

# 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.

<b>For Provider Use Only:</b>		Date of Admission	Date of Discharge		
Name of Child Last, First, Middle					Child's Date of Birth
Address			City	State	Zip Code
Parent/Legal Guardian's Name		Cell Phone #	Parent/Legal Guardian's Name		Cell Phone #
Home Address (if not child's address)		Cell Phone Carrier:	Home Address (if not child's address)		Cell Phone Carrier:
City	State	Zip Code	City	State	Zip Code
Email Address			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/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)					

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 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 **Learning Zone PAC & GSRP**, 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 X \_\_\_\_\_ 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.

# Parent Notification

## PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116 Michigan Department of Human Services

All childcare centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook is available on the Parents Board as you first enter the center, this can be viewed during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult Licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

## MEDIA / PHOTOGRAPH RELEASE

I, hereby, grant the **Staff at Learning Zone Preschool and Childcare and GSRP, LLC.**, or any publisher of LZ into publishing agreements with permission to copyright and/or use and/or publish and republish, media / photographic pictures and portraits of my child in which he/she may be included in whole or in part, in color or black and white, made through any media by the photographer in the classroom or elsewhere, including the use of any printed matter in conjunction with such photographs. I waive my right to inspect and/or approve the finished photograph copy or printed matter that may be used in conjunction with such photographs, or the eventual use that might be applied. I, hereby, release and discharge the above, its assign, and all persona acting under its permission or authority or those for whom it is acting, from and against any liability that may occur in the taking of photographs, or reproductions of the finished product. I, hereby, consent to the use of these photographs without financial compensation. I have read the foregoing release and warrant that I fully understand the contents thereof.

## Non-Prescription Topical Medication/Sunscreen and Bug Spray 400.8152

I authorize the staff at the Learning Zone to administer non-prescription topical medications to my child for one year of signature date. Topical nonprescription medication, including but not limited to diapering cream, triple antibiotic, sunscreen, and insect repellent, requires written parental authorization annually. I understand that this permission form must be updated prior to any new topical non-prescription medications or sunscreen being applied. Learning Zone PAC will not purchase or provide any non-prescription Topical Medications for children use. If you prefer for your child/children to wear bug repellent sprays, please provide them and complete a medication form.

## Playground and Health Annual Authorization Form 400.5305 (1), (1)

Upon enrollment and updated annually thereafter, the center shall obtain and keep on file at the center a signed statement of the following:

- The child is in good health with or without activity restrictions noted.
- The child's immunization is up-to-date or a waiver is on file. (Update yearly)

Parents, please sign below if each statement is true.

- My child is in good health and has no activity restrictions
- My child is up to date on all immunizations.
- My child may play in the outdoor area with other children.
- My child has \_\_\_\_\_ restriction if some restrictions please explain at enrollment.

I have read and agree to the above statements issued by the Learning Zone PAC  
Licensing Notebook, Media / Photograph, Topical, Playground

\_\_\_\_\_  
 All Child(ren) Names

\_\_\_\_\_  
 Parent/Guardian Printed Name

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

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area. BCAL – 5053

Yearly	Date	Initials	Date	Initials	Date	Initials
Reviews						



# Rates & Payment Schedule

Birth to 5 years old			School & GSRP Enrolled		
Birth – 3 years & Potty Training	5 days	\$ 325.00	Before or After school	daily	\$ 13.00
3-5 Preschool 8:30-3:30 Mon-Thu	4 days	\$ 140.00	Before school 7:00-8am	weekly	\$ 45.00
3-5 Preschool Plus extra care (45 hours /week)	5 days	\$ 180.00	Before school 5:30-8am	weekly	\$ 50.00
4-5 GSRP Preschool 8:30-3:30 Mon-Thurs	4 days	Free to qualified	After school 4:00-6:00pm	weekly	\$ 45.00
			Full Day	daily	\$ 40.00
Addition care (outside of schedule)	Hourly	\$ 13.00	Full Weekly Rate	weekly	\$ 175.00
After 6:00 pm	Minute	\$ 5.00	½ day rate	Additional	\$ 25.00
Full Time Sibling Weekly Discount	1 child	\$ -10.00	2-hour school delay	Additional	\$ 10.00

