

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 <u>PEAK Program</u> _____, 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 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 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"/> Vision Impairment |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Diet Restrictions (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 _____

**CITY OF MT. PLEASANT
HOLD HARMLESS AGREEMENT AND WAIVER**

A. I agree that I and all other participants and/or persons in my family involved in any way in the program and/or use of City of Mt. Pleasant shelters and facilities will fully comply with all federal, state, county and City of Mt. Pleasant laws, ordinances, codes, rules, regulations, current executive orders and/or emergency orders, and to strictly follow the protocols as directed by the Centers for Disease Control and Prevention (CDC), the United States Department of Labor Division of Occupational Safety and/or the Michigan Department of Health and Human Services, arising from, addressing, or related to COVID – 19 and/or any other threats to public health.

B. I agree that I am fully and personally responsible for mine and all other participants' own safety and actions while and during participation in the program and/or use of City of Mt. Pleasant shelters and facilities and I recognize that we may be at risk of contracting COVID-19.

C. With full knowledge of the risks involved, I hereby release, waive and discharge, the City of Mt. Pleasant, its officials, officers, employees, independent contractors, volunteers, agents and representatives from any and all liabilities, claims, demands, actions and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury or death that may be sustained by me and/or all other participants related to COVID-19 while and during participation in the program and/or use of City of Mt. Pleasant shelters and facilities that may lead to unintentional exposure or harm due to COVID-19.

D. I agree to indemnify, defend and hold harmless the City of Mt. Pleasant, its officials, officers, employees, independent contractors, volunteers, agents and representatives against any and all costs, expenses, damages, lawsuits and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released part(ies) due to injury, loss or death from or related to COVID-19.

E. I agree that the releases, waiver and indemnities set forth, apply equally to any and all claims, loss, damage, cost and/or expense arising from, related to my use, my guest's use, or any participant's, spectator's or other persons failure to comply therewith or otherwise related to exposure during or in connection with the permitted event or facility use.

F. I agree that effective physical distancing and proper hygiene can be only be accomplished through personal responsibility and it is each person's individual duty to protect themselves, their families in the community, and doing so is the sole responsibility of myself, participant (if other than me), the other participants and the other parties involved in the program or facility rental, not the responsibility of the City of Mt. Pleasant, its officials, officers, employees, independent contractors, volunteers, agents or representatives.

SIGNATURE

PRINTED NAME

DATE