Dear Parents or Guardians,

Thank you for your commitment and consideration for enrolling your child at Sault Cooperative Preschool. Please complete this enrollment form and attach copies of the required documents listed on the checklist below. Please check every item below that is included with this enrollment form. This completed form and all the below documents must be returned via email (membershipsaultcooperative@gmail.com), USPS (see mailing address on the enrollment form) or delivered to the school's office during open office hours.

Upon receipt of the completed application package, we will contact you to let you know if there is any further paper work needed and to answer any remaining questions you may have. Please visit the Membership Handbook tab on our school website, <a href="mailto:saultcooperativepreschool.com/membership-handbook">saultcooperativepreschool.com/membership-handbook</a>. We ask that you read or review the handbook. This outlines all curriculum, membership details, policies and procedures for students, members and staff, as well as state licensing requirements, for the operation of the school. This Handbook is also located on the Welcome area at Sault Cooperative Preschool. If you're filling the forms electronically, all links will take you directly to the web pages needed.

REGISTRATION CHECKLIST:
□Registration Fee
□Bussing Fee
□Supplies Fee
□Enrollment Packet (Forms 1-7)
□Child Information Card
□Written Information Packet Documentation Agreement
□Super Raffle Contract
☐Health Appraisal
□Copy of Immunization Record
□Central Registry Clearance Form
All Fees are non-refundable, but transferable. If you have any questions, please do not hesitate to call 906-440-9089. Again, thank you for your interest in our preschool, and we are looking forward to an exciting school year.
Sincerely,
Erin Smith
Executive Board President
Sault Cooperative Preschool

Revised 1/20/2021	Enrollment No.

### PAPERWORK GUIDE

Please follow this step by step guide to filling out the application packet. Make sure to pay attention to the spaces requiring your signature. Also, please don't leave any spots blank. If, Not Applicable, then please put N/A in the space provided. This will help to prevent the need to return your paperwork for completion.

#### 1. ENROLLMENT CONTRACT:

This is a straight forward document. Please complete it in full, and make a copy for your records

#### 2. Membership Information Form:

This is a straight forward document. Please fill in all areas, including your e-mail address if applicable. If you're a cooperative member, we send many email opportunities for you to volunteer, so it is important that you list an email address you will check frequently.

#### 3. Rule 104:

This is a straight forward document. This goes hand in hand with form #12. Anyone that will be working in the classroom must fill them both out! If either is missing when it is your day to work, you will not be permitted to work and will be charged a \$20 substitute teacher fee. This must be returned to the school. Two copies are enclosed (mother and father), if more are needed, please see the school.

#### 4. Consent for Photography Release:

This is self-explanatory. It is not mandatory but will allow your child's photo to be used in the yearbook, our social media accounts (with or without tagging), our website, or the newspaper if the opportunity arises.

#### 5. FIELD TRIP AND BUSSING CONSENT:

This is self-explanatory. It is not mandatory but will allow your child to attend the field trips for the school year. Dates, times, and locations will be on the monthly calendar.

#### 6. CHILD CARE ORGANIZATION LICENSING CHANGES:

This is self-explanatory and required by the state.

#### 7. POLICIES AND PROCEDURES:

This document confirms your agreement to your child's class, payment, and understanding of our policies and procedures at the school. Though we outline them through the enrollment process, they can be found and downloaded from our school website, <u>saultcooperativepreschool.com</u>, in the Membership Handbook tab. We ask that you sign the "Acknowledgement Statement" to keep on file.

#### 8. CHILD INFORMATION CARD:

This is a state required LARA document. This is the single most important thing that you will fill out! If there is ever an emergency with your child, this is what the teachers are going to grab to get your contact information to call you! **EVERY LINE MUST BE FILLED OUT!** If N/A, then please put N/A. Also, any other adults that will be picking up your child from preschool MUST be on the card or the school WILL NOT RELEASE THEM! This is for the safety of the children. It can be downloaded from our school webpage, <u>saultcooperativepreschool.com</u>, in the Admission section at the bottom of the page.

#### 9. Written Information Packet Documentation Agreement:

This is a state required LARA document and outlines that the school has provided you with the information listed on the form. This information can be found in the Membership Handbook, which can be found as previously stated on our school website or at SCPS.

#### **10. SUPER RAFFLE CONTRACT:**

As a cooperative, Sault Cooperative Preschool is funded and run by the parents or members of the school. The Super Raffle is our largest and most important fundraiser every year. Whether you are cooperative or non-cooperative members, ALL members MUST participate.

