Registration Form

Child's full name: _____

Name child goes by: _____

Date of birth: _____/_____/_____ Sex: (circle) male female

Child's home address: _____

Child's home phone: ___ (cell) _____ (home) _____

Parent/Guardian Information

Father's name: _____ Phone: _____

Father's address: _____

Father's Email: _____

Father's occupation: _____

Father's place of employment: _____

Mother's name: _____ Phone: _____

Mother's address: _____

Mother's Email: _____

Mother's occupation: _____

Mother's place of employment: _____

****

Times and Days of the Week **Hours Care is needed: ___:___to ___:___**

I wish my child to be enrolled: (check all that apply) Start Date_____

- ⌗ Full time Monday through Friday
- ⌗ Half days (4 hours of care or less per day)
- ⌗ Infant (please circle days)
  Monday Tuesday Wednesday Thursday Friday
- ⌗ Toddler (please circle days)
  Monday Tuesday Wednesday Thursday Friday
- ⌗ Preschool 3's Preschool Monday/Wednesday/Friday
- ⌗ Preschool 3's Preschool Tuesday/Thursday
- ⌗ Preschool 4's Preschool Monday/Wednesday/Friday
- ⌗ Preschool 4's Preschool: 5 days a week
- ⌗ Before and After School-k -4th grade (please circle days)
  Monday Tuesday Wednesday Thursday Friday
- ⌗ Child Care Part time (please circle days attending)
  Monday Tuesday Wednesday Thursday Friday
- ⌗ Child Care- Includes Preschool (please circle days)
  Monday Tuesday Wednesday Thursday Friday

Admission Agreement for St. Matthew Christian Child Care with Footsteps Preschool

I am the parent or legal guardian of _____
(Child's Name)

I agree to abide by the requirements written below and the policies set forth in the Parent Handbook.

In return for this promise of continual fulfillment of all policies, the early childhood program agrees to provide care for the above named child that meets the standards and guidelines as set forth below and in the Parent Handbook.

I understand that the Licensing Notebook contains all the licensing inspection and special investigation reports and related corrective action plans. The Licensing Notebook is available to parents during regular business hours. Licensing inspection and special investigation reports from at least the past 2 years are available on the childcare licensing website at **www.michigan.gov/michildcare**.

I understand that a non-refundable registration fee of $65.00 is required at the time of registration.

Tuition payment of $_____per week will be made by check, cash or money order, by Wednesday at 6:00 P.M. for the current week. Receipts will be given for payment if requested. Charges are assessed on the Monday of every week.

Preschool Tuition payment of $_____per month will be made by check, cash, or money order by the 5th of every month.

The set fee will be in effect until a new agreement is signed by me.

A $10.00 late fee may be charged for accounts not paid on time.

If my child is not picked up by 6:00 p.m., I will pay the required late fee of $1.00 per minute past 6:00 p.m.

I understand that there is no automatic reduction of fees when my child is on vacation or gone from the childcare center for any reason.

I understand there is a returned check fee of $25.00.

When withdrawing a child from the early childhood program, written notice to the director is required two weeks in advance. If two weeks advance notice is not given, the childcare will continue to apply tuition charges of up to two weeks.

_____ _____
Parent/Guardian's Signature Date

_____ _____
Office Signature Date

For Office Use Only

Effective date: _____Tuition/Week_____ Hours/days of attendance: _____

Child intake form

Child's name: _____ Date of Birth: _____/_____/_____

Days and Times that care is needed: _____

Date care to begin: _____

What is your child's primary language? _____

Number of siblings and their ages in the home? _____

How many adults in the home? _____

Who has legal custody of your child? _____

Has your child ever been in a childcare setting before? _____

If so what type of setting and for how long? _____

How did your child react? _____

What concerns do you have about leaving your child in our care? _____

What are your expectations and hopes for your child at our childcare? _____

Does your child have a regular routine or schedule at home? _____

How do you soothe your child when they are upset? _____

Toileting/Diapering

Does your child use diapers? _____cloth _____disposable _____ pull-ups

If toilet trained, does your child need assistance in the bathroom? _____

With what do they need assistance? _____

Dietary needs

Is your child on a special diet? _____

Are there foods your child cannot have and why: _____

What are your child's favorite foods? _____

What foods have your child refused? _____

For infants: How often and how much does your child eat? _____

Allergies

Does your child have any allergies? _____

How are the allergies treated? _____

Development

Do you have any concerns about your child's development? aggression _____ anxiety _____ attention _____ hearing _____

vision _____ language _____ gross motor _____fine motor_____ other? _____

Special needs

Does your child have any handicaps or special needs? _____

What accommodations will your child need for their needs? _____

Religious

Are you opposed to your child hearing bible stories, songs and praying before meals? _____

What religions do you and your family practice? _____

Would you like more information about St. Matthew Lutheran Church Services? _____

Return this completed form to: St. Matthew Christian Child Care, (616) 846-4019

Participant Enrollment Form

Instructions:

