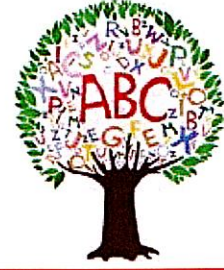


Richmond Community Schools

68399 Forest * Richmond, Michigan 48062 * (586) 727-2509 * Fax (586) 727-9223



RICHMOND EARLY CHILDHOOD LEARNING CENTER - CHILDCARE

Child's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ (home) _____ (cell)

Birthdate _____ Gender _____ Grade _____

E-mail Contact (required) _____

Parent's Name(s) _____

I am registering for the following Childcare Options:

Please make a selection:

Before School Childcare	6:30 a.m. - 7:50 a.m.	_____ \$4.50/per hour
Afternoon Childcare	10:50 p.m. - 2:50 p.m.	_____ \$4.50/per hour
After School Childcare	2:50 p.m. - 6:00 p.m.	_____ \$4.50/per hour

A \$25 non-refundable deposit is required to hold a place for your student in the childcare program. The completed registration packet must be submitted to the front office prior to your child attending childcare.

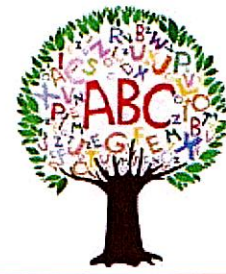
Non-Refundable Deposit received on _____ by _____

Guaranteed Learning for All Students!

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RICHMOND EARLY CHILDHOOD LEARNING CENTER - CHILDCARE

Child Care Registration Packet

Welcome to Richmond Community Schools Child Care Center! In this packet you will find the items listed below. Please complete ALL the forms, front and back. Return the packet to secure your child's place in the Center.

Please read carefully the Child Care Handbook. Sign and return the policy agreement. If you have any questions, please contact us! 586.727.2509 EXT. 1104. We look forward to a fun-filled year with your child!!

- CHILD INFORMATION CARD
Please complete each item on the card. Do not leave any spaces blank! Be sure to include health insurance name and group number, and hospital preferred. **You may NOT leave any spaces blank.**
- DISCIPLINE POLICY
Sign and return.
- SNACK ACKNOWLEDGEMENT
Sign and return.
- CHILD CARE CENTER GOOD HEALTH STATEMENT
Sign and return.
- POLICY AGREEMENT
Sign and return
- PHOTOGRAPHY RELEASE
Sign and return.
- CHILD CARE HANDBOOK
Please read and keep the enclosed handbook. It states the rules and regulations of child care.
- CHILD CARE WORKSHEET

Guaranteed Learning for All Students!

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CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

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.

For Provider Use Only:		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	Zip Code
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.)					

CCL-3731 (Rev. 4/27/2021) Previous edition 7-18 may be used.

See Reverse Side

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 released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.	()	()	()	()	()
2.	()	()	()	()	()
3.	()	()	()	()	()
Release of Child Only: 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.	()	()	()

Parent/Legal Guardian Initials:	
_____ 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.	

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.	
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.	

CCL-3731 (Rev. 4/27/2021) Previous edition 7-18 may be used.

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RICHMOND EARLY CHILDHOOD LEARNING CENTER - CHILDCARE

Childcare Discipline Policy

Staff will use **positive** methods of child management, which encourage self-control, self-direction, self-esteem, and cooperation.

Group Management Technique- Limiting the number of children in each area of the room avoids overcrowding and allows for sufficient materials and the opportunity for constructive interactions, which reduces opportunities for negative behaviors.

Positive Redirection - If a behavior is inappropriate; we will use positive redirection- Redirecting the child to another area of the room.

Your child's teachers will do every step necessary to positively guide your child in the right direction. You will be notified if a problem has occurred and will be responsible for following up on it. It is the student's responsibility to:

1. **BE SAFE:** walk in halls, keep hands and feet to self, be cooperative and follow the instructions of caregivers.
2. **BE KIND:** Use appropriate language, take turns with materials, and respect other students or adults.
3. **BE RESPONSIBLE:** Clean-up materials and centers, treat materials and equipment properly, play co-operatively with others, play in designated areas, and be responsible for their actions.

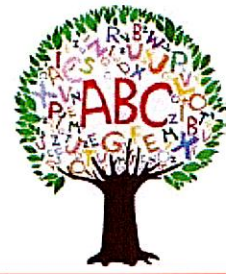
Our goal is to nurture self-control and positive behavior in our students. The staff will promote good behavior by being a part of our school wide Positive Behavior System as well as learning through modeling. Redirection and discussion will be used when appropriate choices are made. Inappropriate behavior will be brought to the attention of the parent who drops off or picks up the child. In some situations, the parents will be contacted by phone either at home or work. Repeated misbehavior will result in a meeting between the caregivers, parents, and administrator. A written warning will be given. Possible suspension or removal from the program may result.

I have read and discussed the above rules with my child.