#### 11. HEALTH CARE APPRAISAL\*:

This is a state required LARA document. We are required by licensing to have child records annually. You, as well as your health care provider must sign the Health Care Appraisal. As a parent (unless you are a physician) you are not able to validate the Immunization Section (II). You are required to complete and sign the front of the form; your physician should complete and sign the back. A dental appraisal is not required. This document should be accompanied by a copy of your child's immunization records. This may be written on the form directly, or you may attach a copy of your child's immunization record, as provided by your child's health care provider. Be sure to write "See Attached" in the Immunization section.

It can be downloaded from our school webpage, <u>saultcooperativepreschool.com</u>, in the Admission section at the bottom of the page.

#### 12. CENTRAL REGISTRY CLEARANCE FORM\*:

This must be completed every year. The form must be completed, in full, and taken to the DHS offices on Three Mile Road, along with a copy of your driver's license. You should remember to put your social security number, maiden name or any other previous names you have used and sign it. It is your responsibility to submit this to DHS – then return a few days later to pick it up. This is a very critical step in the enrollment process. Once you pick the form back up from DHS, you must submit it with your enrollment packet. Without that completed form – you will not be able to work at the school. It can be downloaded from our school webpage, saultcooperativepreschool.com, in the Admission section at the bottom of the page.

\*Form #11 (Health Care Appraisal) and #12 (Central Registry Clearance Form) should be turned in right before the school year begins. All other forms (#1-10) can be completed and returned to the office at your earliest convenience.

\*\*All children under age three (3) require an Attendance Eligibility Waiver to attend as our programs are designed for ages 3-5. If your child is under age 3, please request a waiver form in order to fully enroll under age 3. Our program starts accepting students as early as age two years and nine months.

All Forms are officially due on the first day of school or date of enrollment if enrolling after the school year has begun. Members have 12 days to present forms. On day 13, your child will be dismissed from the program. This policy is explained in our Membership Handbook. It can be found on our school website or in our welcome area.

## **ENROLLMENT CONTRACT**

Student's N	lame:				
Date of Birt	th:	Age:	Male or Female _		
Parents/G	uardians				
PLEASE CH	HECK CLASS PREFERENC	Ē			
5	5 Day AM (8:45 – 11:45)		<b>3 Day AM</b> (T,W,TH-	9:00 – 12:00)	
	5 Day PM (1:00 – 4:00)		<b>3 Day All Day</b> (T,W,	ГН- 8:45-5:00)	
	5 Day PM Extended (1:00 -		<b>5 Day All Day</b> (8:45-		
	HECK WORK PREFERENC			,	
fulfill my Co	ooperative Member obliga	ntion will result in mo	netary penalties. ticipating Cooperative Me	2021 June 2022. I understand that formula is a second will not be required to volunt	
_	ment packet includes the	following:			
1.			9.	Written Information Packet Document	ation
2.		orm	10	Agreement Super Raffle Contract	
3.				Health Appraisal and Immunization Re	cord
4. 5.		ase	11.	(Do NOT complete prior to May 2019)	cora
5. 6.		Licensing Changes	12	Request for Central Registry Clearance	ı
7.				(Do NOT complete prior to May 2019)	
8.		greement		, , , , , ,	
comply wit child from the child from	h the above requirements the school's program.  Der of the Sault Sainte Ma	as well as by-laws an	nd policy/procedures of th	s upon the support of every member. For each of will necessitate the removal of the information contained in this end the information contained in this pa	f your rollment
Parent/Gua	ardian			Date	
1606 Seyn	nour Street			906-632-9761	4

Sault Ste. Marie, MI 49783

## ADMISSION REQUIREMENTS AND INFORMATION

Children shall be between two years and nine months (2 ¾) and five (5) years of age to start school. A child is eligible for enrollment if their third birthday precedes the date dictated by the State of Michigan. All children under age 3 will be required to have a waiver to attend as our programs are designed for ages 3-5. Please request the waiver form if your child is under age 3 so that we can complete enrollment.

All children attending preschool must be potty trained, with the exception of minimal accidents. Our definition of "potty trained" means that the child is in underwear and indicates toileting needs to teacher on a regular basis. We are not equipped for diaper changing or daily accidents and are not licensed to do so. As this is an essential part of our licensing, this issue is grounds for early termination and dismissal from the program. Further explanation of procedure in regard to this can be found in our Membership Handbook.

#### TUITION AND REGISTRATION

#### **MONTHLY TUITION RATES:**

**3 DAY SESSION** (TUES., WEDS., THURS. 9:00 AM – 12:00 P.M.)

Cooperative Membership - \$140.00/month

Non-Cooperative Membership - \$200.00/month

#### **3 DAY ALL DAY SESSION** (TUES., WEDS., THURS. 8:45 AM – 5:15 PM)

Cooperative Membership - \$300.00/month

Non-Cooperative Membership - \$360.00/month

### **5 Day AM** (MON.-FRIDAY 8:45 AM – 11:45 AM)

Cooperative Membership \$215.00/month

Non-Cooperative Membership - \$275.00/month

#### **5 DAY PM EXTENDED PROGRAM (MON. – FRI. 1:00 PM – 5:00 PM)**

Cooperative Membership - \$285.00/month

\*\*This class will only be filled once all other classes have filled.\*\*

Non-Cooperative Membership - \$345.00

#### **5 DAY ALL DAY SESSION** (MON. – FRIDAY 8:45 AM – 5:00 PM)

Cooperative Membership - \$510.00/month

Non-Cooperative Membership - \$570.00/month

#### **FEES**

\*All Fees are non-refundable but transferable

## EARLY REGISTRATION FEE (NON-REFUNDABLE): \$60

Must be paid before Early Enrollment period cut off

DATE OF EARLY ENROLLMENT- January 25th, 2021 to April 1st, 2021

## STANDARD REGISTRATION FEE: \$80

Any enrollments after early enrollment period will be charged standard costs.

## SUPPLIES FEE: \$100

Rather than give students a lengthy list of supplies to bring to class, we charge a standard amount. This allows us to purchase all the supplies the school would need throughout the year at any time.

## EARLY DROP-OFF AFTER CARE: \$5.00 PER HOUR

Early Drop Off and After Care can be requested, and you will be billed for those hours every month. After Care begins once your child's regularly scheduled class ends. All members are able to take advantage of both programs. In order to take advantage of these programs, staff must be notified within 48 hours of your request. There is a sign-up sheet by the office door. Child's name, time of drop off or pick up, and date of request are needed to reserve a spot for your child. Further explanation can be found in the Membership Handbook: Arrivals and Departures section on page 9.

Early Drop Off begins at 7:30am, and After Care ends at 5pm.

#### MULTIPLE ENROLLEES:

Families with more than one child enrolled at the school concurrently will pay full tuition for the first child and receive a 20% discount on any subsequent children. If children are in different sessions, full tuition will be based on the oldest child enrolled. Families with more than one child enrolled, must fulfill fundraising obligations and classroom working obligations for each child enrolled.

#### LATE PAYMENT PENALTIES:

After 6 days, you will be assessed a \$20 late fee onto your tuition bill.

After 12 days, you will be assessed a \$25 late fee onto your tuition bill and be asked not to bring your student until paid in full.

If tuition has not been paid for 30 days: Your child will be dropped from class permanently and late fees are paid. Termination of enrollment begins on the 31<sup>st</sup> day of non-payment. If tuition is unpaid, a certified letter will be sent informing of the schools right to terminate enrollment. The child's space in the program will not be held and may be given to the next family on the waiting list.

#### **DISMISSAL POLICY**

There are occurrences that will cause children to be dismissed from our programs. Accordance with licensing, child welfare, child safety and member responsibilities are some of underlying causes for termination and dismissal. Parents will be given notice of the occurrence and written documentation of the offense. After the 3<sup>rd</sup> offense, the student will be removed from the program. Further explanation of these policies can be found in our Membership Handbook.

- a) Late Tuition
   Withdrawal after 31 days of non-payment. (Membership Handbook: Late Payment Penalties page 12)
- b) Excessive Biting
  Withdrawal after the 3<sup>rd</sup> written offense and immediate discharge upon the 4<sup>th</sup> written offense. (Membership Handbook: Emergency Discharge Situations page 23)
- c) Excessive Aggression
  Withdrawal after the 3<sup>rd</sup> written offense and immediate discharge upon the 4<sup>th</sup> written offense. (Membership Handbook: Emergency Discharge Situations page 23)
- d) Potty Offenses
  Withdrawal after the 4<sup>th</sup> written offense of more than 3 accidents a day for a week. (Membership Handbook:
  Admission Requirements page 9)
- e) Paperwork Requirements
  Withdrawal after 12 days of late paperwork. Immediate discharge on the 13<sup>th</sup> day. (Membership Handbook : Required Forms page 14)

Sault Cooperative Preschool reserves the right to an emergency withdrawal. (Membership Handbook: Emergency Discharge Situations – page 23)

### **REFUNDS**

Families withdrawing their child/children from the school are expected to give one month's notice. **However, under no circumstances is September's tuition ever refunded.** If a child leaves the school mid-month, a written request for a refund must be submitted to the Executive Board to be voted on. The tuition will be refunded on a pro-rated basis.

#### CULTURAL COMPETENCY

The Sault Ste. Marie Cooperative Preschool admits children of any race, religion, disability, color, nationality and ethnic origin to all the rights, privileges, programs and activities made available to students at the school. We do not discriminate in any way within the administration of our educational policies, enrollment policies, financial plan or any other school administered program. A multi-cultural, anti-biased curriculum is offered. Our membership handbook can

provide information on our curriculum, and how culture displayed in many forms throughout. This information can be found on page 20.

#### SPECIAL NEEDS STUDENTS

The students will be assessed using the Teach Strategies GOLD. By doing so we will be able to see what areas we need to focus on as a classroom and as individuals. If assessment shows that outside resources/extra supports are needed, then the teachers will set up a meeting with the parents to make a plan for what extra supports need to be put into place. For children who enter the program with diagnosed special needs or disabilities, parents and additional supports will be utilized for staff training, ensuring all needs of the child are being met. A written plan will be in place covering additional resources or supports needed.

More information on Special Needs can be found on page 20 of the Membership Handbook.

#### **FUNDRAISNG**

Parent participation in fundraising is essential to keep the cost of tuition down. The Sault Sainte Marie Cooperative Preschool's Super Raffle is the only required fundraiser; however, membership participation in ALL fundraisers is highly encouraged. All members must sign the contract agreeing to participate in the Super Raffle.

Non-Cooperative Members are not excused from fundraising obligations, ONLY direct school volunteering.

### **VOLUNTEER HOURS OBLIGATION**

To assist in the operation of the preschool, each Cooperative member will be required to complete 25 volunteer hours during the 2021-2022 school year. Each family is required to complete 12.5 volunteer hours before December 10th. Whatever is not completed by that time will be billed. The remaining 12.5 volunteer hours is to be completed by May 10th. Anything not completed by these dates will be billed. If you do not complete those hours you will be assessed a \$25 per hour. It is your family's responsibility to complete the required hours and ensure your work is logged by contacting the Committee's Chair to have it logged into the system each time. A detailed list of each committee and ways to fulfill your volunteer hours can be found on signup.com and can be discussed with the school committee chairperson.

#### **BOARD POSITION:**

If you wish to fulfill your 25 hours of volunteer hours by being an Executive Board Member you will have your registration fee waived. If you terminate your position prior to the board positions May 2021- May 2022 term you will be required to pay your full registration fee to the school at the time of termination. The board position requires that you attend the monthly meetings, fulfill your position duties, and be available by email when needed.

## MEMBERSHIP REGISTRATION

#### **EARLY ENROLLMENT PERIOD:**

#### **PARTICIPATING MEMBERS:**

DATES: JANUARY 25 \* February 1st

Parents and guardians of the children currently enrolled in the Sault Sainte Marie Cooperative Preschool shall be given first option to enroll their child for an available space. The first week of early enrollment is reserved for current members.

## FORMER MEMBERS/ALUMNI:

Da February 2nd - February 9th

Persons who have had children attend Sault Sainte Marie Cooperative Preschool in past sessions shall be given second option to enroll their child for an available space. The second week of early enrollment is reserved for former members.

#### **GENERAL PUBLIC:**

DAT February 10th - February 17th

Enrollment will be open to the general public starting the 3<sup>rd</sup> week of early enrollment.

September's non-refundable tuition is due by the end of early enrollment period to secure enrollment. To enroll, members must submit completed enrollment packet and \$60 non-refundable early enrollment fee. If the registration fee is paid after the end of early enrollment period, the registration fee will be increased to our standard enrollment fee, \$80.00, along with September's non-refundable tuition.

Subject to the preferences specified above, all applications for enrollment will be considered in chronological order measured by the payment date of the registration fee and the first month's tuition (September) being received by above guidelines.

Members may enroll their child in one session only, (first 20 openings); however, they may enter their child's name on more than one waiting list if their preferred session is filled.

Cashier checks are strongly recommended as the school cannot cash checks until the new fiscal year begins in June.

## MEMBER INFORMATION FORM

Name of Child			Nickname
Street Address			Home Phone
City	State	Zip Code	Date of Birth:
Name of Mother		Empl	oyer
Mothers Occupation		Bus	siness Phone
Cell Phone #	E-mail		
Home address if different from child's			
Name of Father		Empl	oyer
Fathers Occupation		Bus	siness Phone
Cell Phone #	E-mail		
Home address if different from child's			
Are there any custody issues of which the	e school should b	pe made aware? Yes	s / No (circle) If yes, please explain.
Name of Guardian if other than Parent's			
Person(s) responsible for daily care of ch	ild		
Has your child ever been tested for devel	lopmental delays	s? (i.e. speech, hea	ring, premature birth)

If yes, please describe and state which agency/agencies p	performed
Child's Family Doctor	
Address	Phone
Any known allergies?	
Emergency Contact and Pick Up Please provide the name, address, and phone number(s) reached that are able to pick your student up from schoo	