1. List full name of participant enrolled in care
2. Circle the typical days each participant is in care
3. List times each participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino*
6. Select one or more racial designations of each participant using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White*
7. Sign and date the form and return to your care center

Participant's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		

* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

_____ Adult/Parent/Guardian's Address

_____ Adult/Parent/Guardian's Phone Number

_____ Signature of Adult/Parent/Guardian

_____ Date Signed

Non-Discrimination Statement

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

MICHIGAN Department of Education

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional nee of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. T remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATIO**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?
☐	☐	☐	1 Allergies or Reactions (for example, food, medication or other)
☐	☐	☐	2 Hay Fever, Asthma, or Wheezing
☐	☐	☐	3 Eczema or Frequent Skin Rashes
☐	☐	☐	4 Convulsions/Seizures
☐	☐	☐	5 Heart Trouble
☐	☐	☐	6 Diabetes
☐	☐	☐	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
☐	☐	☐	8 Trouble with Passing Urine or Bowel Movements
☐	☐	☐	9 Shortness of Breath
☐	☐	☐	10 Speech Problems
☐	☐	☐	11 Menstrual Problems
☐	☐	☐	12 Dental Problems: Date of Last Exam / /
☐	☐	☐	Other (please describe): _____
☐	☐		Does your child take any medication(s) regularly?
Reason for Medication			

_____ _____ / /
Parent/Guardian Signature Date

Birth History:

Are there any current or past diagnosis(es) ☐ Yes ☐ No
If yes, please describe:

If yes, list medications:

Was the health history reviewed by a health professional?
☐ Yes ☐ No ***Examiner's Initials:*** _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS
Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	VISION	Visual Acuity			
			Muscle Imbalance			
		Date: / /	Other:			
☐	☐	HEARING	Audiometer			
			Other:			
		Date: / /				
☐	☐	URINALYSIS	Sugar			
			Albumin			
		Date: / /	Microscopic			
☐	☐	BLOOD LEAD LEVEL	Level _____ ug/dl ⇨			
		Date: / /				

No	Yes	Was child tested for:	Test results:	Normal	Referred
☐	☐	HEIGHT & WEIGHT	Height		
			Weight		
☐	☐	Other: _____	Other		
☐	☐	HEMOGLOBIN / HEMATOCRIT	⇨		
☐	☐	BLOOD PRESSURE	Reading: _____		
☐	☐	TUBERCULIN	Type: _____		
		Date: / /	Neg.: ☐ Pos.: ☐ _____ mm		

NOTE: Blood lead level required for all children enrolled in Medicaid must be teste at one and two years of age, or once between three and six years of age if n previously tested. All children under age six living in high-risk areas should be teste at the same intervals as listed above.

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (Hep B)	1	3
	2	
DTaP/DTP/DT/Td	1	4
	2	5
	3	6
Tdap	1	
Haemophilus Influenzae type b (HIB)	1	3
	2	4
Polio (IPV/OPV)	1	3
	2	4
Pneumococcal Conjugate (PCV7/PCV13)	1	3
	2	4
Rotavirus (RV1/RV5)	1	3
	2	
Measles,Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2

History of Chickenpox Disease? ☐ Yes ☐ No If yes, date:

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (Hep A)	1	2
Influenza (TIV/LAIV)	1	3
	2	4
Meningococcal (MCV4 / MPSV4)	1	2
Human Papillomavirus (HPV4/HPV2)	1	3
	2	
OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	1	
	2	
	3	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school fo the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your child's school or local health department.

Parent/Guardian refused immunizations: ☐

I certify that the immunization dates are true to the best of my knowledge

_____ _____ ___/___/___

Health Professional's Signature Title Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
☐	☐	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ 's teeth. As a result of this examination, my recommendation for treatment is: _____
child's name

_____ ___/___/___

Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ ___/___/___ _____ _____

Examiner's Signature Date *Examiner's Name (Print or Type)* Degree or License

_____ _____ MI _____ (_____) _____

Number & Street City ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, includi medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations sched recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weig and blood tests for anemia at regular intervals based on age.

****

Developed in Cooperation with the Departments of Human Services, Education, Community Health, Michigan American Association of Pediatrics, Ea Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicia and Surgeons.

Tuition Schedule

Registration Fee-$65/child (non-refundable)

15% Discount for St. Matthew Lutheran Church Members

5% Multiple Child Discount given to oldest child

Child Care Tuition is due each Wednesday at 6:00 pm for the current week.

Preschool tuition is due by the 5th of the current month.

Your account may be assessed a $10 late fee for payments not received by the deadline.

An additional $10 will be assessed every 7 days until payment is received.

