

PEAK West Intermediate Registration Form

Child's Last Name: _____ Child's First Name: _____ M/F: _____

Date of Birth: ____ / ____ / ____ School: _____ Teacher: _____ Grade: _____

Primary Guardian: _____

Secondary Guardian: _____

Email: _____

Email: _____

Address (required): _____

Address (required): _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: (____) _____

Primary Phone: (____) _____

Secondary Phone: (____) _____

Secondary Phone: (____) _____

Child's Race* (select all that apply): American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Pacific Islander White

Child's Ethnicity*: Hispanic or Latino Not Hispanic or Latino

**This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.*

Dates	Rate
Total: (Cash or Check Only Please)	

- I, the undersigned, parent/guardian having legal guardianship of said minor, give permission to attend any of the PEAK After School activities. Said minor is physically and mentally prepared to participate in all activities as described for said program. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities for which I have given my permission and, thereby, will not hold the PEAK Program, Mt. Pleasant Parks and Recreation, or Mt. Pleasant Public Schools liable for any injuries incurred during these activities.
- I do hereby grant permission for photos and/or videos of my/our child to be used by the PEAK Program and Mt. Pleasant Parks and Recreation for promotional and educational purposes.
- I do hereby grant permission for my/our child to participate in PEAK Program surveys and program evaluations.



Parent or Guardian Signature Required for Enrollment

Date

For Office Use Only: Cash/Check #: _____ RecTrac Receipt #: _____ Parent Packet Issued:

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.

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
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. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

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 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	

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Child Immunization Documentation

Child's Name

Date of Birth

- My child is a student at Mount Pleasant Public Schools or Renaissance Public Academy and his/her immunizations are up to date and records are on file at his/her school.
- My child is NOT a student at Mount Pleasant Public Schools or Renaissance Public Academy and his/her immunizations are up to date and I will provide a copy of his/her immunizations to PEAK.
- I am exercising my option to refuse immunizations and am providing a certified State of Michigan Immunization Waiver Form with a revision date of January 1, 2015, which includes the county health department stamp and signature of the authorizing agent.

Confirmation of Good Health

Parents/Guardians of school-age children shall provide a signed statement that the child is in good health. Activity restrictions shall be noted below. Also, please identify any special needs and/or information you would like to communicate to staff as it relates to your child participating in PEAK. Please check all that apply to participant:

- | | |
|--|--|
| <input type="checkbox"/> Allergies (specify) | <input type="checkbox"/> Down's syndrome |
| <input type="checkbox"/> Asperger's Disorder | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Behavioral Disorder | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Diet Restrictions (specify) | <input type="checkbox"/> Other (please specify) |

If none, please state "None".

Signature of Parent/Guardian

Date

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Human Services

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 action plans.
- The notebook will be available to parents for review 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.

SCHOOL PLAYGROUND

Children attending school-age child care programs operating in school buildings approved by the Michigan Department of Education are allowed to use the school's outdoor play area. The school play area and equipment is not required to comply with child care licensing rules.

CENTER POLICIES & EXPECTATIONS

I have been provided with a copy of the PEAK program policies and expectations. Online access is also available at www.mt-pleasant.org/PEAK.

SUNSCREEN

I give permission for PEAK staff to assist my child with the application of sunscreen (that I have provided) throughout the day. Sunscreen will not be applied to broken skin or if a skin reaction has been observed. Sunscreen bottles must be labeled with the child's name.

TRANSPORTATION

I agree to allow my child to be transported by Mt. Pleasant Public School buses or I-Ride as part of off-site field trip transportation. Parents will be given prior notification of all field trips. In case of emergency, children may be transported to a safe site using above MPPS or I-Ride buses.

Please sign below to indicate that you have read and understand the above statements.

I have read the above statement issued by the _____ The PEAK Program

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____ Date _____