Revised 1/20/2021

1606 Seymour Street 906-632-9761

## **RULE 104**

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION FOR TEACHER ASSISTANTS VOLUNTEERS AND ASSISTANT CAREGIVERS

Signature		Date
Information needed to obtain a criminal h	istory check via LEIN	(Law Enforcement Inquiry Network) for the comp
Print Full Name Race	Sex	Birthdate
Social Security #		
Driver's License #		
Record:		
Have you ever been convicted of a felony?	Yes	No
Have you ever been convicted as an adult,		
of an act of immoral conduct, contributing		
to the delinquency of a child, or a felony		
involving moral turpitude?	Yes	No
Have you ever had a substantiated charge		
of child or adult abuse in the Protective		
Services System in Michigan or another		
State?	Yes	No

Revised 1/21/2021

## **RULE 104**

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION FOR TEACHER ASSISTANTS VOLUNTEERS AND ASSISTANT CAREGIVERS

Signature		Date	
Information needed to obtain a crimin	nal history check via LEIN	(Law Enforcement Inquiry Network) fo	r the comput
Print Full Name Race	Sex	Birthdate	
Social Security #			No
Driver's License #			
Record:			
Have you ever been convicted of a felo	ony? Yes	No	
Have you ever been convicted as an ac	dult,		
of an act of immoral conduct, contribu	uting		
to the delinquency of a child, orf a feld	ony		
involving moral turpitude?	Yes	No	
Have you ever had a substantiated cha	arge		
of child or adult abuse in the Protectiv	re		
Services System in Michigan or anothe	er		
State?	Yes	No	

Revised 1/21/2021

## CONSENT FOR PUBLICATION OF PHOTOGRAPH

l,	parent/guardian for	, DOB	give my
consent to the Sault Ste.	Marie Cooperative Preschool to utilize my chi ol websites and/or social media and/or magazi	ld's photograph in conjunctio	n with the
l also give my consent fo year photo CD and yearb	r my child's photograph to be used within the book.	school for presentations and	possible end of the
If you wish to allow your initially here:	child's photograph to be on social media but	do not wish to be tagged plea	se indicate by
YES	NO		
understand this consent v	vill be valid only during the school year beginning S June 2022.	September 2021 and will be null a	and void
Parent/Guardian Signatu	ire	 Date	
Parent Guardian Signatu	re		

## FIELD TRIP AND BUSSING CONSENT

## TRANSPORTATION WAIVER AND RELEASE OF LIABILITY

I give permission for my child	, to be transported by bus for
all field trips which he/she will attend during the 2021-2022 school year at Sault Ste. In my child will be sent home before every field trip if your child wishes to participate in (s) are permitted to ride the bus, but siblings are not.	·
Bus transportation will be provided by Sault Area Schools Transportation Dep Anishnabe PSA of Sault Ste. Marie, Michigan.	partment or Joseph K. Lumsden Bahweting
Field Trip locations, dates and times will be provided on the monthly calenda	rs.
I hereby release Sault Ste. Marie Cooperative Preschool, Sault Area Public Sch Anishnabe PSA, their Directors and employees from responsibility for the lost and/or my child resulting from or attributed to the bus transportation.	
I have read and understand the above and indicate so by signing below.	
Name:	
Signature:	Date:
If you wish to opt out of having your child being transported to and from field yourself, please initial here:	d trips and wish to transport him / her

Revised 1/20/2021

## CHILD CARE ORGANIZATION LICENSING CHANGES

Per the State of Michigan, the Sault Sainte Marie Cooperative Preschool is now required to keep a Licensing Notebook. To comply with legislation, the preschool must assure that each parent signs a document that includes all of the following statements:

- The center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents 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 <u>www.michigan.gov/michildcare</u>

I have read the above information regarding the Sault Sainte Marie Cooperative Preschool and am aware that a Licensing Notebook is available for my viewing, if I so choose.

Signature	
	Date:
Print Name	
Child's Name	

Revised 1/20/2021

## **ACKNOWLEDGMENT STATEMENT**

#### POLICIES AND PROCEDURES

I understand that the Policies and Procedures for Sault Cooperative Preschool are available on Sault Cooperative Preschool's website or a hard copy is available at my request. I have read the Policies and Procedures and I am fully aware of the philosophy, goals, policies, and procedures of Sault Ste. Marie Cooperative Preschool. I am in agreement with such conditions and will abide by them. Throughout the school year, policies and procedures may need to be updated. The Policies and Procedures will be available online and I will be notified of any updates that may occur.