**Payments** All accounts are billed and collected bi-weekly before childcare is provided.

**Registration Fee &** \$35.00 per family per year, billed upon enrollment and each September

**Returned Payment Fees** \$35.00 (Non-refundable)

**Withdraw** All families are required to give a 2-week written notice before withdrawing from care.

**Potty Trained** Child independently uses the bathroom, no more than one accident per week.

**Full Time Rates** Covers 9 hours per day or 45 hours per week of a preset schedule.

**Preschool 0-5 years** September to September - Runs all year around

**School Age Care** September to June, we follow Pennfield School Schedule

**Summer Care** Runs just the summer for school age children 5 years of age and older

**Extended Care** Occurs when your child is in attendance before or after their "SCHEDULED TIMES" Early Drop off or Late Pick Up Fee are automatically charged at a rate of \$13.00/hour.

**Vacations** Families receive 1-week vacation after 1 year of full-time enrollment and 2-weeks after 2 years of full-time enrollment. A two-week notice is needed prior to Vacation.

**Full payment** is required for all CLOSED Days, Holidays, Emergency's, and Child Absent Days.

**CLOSED Days - Holidays**

- New Year's Day
- Memorial Day
- July 4th
- Labor Day
- Thanksgiving Day
- Thanksgiving Friday
- Christmas Eve
- Christmas Day

**Initials**

\_\_\_\_\_ I understand that I must give a 2-week emailed notice when unenrolling a child from care.

\_\_\_\_\_ All families are billed for all Center Closed Days. Holidays, State of Emergency Closings, All Absences, etc.

\_\_\_\_\_ When a holiday falls on a weekend, the center will be closed on the adjoining Monday or Friday.

\_\_\_\_\_ When a holiday falls on a Tuesday or Thursday the center will be closed the adjoining Monday or Friday.

\_\_\_\_\_ The undersigned hereby acknowledges receipt of this Parent Information Guide and Handbook. I have read and understood the policies and rules related to the enrollment of my child (ren) in Learning Zone. I understand that this Parents Information Guide Handbook is provided to me solely for the purpose of information and will be emailed to me.

\_\_\_\_\_  
Parent/Guardian Printed Name

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

**Child Times:** enter the times your will need to **drop off** and **pick up** your child, and total hours needed.

Child's Name	DOB	Monday-Thursday	Friday	Total hours

For example: you work 20 minutes away and your schedule is 7-3 you will need care from 6:30-3:30 = 9 hours of care needed

# Rates & Payment Schedule

## RECURRING PAYMENT PLAN AUTHORIZATION FORM

### Learning Zone Preschool and Childcare and GSRP

19615 Capital Ave NE, Battle Creek, MI 49017

Center (269) 589-6423 Fax (269) 282-0338

I authorize Learning Zone Preschool and Childcare, to initiate either an electronic debit, or create and process a demand draft against my Checking or Savings account for the purpose of collecting childcare related payments. I authorize LZPAC to withdraw enough funds to pay my regular childcare fees that are due and payable. I authorize LZPAC to use the third-party sender to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

#### Account Holder's Information

Last, First Name	Cell Phone
Address	City, State, Zip
Email Address	

#### Direct Withdraw from a Checking or Saving *no processing fee*

Name of Bank	____ Checking Account ____ Savings Account
Routing Number	Account Number

#### Direct Withdraw from a Credit Card *(additional 3% processing fee)*

Name on Card	Card Type
Card Number	Expiration Date

This authorization will remain in full force and effect until I notify LZPAC in a writing of its termination. Notification must be received 14 days in advance of a termination date.