Parent Signature _____ Date _____

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RICHMOND EARLY CHILDHOOD LEARNING CENTER - CHILDCARE

Snack Acknowledgement Sheet

I understand that I must provide a peanut/tree nut free snack for my child EACH day he/she attends Child Care. I understand I will have to provide a lunch and a snack on half days of school if my child attends Child Care on a half day of school.

Parents Signature _____ Date _____

Guaranteed Learning for All Students!

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RICHMOND EARLY CHILDHOOD LEARNING CENTER - CHILDCARE

PARENTS VACCINES REQUIRED FOR CHILD CARE AND PRESCHOOL IN MICHIGAN



Whenever infants and children are brought into group settings, there is a chance for diseases to spread. Children must follow state vaccine laws in order to attend child care and preschool. These laws are the minimum standard for preventing disease outbreaks in group settings. The best way to protect your child from other serious diseases is to follow the recommended vaccination schedule at www.cdc.gov/vaccines. Talk to your health care provider to make sure your child is fully protected.

2-3 months	4-5 months	6-15 months	16-18 months	19 months—4 years	5 years
Diphtheria, Tetanus, Pertussis (DTaP)	1 dose DTaP	2 doses DTaP	3 doses DTaP		4 doses DTaP
Pneumococcal Conjugate (PCV13)	1 dose	2 doses	3 doses or Age-appropriate complete series	4 doses or Age-appropriate complete series	None
H. influenzae type b (Hib)	1 dose	2 doses		1 dose at or after 15 months or Age-appropriate complete series	None
Polio	1 dose	2 doses		3 doses	
Measles, Mumps, Rubella (MMR)*	None		1 dose at or after 12 months		
Hepatitis B*	1 dose	2 doses		3 doses	
Varicella (Chickenpox)*	None		1 dose at or after 12 months or Current lab immunity or History of varicella disease		

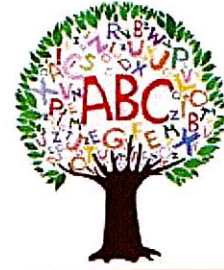
These rules apply to children who are the above ages upon entry into child care or preschool. During disease outbreaks, incompletely vaccinated children may be excluded from child care and preschool. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at www.michigan.gov/immunize.

*If the child has not received these vaccines, documented immunity is required. All doses of vaccines must be valid (correct spacing and ages) for child care and preschool entry purposes.

Updated March 1, 2017

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RICHMOND EARLY CHILDHOOD LEARNING CENTER - CHILDCARE



Health Department

Macomb County Health Department

1. Immunization OR 2. Nonmedical Waiver Education Services

THESE SERVICES ARE CONDUCTED BY TWO SEPARATE COUNTY PROGRAMS.
PLEASE READ EACH SECTION CAREFULLY TO CONTACT THE PROGRAM YOU NEED.

1. Information for IMMUNIZATION CLINIC SERVICES ONLY

**NOTE: NEW CLINIC HOURS
Effective August 1, 2017**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mt. Clemens Health Center 43525 Elizabeth Road Mt. Clemens, MI 48043 (586)469-5372	Open 8:30-4:30 <i>TB testing 8:30-4:30</i>	Closed	Open 8:30-6:30 <i>TB testing 8:30-4:30</i>	Open 8:30-4:30 <i>No TB testing</i>	Closed* *Except 3 rd Fridays, Open 11:30-4:30
Southwest Health Center 27690 Van Dyke, Ste. B Warren, MI 48093 (586)465-8537	Closed	Open 8:30-4:30 <i>TB testing 8:30-4:30</i>	Open 8:30-4:30 <i>TB testing 8:30-4:30</i>	Open 8:30-6:30 <i>No TB testing</i>	Open* 8:30-4:30 <i>TB testing 8:30-4:30</i> *Except 3 rd Fridays, Open 11:30-4:30
Southeast Health Center 25401 Harper Avenue St. Clair Shores, MI 48081 (586)466-6800	Open 8:30-6:30 <i>TB testing 8:30-4:30</i>	Open 8:30-4:30 <i>TB testing 8:30-4:30</i>	Closed	Closed	Open* 8:30-4:30 <i>TB testing 8:30-4:30</i> *Except 3 rd Fridays (Closed)

PARENT OR GUARDIAN MUST be available to complete & sign Immunization consent forms for each child.
FORMS ARE AVAILABLE AT: <http://health.macombgov.org/HealthPrograms/FamilyHealthServices/ImmunizationClinic>
PLEASE BRING WITH YOU TO THE HEALTH CENTER:
 IMMUNIZATION RECORD(S) for all persons being immunized.
 INSURANCE CARD(S) for all persons being immunized.
 There may be monetary charges for vaccine administration, payable by CASH or CHECK ONLY.
 Medicaid/Medicare will be billed for approved vaccines.
 Macomb County Health Department can bill some commercial insurances for immunization services.
 Please contact one of our health centers above to check if the Macomb Health Department accepts your insurance.