My child,registered in the fo	ollowing session a	at Sault Ste. Marie Co	ooperative Prescho	ol. (circle one)	, will be
5 Day AM	5 Day PM	5 Day Extended	5 Day All Day	3 Day AM	3 Day All Day
		m is \$ nth's notice. Tuition			
	=	a non-refundable reg erwork needed for m			
payment and the	cturn or the pup		.,		mment process.
Parent/Guardian Sign	nature:				
Parent/Guardian Sign	nature:				
Date:					

Revised 1/20/2021

## Sault Cooperative Preschool

## **Early Admission Waiver**

According to LARA, Sault Cooperative Preschool is a licensed program for children ages three to five years old. If a child is not three years of age by the September start of the school year but will be three by December of the current school year, the parent of legal guardian of that child may roll the child in the program for the current school year. The parent or legal guardian must ensure that the child meets the certain criteria for approval of their early admission waiver.

#### The child must:

- 1. Demonstrate mental and emotional maturity of a three year old.
- 2. Be fully potty trained. This meaning rare accidents. No Diapers or Pull-Ups.

Sault Cooperative Preschool may recommend the parent or legal guardian as to whether the child is not ready for our program because of these factors at any time.

Student Name:	Date of Birth:			
Address:	City:	Zip Code:		
I understand the eligibility as stated above and ar between September and December, be allowed t signing this form, I hereby certify their birth date	o enter Sault Cooper	atives Preschool program. By		
Parent/Guardian's Printed Name:				
Parent/Guardian's Signature:				
Date:				
For Office Use Only:				
Age Verified:		<u> </u>		
Annroyed: Ves No I	nitials:			

## **Super Raffle Contract**

2021-2022

The Sault Cooperative Preschool is a non-profit organization; therefore, fundraising is essential for the success of our school. The Super Raffle is one of the preschool's largest fundraisers. Our members are accountable for \$300.00 worth of raffle tickets. This year, the preschool is offering an incentive to the member who sells the most raffle tickets! The incentive is \$100 towards tuition. You will be given 40 raffle tickets the starting date of the raffle period, please request more at any time. Ticket stubs and money must be turned in promptly on the last day of the raffle period.

\*Once you receive your tickets you will be responsible to pay for these tickets. If your student is unenrolled as of February 1<sup>st</sup> of that school year you will still be responsible for half the amount of tickets. If you enroll your student as of February 1<sup>st</sup> you will only be responsible for half of the tickets to sell.

I am responsible for selling \$300.00 worth of Super Raffle tickets. I will be held accountable fo the total amount, whether tickets stubs are turned in or not.							
Student's Name	Class						
Parent/Guardian (please print)							
Parent/Guardian Signature	 						

## WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs Bureau of Community and Health Systems

Child(ren)'s Name(s) (Last, First)	Center Name							
A written information packet has been provided at the time of enrollment. The packet included all the following information:								
Criteria for admission and withdrawal.								
<ul> <li>Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.</li> </ul>								
Fee policy.								
Discipline policy.								
Food service program.								
Program philosophy.								
Typical daily routine.								
Parent notification plan for accidents, injuries, incidents	s, illnesses.							
Exclusion policy for child illnesses.								
Notice of the availability of the center's licensing noteb	ook.							
<ul> <li>The licensing notebook contains all the licensing in corrective action plans since May 28, 2010.</li> </ul>								
<ul> <li>The licensing notebook is available to parents during</li> </ul>	ng regular business hours.							
<ul> <li>Licensing inspection and special investigation repo child care licensing website at www.michigan.gov</li> </ul>	rts from at least the past two years are available on the r/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.								

#### CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

**Copy Photo ID Here** 

or

**Attach a Separate Page** 

#### **SECTION 1 INFORMATION ON PERSON BEING CLEARED**

Name, (First, Middle, Last)	Signature Required for Individua	Signature Required for Individual Being Cleared					
Also Known as Name (AKA)	Social Security Number	Social Security Number					
Address	City	State	Zip Code				
Phone Number	Email	Email					
☐I am completing this for myself. ☐I would like to pick up my re	esults in C	lts in County (For Michigan Residents Only).					
SECTION 2 REQUESTER INFORMATION							
Check Appropriate Box ☐ Employer ☐ Volunteer Agency ☐ Adoption/Foster Ca ☐ Other Preschool Volunteer	•	aw-Enforcement/Deptions/Prosecuting At					
Name of Agency or Organization Sault Cooperative Preschool	Name of Requester Stacie Pointek		,				
Address	City	State	Zip Code				
P.O. Box 205 / 1606 Seymour St.	Sault Ste. Marie	MI	49783				
Email	Fax	Fax   Phone					
saultcooperative@gmail.com		906-632-97					
Employers Volunteer Agencies will ONLY receive responses of	NO central registry if the person heir	ng cleared has appro	wed this request				

**Employers/Volunteer Agencies** will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

#### **CHILD INFORMATION RECORD**

## State of Michigan Department of Human Services - Bureau of Children and Adult 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.