Child Care Rates

Weekly Charge

Age	4/5 days	3 days	2 days	1 day	5 ½ days (4 hrs. or less)
Infant	$215	---	---	---	---
1 yr. to 3 yr.	$205/wk	$165/wk	$115/wk	$60/wk	

3 yr. to 5 yr. (If toilet trained)	$175/wk	$145/wk	$110/wk	$55/wk	$135/wk
School-aged K-4th grade Summer only	$135/wk	$105/wk	$85/wk	$55/wk	

Before and After School Program

School Age	Weekly Rate $100/per child

School Age: *After the weekly rate, the following charges are added if applicable: (Per day)*

Two-Hour Delay: $20

Half Days: $25 (when SL has a ½ day)

Full Day: $35 (when SL has no School)

Drop in Care: **Must have at least 24 hours' notice**

Infant-2 yrs.	Full day	$60
	½ day (>4 hrs.)	$45
3yrs and up	Full Day	$55
	½ day (>4hrs)	$40

School Age Drop-In Care

Before and after school care

Just A. M. $20 per day

Just P. M. $20 per day

Preschool Only (3-5 years old)

9:00am-11:30am, September through May Monthly Charge

2 days per week	$120
3 days per week	$145
5 days per week	$245

Vaccine Recommendations and School or Daycare Rules: What is the difference?

There are a number of vaccines available to best protect an individual child and these should be given at certain ages and are, in general, referred to as the "recommended vaccines". These are listed on the "Recommended Immunization Schedules for Persons Birth through 18 Years" at www.cdc.gov/vaccines.

Since many vaccine preventable diseases are easily spread among children (like measles and chickenpox), there are Communicable Disease (CD) rules in place to best protect children when in close contact with others. These are commonly referred to as the "required" vaccines for day-care and school. These rules are state law and can be different in each state.

Recommended Vaccines **(A Standard of Care)**	**Required Vaccines** **(Mandated by each state government)**
• Healthcare providers follow the recommended immunization schedule because it provides the best and most complete protection against disease • All recommended vaccines should be given to everyone at the indicated age, unless a medical condition that prevents vaccination is present • Recommendations are based on health and safety considerations for the entire population • Recommended vaccines prevent diseases that can be serious or potentially cause long-term health problems or death	• These rules protect healthy children from some serious diseases and also protect children who can't be vaccinated (for instance, a child with cancer). • Michigan requires certain vaccines for entry into childcare, preschool and school, but strongly encourages parents and providers to follow the recommended schedule for vaccination • By following the recommended schedule, Michigan's school immunization requirements will be met

Why are certain vaccines required?

Vaccines provide protection against serious disease for the person receiving them. They also provide protection to classmates and teachers by reducing the number of people who are at risk of disease. When enough people are vaccinated, the diseases tend to stop circulating. Children are particularly at risk for disease in a school, preschool or childcare setting, due to outbreaks of disease that may occur more frequently in these settings.

There are other vaccine-preventable diseases that can also harm your child—like hepatitis A, HPV (which causes cancer), and influenza. These are not part of the rules for different reasons. For example, flu vaccine is not given all year round and may not be available at the start of a school year. However, these diseases do cause harm and vaccine should be received.

What will provide the best protection from disease?

By following the recommended immunization schedule you are receiving the best protection from all vaccine-preventable diseases. It will also provide the most complete protection for the community, which will help ensure schools, preschools and childcare settings are protected.

MDHHS
Michigan Department of Health & Human Services

April 20, 2016

Licensing Notebook Statement

We are mandated by the State of Michigan Department of Human Services to provide access to a licensing notebook. This notebook is located in the center, just outside of the childcare office, and is available for review during regular business hours. This notebook contains all licensing inspection reports, special investigations and all related corrective action plans. All inspections and reports from at least the past 2 years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

Parent Permission Form

Photo Release Form for Minors

I, being the parent, guardian of (name of child) _____, hereby consent that the photographs or videos taken of my child and their family members during the school year while enrolled as a student may be used as indicated below.

These pictures may be used on school bulletin boards, in the school newsletter, school brochures, power point presentations, and on the school website/Facebook. When pictures of students are placed on the website/Facebook, there will be **no personal identification of any student by name.**

_____it is okay to use my child's photograph, etc. as described above.

_____it is okay to use my child's photograph, etc. as described above, except I DO NOT want any individual or group photographs of my child to be placed on the school website.

_____I DO NOT give my consent to have photographs of my child used by St. Matthew Christian Child Care with Footsteps Preschool in any way as specified above.

Name of Student: _____

Signature of Parent: _____ Date of signature: _____

Reception of Information

I, _____, have received the following items in my child's registration file.

School Overview

Tuition Rates

School Calendar

Meal Enrollment form

Discipline Policy

Information for reporting illness

Vaccination Recommendations

Parent Handbook

Notice of availability of the center's licensing notebook.

The licensing notebook contains all the licensing inspection and special investigation reports related to corrective action plans since May 28, 2010

The licensing notebook is available to parents during regular business hours.

Licensing inspection and special investigation reports from at least the past 2 years are available on the childcare licensing website at **www.michigan.gov/michildcare**.

Signed _____ Date _____