



WATERFORD SCHOOLS CHILD CARE SERVICES - (School Year)

Hours: 6:30 a.m. to 6:00 p.m.

Child's Name _____ Site _____

I agree to the terms listed below with the Waterford Schools Child Care for services rendered:
This form must be completed for each child registered. A non-refundable Registration Fee must be paid upon enrollment.

REGISTRATION FEES:

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

CHARGES:

- \$1.10 per 15 minutes/Actual time – First Child
- \$1.00 per 15 minutes/Actual time – Add'l Children or WSD Employee
- \$0.25 per 15 minutes/Actual time – Child Care Employee
- \$0.75 per snack – (optional)
- \$ varies per activity – (optional) prices set & pre authorization required
- **\$1.00 per minute after 6:00 p.m. – Late Fee**

INVOICES/PAYMENTS/PAST DUE ACCOUNTS:

- Invoices are sent weekly for the prior week actual attendance
- Payments are due the by following Monday
- *Balances more than 7 days old are considered "Past Due"
- Returned checks & electronic fund transfer "EFT" will be charged \$25.00 fee
- Where balances are 22+ days Past Due, participation in the program will be suspended & access cards deactivated. Reinstatement may be permitted upon payment of the full Past Due balance*
- Accounts greater than 22+ days will incur a late fee of \$5.00/per week; until brought current or forwarded to our collection agency

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

WATERFORD SCHOOLS CHILD CARE SERVICES
Registration/Emergency/Health Form
School Year

<p><u>OFFICE USE ONLY</u> A yearly per child or family non- refundable Registration Fee is due at the time of enrollment.</p> <p>\$50.00 Child: _____</p> <p>\$75.00 Family: _____</p> <p>Initial: _____ Date: _____</p>
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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 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 licensed through the
State of Michigan, Bureau of Children & Adult Licensing

It is required by licensing that we have signed acknowledgment 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 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/Guardian Signature:

Date:

This signed form must accompany your registration materials before your child will be able to attend child care.

- ❖ Child Information/Emergency/Health Form
- ❖ Program Contract
- ❖ Registration Fees

*****For Office Use Only*****

Site:

Date:

Copy to: Child Care Office

Copy on Site:

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 & Security Policy

In order to ensure a safe and secure environment for our students and staff, an access swipe card(s) will be provided for authorization 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 & return this agreement with the \$10.00 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 my Access Swipe Card can be deactivated for delinquent/past due payments; along with my child care services suspended.
- I understand that the Waterford School District will monitor any & 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 the Child Care Services.
- I understand that I will be charged a \$15.00 fee if a replacement Access Swipe Card is needed. NOTE: 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):

Child(ren) Name(s):

Address:

City:

Zip Code:

Home Phone:

Work Phone:

Mobile/Cell #

Email Address:

Date:

Parent/Guardian Name: (please print)

Parent/Guardian Signature:

*******For Waterford School District Use Only*******

Cards Requested: _____

Amount Received: _____

(Circle One):

CASH / CHECK / CHILD CARE ACCOUNT

Access Swipe Card Approved (initials): _____

Child Care Site: _____

Date Activated: _____

Card #'s: _____