Child's Name:	DOB:
Child's Name:	DOB:
Child's Name:	DOB:

\_\_\_\_\_  
Parent/Guardian Printed Name

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

Office:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> New Family Admission | <input type="checkbox"/> Email Classroom App   | <input type="checkbox"/> Health Appraisal |
| <input type="checkbox"/> Contract Billing     | <input type="checkbox"/> Email Welcome Letter  | <input type="checkbox"/> Immunizations    |
| <input type="checkbox"/> CACFP Tier: _____    | <input type="checkbox"/> Email Family Handbook | <input type="checkbox"/> Point of Service |



Child(ren)'s Name(s) (Last, First)

The Great Start Readiness Program Preschool is designed to provide academic, social and developmental experiences to help children have a successful beginning to their school life. The GSRP is funded by a grant from the State of Michigan through the Department of Education. Each school year, the Department of Education requires that each student entering the Readiness Program receive a developmental screening. This screening will provide information about the child's development and may identify areas for needed growth. The screening may also identify areas which will require additional intervention by school personnel in order to help ensure the child's success in school.

Please initial each item:

I give permission for my child, \_\_\_\_\_ to be screened for the Great Start Readiness Program.

I understand the purpose of the developmental screening is to provide information about my child's development.

I understand the screening materials and results will be stored in my child's permanent school record and may be viewed by school personnel for purposes of assessment of growth and evaluation.

I understand the person administering the screening is an employee of the Great Start Readiness Program and as such complies with all the mandated background checks.

I understand the screening results will be shared with me at a parent conference.

I understand the screening may reveal questions about my child's development. The teacher, program administrator and other persons who may be helpful will meet with me to discuss the questions and develop a plan of action should intervention be needed.

Parent name (Please Print) \_\_\_\_\_ Child's name (Please Print) \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

A written information packet has been provided at the time of enrollment. The packet included all the following information:

**GSRP Handbook which includes many of the following topics –**

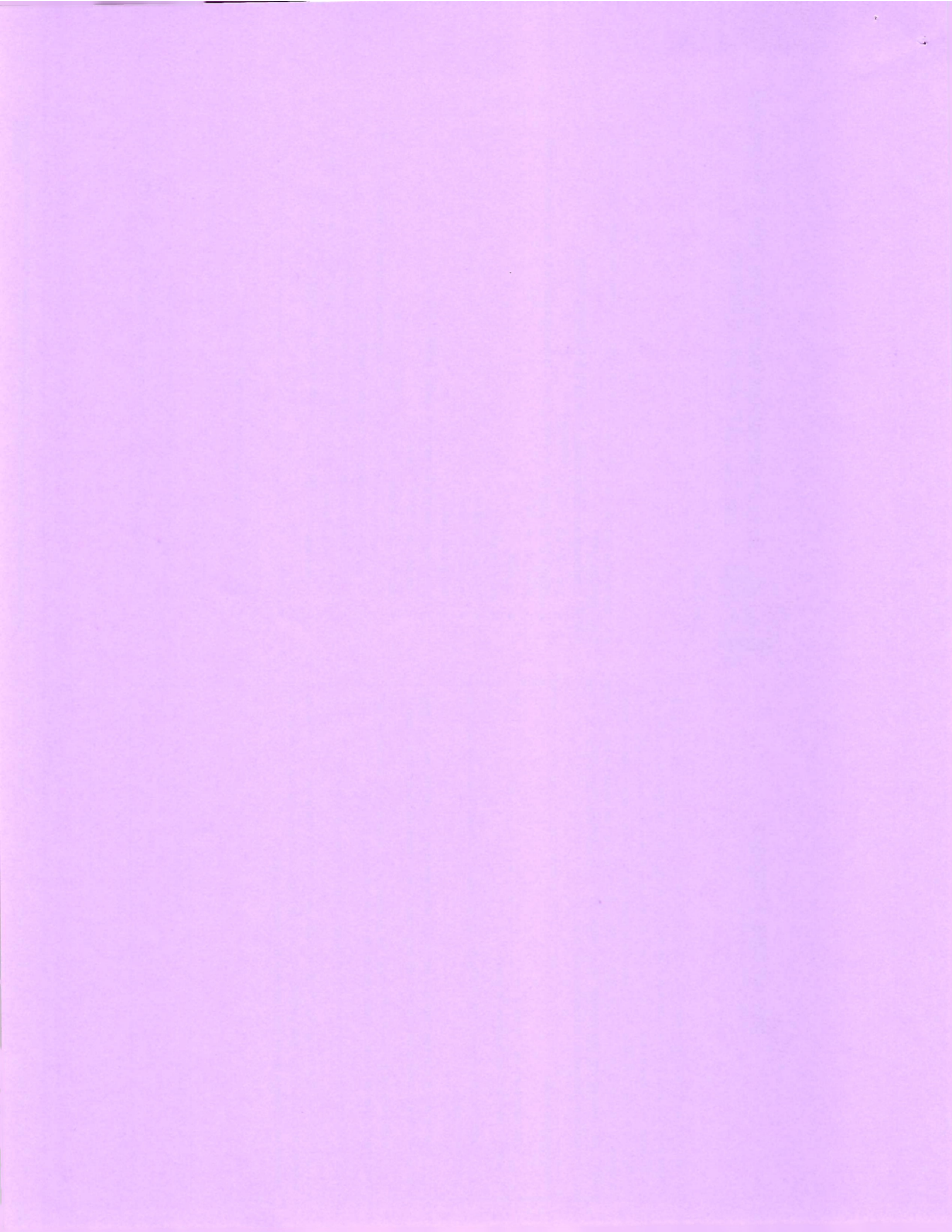
- Criteria for admission and withdrawal
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided
- Fee policy
- Discipline policy
- Food service program
- Program philosophy
- Typical daily routine
- Parent notification plan for accidents, injuries, incidents, illnesses
- Exclusion policy for child illnesses
- Notice of the availability of the center's licensing notebook
  - o The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010
  - o The licensing notebook is available to parents during regular business hours
  - o Licensing inspection and special investigation reports from at least the past two 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 and understand all of the above items