Use Only:	ate of Admission			Date of Discharge	<del>)</del>							
Name of Child (Last,				•		Child's D	ate of Birth					
Address (Number and	d Street, Building/A	Apartme	ent Numbe	er)	City			State	Zip Code	,		
Father/Legal Guardia	er/Legal Guardian's Name Home Phone			none	Mother/L	egal Gua	Home Phone					
Home Address (if not	child's address)		Cell Pho	ne	Home Address (if not child's address)			)	Cell Phone			
City	S	state	Zip Code	9	City			State	Zip Code			
Email Address (option	nal)				Email Ad	dress (o	otional)		-			
Employer Name			Work Ph	one	Employe	r Name			Work Phone ( )			
Name of Child's Phys	sician or Health Cli	nic			Physiciar	n's or He	alth Clinic's Phone	Number				
Hospital Preferred fo	r Emergency Treat	tment (d	optional)		,							
Allergies, Special Ne	eds and Special In	nstructio	ons (Attac	h additional sheets	, if necess	ary.)						
BCAL-3731 (Rev. 7-12)	Previous editions 9-0	09, 3-08,	10-07, & 1	-06 may be used unti	l 12/31/13.					See Reverse Side		
Emergency Contac emergency. If possib can be released. The	le, include at least	one pe	rson othe	r than the parents/I	egal guard	lians to b	oe contacted in an e	emergeno	oe contact by and to w	ed in an hom the child		
1.					( )			( )				
2.					( )			( )				
3.					( )			( )	( )			
Release of Child Only	: List all individuals, o	other tha	n the pare	nts/legal guardians, t	o whom the	child may	be released. (If more	individua	ls, attach ad	dditional sheets.)		
1.			( )		2.				( )			
3.			( )		4.				( )			
1							linemand by A	ha Danas		Luman Camilana		
I give permission to, licensed by the Department of Human Services (Provider's Name)												
to secure emergency		mergen	cy surgica	I treatment for the	above nan	ned mind	or child while in care	<del>)</del> .				
Signature of Parent of	or Guardian							Date Si	gned			
Date Card Reviewed	Parent or Legal Guardian Initials		e Card viewed	Parent or Legal Guardian Initials	Date ( Revie		Parent or Legal Guardian Initials		e Card iewed	Parent or Legal Guardian Initials		
Department of Human Services (DHS) will not discriminate against any ir religion, age, national origin, color, height, weight, marital status, sex, se expression, political beliefs or disability. If you need help with reading, writing with Disabilities Act, you are invited to make your needs known to a DHS off						sexual orientation, gender identity or ng, hearing, etc., under the Americans COMPLETION: Required			equired			

#### **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 needs of the child. Fill out the information requested in Section II. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. (BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)