2. Information for NONMEDICAL WAIVER EDUCATION SERVICES ONLY

- For parents, guardians or 18 year old students seeking a nonmedical immunization waiver, a waiver education session is available by appointment only through the School Immunization Program.
- Please call (586) 466-6840** to schedule an appointment.
- The waiver education session is with a public health nurse.
- The **Immunization Waiver Form** (nonmedical waiver form) is not available online or at your school or childcare center office.
- The public health code requires waivers be signed in the year in which a child's immunization status is assessed and reported for school and childcare purposes, which includes: all children in a licensed childcare center, preschool, Head Start; and school-aged children who are new entrants to a school district, in kindergarten or developmental kindergarten, or in the 7th grade, including children in special education programs.
- Per the requirements of the Michigan Public Health Code, R325.176(12), all nonmedical Immunization waivers "shall be certified by the local health department (LHD) that the individual received education on the risks of not receiving vaccines being waived and the benefits of vaccination to the individual and the community."
- The **Medical Contraindication Form** (medical waiver form for valid medical contraindications to vaccines), is available online or at your school or childcare center office. Contact the office for information about obtaining and submitting a medical waiver for review by the Macomb County Health Department Medical Director.

Schools, Preschools, Childcare Centers and Clinics:

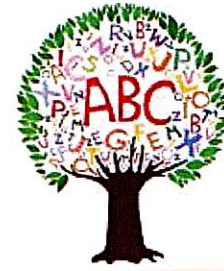
PLEASE COPY AND DISTRIBUTE THIS FLYER TO PARENTS/GUARDIANS/STUDENTS

08/01/2017

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RICHMOND EARLY CHILDHOOD LEARNING CENTER - CHILDCARE

Good Health Statement

I _____ verify that my child, _____

Parent/Guardian Name

Child's Name

Is in good health and his/her immunizations are up-to-date. I assume responsibility for my child's state of health while at Richmond Early Childhood Learning Center.

The following activity restrictions apply to my child:

1. _____
2. _____
3. _____
4. _____

Parent/Guardian Signature _____ Date _____

Printed Parent/Guardian Name _____

Reviewed and Updated

Parent/Guardian Initials: _____ Date: _____

Parent/Guardian Initials: _____ Date: _____

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RICHMOND EARLY CHILDHOOD LEARNING CENTER - CHILDCARE

Policy Agreement

Child (ren's) Name(s) _____ Program _____

1. I agree to clock in/out my child each time I drop off and/or pick up my child.
2. I agree to call the program to inform staff whenever my child will be absent with 24 hour notice. If my child is ill, I will not send my child to his/her program/class and will make alternative arrangements.
3. I will complete all enrollment forms and supply other necessary documents. I will keep all information current and up-to-date.
4. I will read all communications: newsletters, e-mails, posters, and bulletin boards.
5. I agree and assume full responsibility for any damage to person or property caused by my child.
6. I agree that if the behavior or health of my child should necessitate sending him/her home, I (or someone listed on the Child Information Record) will IMMEDIATELY pick up my child from his/her program.
7. I understand if my child has persistent pattern of negative behavior and interventions have not been successful, I may be asked to remove my child from the program.
8. I understand that there may be field trips or special activities, which I can sign up for and pay for in advance.
9. I have read and received a copy of the Richmond Early Childhood Learning Center Parent Handbook which includes program policies, disciplinary procedures, and payment information, etc. I will discuss the rules, regulations, and expectations of the program with my child.
10. In the event of an emergency, I give permission to Richmond Early Childhood Learning Center to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. The staff member in charge shall make reasonable attempts to contact me prior to any emergency medical treatment.
11. My child has permission to use the Richmond Community Schools playground equipment and gymnasium while participating in the Child Care and Preschool Programs.
12. I have been informed that the center maintains a Child Care Licensing Notebook which is available to view during business hours.
13. I have read, understood, and agree to all of the above. If I have any questions or concerns I will contact the Director, at (586)727-2509 ext. 1020.

Parent Signature: _____ Date _____

DO NOT PHOTOGRAPH/VIDEOTAPE FORM

The District values the use of audio-visual and other types of electronic communication in providing your child(ren) with an effective education. In addition, the District values in the ability to display and showcase your child(ren) and/or his/her schoolwork products through photographs or videotapes as part of an educational program produced by the District or coalition of districts, including the District's websites and social media outlets (e.g. Facebook). Through photographs, videotape or showcasing your child(ren) and/or their school work products, your child(ren)'s image, name, work product, school, and grade may be revealed in the presentation(s) but no other information about your child(ren) or his/her schoolwork will be revealed.

Therefore, if you DO NOT grant permission to Richmond Community Schools to photograph or videotape your child(ren) to be used in media presentations that are made available to other educational institutions or through a cable television station, website or social media network, please complete the form below and return it to the Main Office of your child(ren)'s school.

Student(s) Name: _____

Parent's Signature Printed Name

Address City Zip Code

Telephone Date