECK | CHILD CARE ACCOUNT
(Circle One)

Check Number _____

Access Swipe Card Approved (initials) _____

Child Care Site _____

Date Activated _____

Card Number(s) _____