CH	ILD'	S NAME (Last, First, Middle)								D	ATE OF BIRTH (mm/do	l/yy)		
											/	/		
ADDRESS (Number & Street) (City)						(ZIP Code) TODAY'S DATE (m								
								MI		/ /				
PARENT/GUARDIAN (Last, First, Middle)								Н	HOME TELEPHONE NUMBER					
										(	)			
	DRE	SS (Number & Street)	(City)						(ZIP Cod		/ ORK TELEPHONE NU	MR	FR	
^□		33 (Number & Street)	(City)						MI	Je,	ONK TELLI HONE NO	טועו	LII	
<u> </u>									IVII		)			
l			SECTION	ON	۱-	HE	AL	.TH	HISTORY					
Г		especial of the second of the												
l	Yes	≗ ຶ້ # Is your child h	aving any of the problems listed	d be	elov	v?			Birth History:					
		□ □ 1 Allergies or Rea	actions (for example, food, medic	,										
			hma, or Wheezing											
Н			quent Skin Rashes					_						
$\vdash$								_						
$\vdash$		□ □ 5 Heart Trouble	CIZUICS					$\dashv$						
$\vdash$								+						
$\vdash$			On The state Francisco (Assessed				. \	-	A 11		-:-()	¬ .	1.	
-			s, Sore Throats, Earaches (4 or mo		per	yea	ır)	-	Are there any current		sis(es)   Yes	l	10	
$\vdash$			assing Urine or Bowel Movements	-				4	If yes, please describe	ə: 				
⊢								_						
╙		□ □ 10 Speech Proble						_						
L		□ □ 11 Menstrual Prob	olems											
		<ul><li>12 Dental Problem</li></ul>			/									
l		□ □ Other (please desc	cribe):											
l														
l								-						
		□ Does your child ta	ke any medication(s) regularly?						If yes, list medications	s:				
Г	Rea	ason for Medication												
Г								1						
Г			/		/			$\top$	Was the health history	reviewed by a	health professiona	al?		
-		Parent/Guardian		ate				-	☐ Yes ☐ No	Examiner's				
Ξ								_						=
l		SECT	ION II - PHYSICAL EXAMINA	ATIO	ON	, IN	SP	PEC	TION, TESTS AND M	EASUREMEN	NTS			
_			Required for Child (	Jar	e a	na	не	ad	Start / Early Head Star	t				
l			Tes	ts a	and	l Me	eas	sur	ements					
						Care								ILG
				nal	Referred	nder Ca						lal	rred	Under Care
2	Yes	Was child tested for:	Test results:	Nor	Refe	nud	9	Yes	Was child tested for:	Test results:		Normal	Refe	.   Bu
Г		VISION	Visual Acuity					-	HEIGHT & WEIGHT	Height			Τ	$\top$
_			Muscle Imbalance							Weight			T	+
		Date:/	Other:				П	lп	Other:	Other		$\vdash$	H	+
⊢		HEARING	Audiometer	$\vdash$	$\vdash$	$\vdash$		+=	HEMOGLOBIN / HEMATOCRIT		$\Rightarrow$	$\vdash$	+	+
		TIENTING	Other:				Н		TIEWOGEOBINY TIEWWITOOTHI					
		D-t	Other.						BLOOD PRESSURE	Reading:				
⊢		Date: / /		-	-	Н	_		TUREROUNA	_				
		URINALYSIS	Sugar						TUBERCULIN	Туре:				
			Albumin	<u> </u>	_									
ㄴ		Date: / /	Microscopic			Ш			Date:/	Neg.: □ Pos.: □	mm			
		BLOOD LEAD LEVEL							Blood lead level required for					
□ □ □   Level ug/dl														
L		Date:/					at	the	same intervals as listed abov					
_				nina	tion	s an	d/o	r In	spections					
Es	enti	al Findings Deviating from Nor	mal:											
$\vdash$														
										Exam D	ate: /	/		

**PERSONAL** 

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		VACCINES (Circle Type)	DATE ADMINISTERED  MM/DD/YYYY					
Hepatitis B	1	3	Hepatitis A (HepA)	1 2					
(HepB)	2			1	3				
	1	4	Influenza (IIV/LAIV)	2	4				
DTaP/DTP/DT/Td	2	5	Meningococcal (MCV4 / MPSV4)	1	2				
	3	6	Human Papillomavirus	1	3				
Tdap	1		(HPV9/HPV4/HPV2)	2					
Haemophilus Influenzae	1	3		Type of Vaccine(s)	Date of Vaccine(s)				
type b (HIB)	2	4	OTHER Vaccines	1					
Polio	1	3	Specify Date & Type	2					
(IPV/OPV)	2	4		3					
Pneumococcal Conjugate	1	3	Indicate and attach physician diagnosis of	or laboratory evidence of	immunity as applicable				
(PCV7/PCV13)	2	4		<u> </u>					
Rotavirus (RV1/RV5)	1	3	*NOTE: According to Public Act 368 of 1 the first time must be adequately						
,	2		Exemptions to these requiremen		lical, religious and other				
Measles, Mumps, Rubella (MMR)	1	2	objections, provided that the wa delivered to school administrato						
Varicella (Chickenpox)	1	2	at your provider office for medica		h your local health				
History of Chickenpox Disease? ☐ Yes	L.	1-	department for nonmedical waive Parent/Guardian refused immunizations:						
I certify that the immunization dates are tri		ledge	1 4.575 644 447 151454 17114 1724 1516						
r dorary that the miniamization dates are the	do to the boot of my know	lougo			/ /				
Health I	Professional's Signatu	ıre	Title	<del></del>	Date				
No Yes	(R		COMMENDATIONS and Head Start/Early Head Start)						
	ing or other condition for	which the school could help	by seating or other actions? If yes, please explair	n:					
		<u> </u>							
☐ ☐ Should the child's activity be rest	ricted because of any phy	sical defect or illness?							
If yes, check and explain degree			☐ Gymnasium ☐ Swimming Pool ☐ Competi	tive Sports   Other					
Other Recommendations									
	SECTION V. DEI	ITAL EVAMINATION	AND RECOMMENDATIONS (OPTION	ONIAL \					
	SECTION V - DEI	TIAL EXAMINATION	AND RECOMMENDATIONS (OF TH	ONAL)					
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 Signatu	re	Date	Examiner's Name (Print	or Type)	Degree or License				
				,					
Number & Stree	t		City MI	() 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, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

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