

Schools Out! Registration Form

Primary Guardian(s) _____

Secondary Guardian _____

Email _____

Email _____

Address (required) _____

Address (required) _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____

Home Phone (_____) _____

Work Phone (_____) _____ Ext. _____

Work Phone (_____) _____ Ext. _____

Emergency Phone (_____) _____

Emergency Phone (_____) _____

Cell Phone (_____) _____

Cell Phone (_____) _____

I reside within the City Limits

I do not reside within the City Limits

Where did you hear about the program for which you are registering? _____

Activity Code required on all registrations where applicable									1104111
Participant Full Name	M/F	Current Grade (18/19)	(mm/dd/yy) Date of Birth	School	Shirt Size	Activity Code	(+) Activity Fee	(-) Resident Discount	Activity Total

Known special needs and/or allergies (specify participant's name): _____

Persons with disabilities needing assistance to participate may call the Parks and Recreation office at 989-779-5331. A seven day advance notice may be necessary for accommodation. Persons requiring speech or hearing assistance may contact the City through the Michigan Relay Center at 1-800-649-3777.

LIABILITY WAIVER

I/we, the undersigned, do hereby agree to allow the above-named to participate in the activity indicated. I am/we are aware of and understand there may be potential risks inherent with participating in any recreation activity, and that the City of Mt. Pleasant does not provide accident insurance. I/we assume all risks and hazards incidental to such participation, including transportation to and from the activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless Mt. Pleasant Parks and Recreation, its officers, staff, and their agents for all claims, injuries, liabilities, damages or right of action directly or indirectly arising out of use of Mt. Pleasant Parks and Recreation facilities, equipment and/or participation in Mt. Pleasant Parks and Recreation activities. I/we also waive any rights/damages that may occur in result of photographs/videos of the events/activities offered through this department. In the event of an emergency, I authorize Mt. Pleasant Parks and Recreation staff to obtain medical treatment for the above-named participants.

Participant/Parent/Guardian Signature (REQUIRED) _____ Print Name _____ Date _____

RETURN TO: MT. PLEASANT PARKS & RECREATION, 320 W. BROADWAY, MT. PLEASANT, MI 48858

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	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 _____