

# OKEMOS KIDS CLUB 2020-21 SCHOOL AGE REGISTRATION FORM

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

Time Received: \_\_\_\_\_

**\$55 non-refundable fee per child due with registration form.**

*If there are multiple FINANCIAL sponsors each sponsor must submit a registration form AND registration fee.*

**\*\*\*Drop off completed registrations at Edgewood (1826 Osage Drive Okemos, MI 48864)**

**OR email to [rebecca.stow@okemosk12.net](mailto:rebecca.stow@okemosk12.net).\*\*\***

**\*\*\*ALL REGISTRATIONS ARE SPACE PERMITTING FOR FULL WEEK CARE FROM AUGUST 26-OCTOBER 30\*\*\***

***OKC will provide morning and afternoon snacks, but your child MUST COME WITH A LUNCH EVERY DAY.***

**SCHOOL IN FALL 2020:**  BENNETT WOODS  OPM AT CENTRAL  CORNELL  HIAWATHA  CHIPPEWA/KINAWA

**GRADE IN FALL 2020:**  BEGD  KDG  1ST  2ND  3RD  4TH  5TH  6TH  7TH  8TH

CHILD'S LAST NAME FIRST NAME GENDER BIRTH DATE

ADDRESS CITY ZIP CODE

PARENT/LEGAL GUARDIAN PRIMARY PHONE # WORK PHONE # (if applicable)

EMAIL ADDRESS (will be used for invoices/reminders/messages)

PARENT/LEGAL GUARDIAN PRIMARY PHONE # WORK PHONE # (if applicable)

EMAIL ADDRESS (will be used for invoices/reminders/messages)

Does your child receive any special education services?  Yes  No Explain \_\_\_\_\_

Does your child have any special needs?  Yes  No Explain \_\_\_\_\_

## PHOTO RELEASE

*I give permission for my child to be photographed or videotaped during Okemos Kids Club activities. I understand that the photo/videotapes will only be used for informational/promotional purposes related to OKC or accrediting agencies and may appear on the OKC website.*

\*\*\*PLEASE INITIAL: \_\_\_\_\_  Yes  No

## PAYMENT OPTIONS

Bills are **EMAILED** to your specified primary email on the **10th of every month** or the following business day if the 10th falls on a weekend or holiday. They are always **due on the 25th of the month PRECEDING care**. Payment options are as follows:

- **Call** the OKC Office at 517-706-5023 to make credit card payments over the phone.
- **Mail** payments to OKC at **1826 Osage Drive, Okemos, MI 48864**.
- Use your **online account** through [www.daycareworks.com](http://www.daycareworks.com) to make payments, view current or previous statements, and more. The OKC Office will provide you with login information.

**I DO NOT** already have a card on file and would like to sign up for **AUTO-PAY**.

*I authorize Okemos Kids Club to charge my credit card for the full amount due on the 25th of each month. If the 25th falls on a holiday or weekend, I understand that payment will be charged on the following business day. **SIGN BELOW.***

\*\*\*SIGNATURE: \_\_\_\_\_

HOURS OF OPERATION: MONDAY-FRIDAY 7:15 AM-6:00 PM

(OFFICE USE ONLY) OKC INITIALS \_\_\_\_\_

# 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
Parent/Legal Guardian's Name			Home Phone (    )	Parent/Legal Guardian's Name (Optional)
Home Address (if not child's address)			Cell Phone (    )	Home Address (if not child's address)
City	State	Zip Code	City	State
Email Address (optional)			Email Address	
Employer Name			Work Phone (    )	Employer Name
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**

**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 \_\_\_\_\_ **Okemos Kids Club** \_\_\_\_\_, 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.	

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

# OKEMOS KIDS CLUB 2020-21 SCHOOL YEAR CHILD PLACEMENT CONTRACT

As of **August 26, 2020** the Okemos Kids Club agrees to provide services for:

PRINTED NAME OF CHILD

BIRTH DATE

## THE PARENT/GUARDIAN STIPULATES:

I have read and agree to comply with the policies stated in the Okemos Kids Club Parent Handbook. The parent handbook, as well as our Our COVID-19 Preparedness and Response Plan, can be found online at <http://www.okemosk12.net> > COMMUNITY > Okemos Kids Club.

I agree to pay the monthly payment of tuition as specified on the rate schedule established by Okemos Kids Club. I understand that **monthly invoices will be emailed** by the 10th of the month and payment is due in the Community Education Office by the 25th of the month preceding the month of care. I understand that a late payment fee of \$25 will be assessed on the 26th of the month if the tuition payment is not received by the 25th of the month.

I understand that failure to pay in full by the last day of the month preceding care will result in my child being removed from the program and that this will not relieve me of my obligation to pay any amount that is due. I also understand that if childcare payments are delinquent by 30 days my balance will be sent to a collections agency and I will be reported to a local credit bureau.

I understand that **I am registering and paying for FULL WEEKS of care from August 26-October 30** even if my child does not attend every single day. I understand that a five business day written notice to the OKC Office is required for a permanent drop and that there are no credits or refunds given for days when my child is absent or not in attendance. Parents are responsible for tuition whether or not the child attends during this five day period. Re-enrollment during the same year, space permitting, will require a new registration form and registration fee.

I understand that all registrations are **TENTATIVE** and **AS SPACE PERMITS** and that dates may be canceled or rooms may fill prior to the registration deadline as we navigate the COVID-19 pandemic. If Edgewood is closed, credits for previously made payments for affected dates will be issued and no additional tuition will be charged for the duration of the closure.

I agree to pay the **EARLY DROP OFF/LATE PICK UP FEE** of \$1/minute/child when my child is dropped off before 7:15 AM or picked up after 6:00 PM. After four occurrences, the rate will be \$5/minute per child. If there are 10 occurrences in a school year, I may be asked to seek alternate childcare arrangements.

I understand that all school year tuition must be paid in full before I can register for summer childcare.

These are our expected standards for enrollment in our school age programs: *Must be able to independently toilet, dress and meet personal needs daily.* I understand that my child will be required to independently toilet, dress and meet their own personal needs daily.

Upon signing this agreement, the parent, legal guardian or responsible adult and the childcare facility agree to abide by all of the provisions contained in this contract.

PARENT, LEGAL GUARDIAN, OR RESPONSIBLE ADULT

OKEMOS KIDS CLUB

SIGNATURE

SIGNATURE

PRINTED NAME

OKC TITLE

DATE

DATE

*Okemos Kids Club Registrar*

# OKEMOS KIDS CLUB STATEMENT OF GOOD HEALTH FORM

As the parent/guardian of \_\_\_\_\_, I attest to the following:

PRINTED NAME OF CHILD

1. My child is in good health.
2. I assume responsibility for my child's health while at Okemos Kids Club.
3. My child has obtained all immunization shots/boosters required by the State of Michigan, as well as any additional health requirements of Okemos Public Schools.
4. I will inform Okemos Kids Club of any changes in my child's physical health and/or emotional/psychological conditions, as well as any health restrictions, allergies, or medications.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## PARENT NOTIFICATION OF LICENSING NOTEBOOK REQUIREMENT

*Child Care Organizations Act, 1973 Public Act 116*

All child care 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 actions 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 [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

I have read the above statement issued by:

**OKEMOS KIDS CLUB**

NAME OF CHILD CARE CENTER

\_\_\_\_\_  
PRINTED PARENT NAME

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE