

## WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs

Child Care Licensing Bureau

Child(ren)'s Name(s)(Last, First)	Center Name Kelloggsville - KV Club
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A written information packet has been provided at the time of enrollment. The packet included all the following information:

- Criteria for admission and withdrawal
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided
- Fee Policy
- Discipline policy
- Food service program
- Program philosophy
- Typical daily routine
- Parent notification plan for accidents, injuries, incidents, illnesses
- Exclusion policy for child illnesses
- Notice of the availability of the center's licensing notebook
  - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans for the last 5 years.
  - The licensing notebook is available to parents during regular business hours
  - Licensing inspection, special investigation reports, and corrective action plans from at least the past 3 years are available on the child care licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)
- Other \_\_\_\_\_

I certify that I received all of the above items.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Note: A single BCAL-4340 form may be used for all children in the same family.

LARA is an equal opportunity employer/program.

**PARENT NOTIFICATION OF THE LICENSING NOTEBOOK**  
Child Care Organizations Act, 1973 Public Act 116  
**Michigan Department of Licensing and Regulatory Affairs**  
**Child Care Licensing Bureau**

**CENTER MUST CHECK ONE**

The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

I have read the above statement issued by Kelloggsville - KV Club  
Name of Child Care Center

Child(ren)'s Name(s):	
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Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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# KV CLUB PROGRAM POLICIES

***Please initial all statements indicating that you have read and agree to the statements below:***

\_\_\_\_\_ I understand that the payment is due by 6pm on each Monday. Failure to make payments in a timely manner may result in the child being removed/dropped from the program.

\_\_\_\_\_ I understand that if I am late picking up my child, I will be charged a \$1.00 late fee for every additional minute after 6:00PM. The fee will be added to the weekly invoice. Repeated late picks-up may result in the child being removed/dropped from the program.

\_\_\_\_\_ I understand that year-end tax statements will be provided by request only.

\_\_\_\_\_ I understand that I am responsible to provide the child's caregiver with any changes in parent/student information including: phone numbers, addresses, email addresses, and pertinent information pertaining to the child.

\_\_\_\_\_ I understand that I must complete the entire Child Information Record Form and include all parent information, local emergency contact information, physician and hospital information, as well as allergies, special needs, and special instructions.

\_\_\_\_\_ I certify that my child is in good health and immunizations are up-to-date and that the immunization record or waiver on file at school, updated annually.

\_\_\_\_\_ I understand that my child may be photographed or videotaped during their time in the program. These photos or tapes may be used in newsletters, and/or the KPS District Website. If you wish to OPT-OUT, please sign here: \_\_\_\_\_

\_\_\_\_\_ I am aware that a Licensing Notebook of all licensing inspection reports, special investigation reports, and all related corrective action plans are available for review at KECLC. I understand that this notebook will be available for parents to review during regular business hours.

\_\_\_\_\_ I understand that all employees of KV Club have been cleared through D.H.S. Central Registry and through the Michigan State Police Criminal Clearance Program.

\_\_\_\_\_ I have read the KV Club Parent Handbook and agree to all policies as described.

Child's Name: \_\_\_\_\_

Parent Name: (print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 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.

<b>For Provider Use Only:</b>		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
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. 7-18) Previous edition 6-17 may be used.

See Reverse Side

<b>Emergency Contact &amp; Release of Child:</b> 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.	( )	( )
<b>Release of Child Only:</b> 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. ( )

<b>Parent/Legal Guardian Initials:</b>  _____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.
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<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b>	
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 Citation.	

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

## Enrollment Agreement – Child Development and Care (CDC) Program

In addition to an enrollment agreement, licensed providers are required to keep daily time and attendance records that document each child’s *actual* daily care begin and end time and include a daily parent certification (signature or initials). See the Child Development and Care Handbook for time and attendance requirements at [www.michigan.gov/childcare](http://www.michigan.gov/childcare).

**Provider or Program Name:** \_\_\_\_\_ **Provider ID:** \_\_\_\_\_

**Child’s Name:** \_\_\_\_\_

**Total Number of Authorized Hours from CDC - Form DHS-198 (If known) :** \_\_\_\_\_

- If the child has more than one provider, CDC subsidy payment cannot exceed maximum authorized hours for all providers.

**Effective Date of this Schedule:** \_\_\_\_\_

Child’s Enrollment (the days and times agreed upon between the parent and provider). Use both boxes per day if there are multiple daily in/out times such as before and after school.

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Begin Time AM/PM							
End Time AM/PM							

**Agreed total enrolled hours for this provider:** \_\_\_\_\_

Comments (i.e., Explain if varying schedules are needed):

  
  
  
  
  
  
  

**I expect to have more than one provider assigned to my child:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Parent Acknowledgements:**

- The above enrolled schedule is correct and if the enrolled schedule changes, a new Enrollment Agreement should be completed.
- If more than one provider is assigned to a child, one or both providers may not receive full payment. It is also possible that one provider will receive no payment and the parent may be responsible for payment.
- I may be responsible for any child care charges not paid by the Department.
- A new Enrollment Agreement must be completed if an enrolled schedule change extends beyond two weeks.

**Parent/Substitute Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_