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

Note: A single form may be used for all children in the same family

*These materials were developed under a grant awarded by the Michigan Department of Education.*



**DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST**  
 Michigan Department of Health and Human Services  
 (Revised 4-22)

**COMPLETE THIS FORM IF YOU WOULD LIKE TO VOLUNTEER**

**IN A CLASSROOM or ATTEND A FILED TRIP or BE INVOLVED DURING BUSINESS HOURS**

Submit your request to Michigan Department of Health and Human Services fax 517-763-0280

**COPY PHOTO ID HERE**

**OR**

**EMAIL A CLEAR PICTURE TO**  
**LEARNINGZONEPAC@GMAIL.COM**

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

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared	Date
Maiden Name, Aliases, also known as (A.K.A)	Social Security Number	Date of Birth
Address	City	State    Zip Code
Phone Number	Email	
<input checked="" type="checkbox"/> I am completing this for myself. <input type="checkbox"/> I would like to pick up my results in _____ County (For Michigan Residents Only).		

**SECTION 2 – REQUESTER INFORMATION**

Check Appropriate Box

Employer                     
  Volunteer Agency                     
  Adoption/Foster Care Home Screening  
 Court/Law Enforcement/Department of Corrections/Prosecuting Attorney  
 Other

Name of Agency or Organization <b>Learning Zone Preschool</b>	Name of Requester <b>Amber Wood</b>
Address <b>19615 Capital Ave NE</b>	City                      State    Zip Code <b>Battle Creek                      MI                      49017</b>
Email <b>learningzonepac@gmail.com</b>	Fax                      Phone Number <b>269-282-0338                      269-589-6423</b>

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.

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# Child's Profile

Personal Profile About Your Child:

This form will be viewed by your child's teachers

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Todays Date \_\_\_\_\_

Allergies or Allergic to anything?
Special Needs or Accommodations?
Behavior Concerns?
Most liked foods?
Need Bathroom Help?
Favorite Item?
Addended previous childcare? Where?
Home life: who does child live with?
Pets in home?
Outstanding Concerns?
Additional Comments?

Please add any comments that may help us better understand your child. (Ex. Calming techniques etc.)

Office Use:

Start Date: \_\_\_\_\_ Child's Schedule: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_



