**CHILD INFORMATION RECORD**

State of Michigan Department of Human Services - Bureau of Children and Adult 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** Date of Admission  **Use Only:** | | | 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 |
| Father/Legal Guardian’s Name | | Home Phone  **( )** | | Mother/Legal Guardian’s Name | | | 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 (optional) | | | |
| 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. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13. **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. | | | | ( | ) |

|  |  |
| --- | --- |
| I give permission to , licensed by the Department of Human Services  (Provider’s Name)  to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. | |
| 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 |
|  |  |  |  |  |  |  |  |
| 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. | | | | | | AUTHORITY: 1973 PA 116  COMPLETION: Required PENALTY: Rule Violation Citation. | |

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**Red Raider Care Contract**

I understand that Red Raider Care is only open on days that Marlette Elementary School is open.  This means that it will be closed on Snow Days, holidays, delays, and any other days the school is closed.

I understand that my child's attendance schedule is due for the week by the previous Friday.  This schedule may be turned in using our online scheduling tool or in person to Red Raider Care staff.   If I need to make changes to this schedule, I will need to email the Red Raider Care Director, Tiffany Brooks, at least 24 hours in advance.  I understand that if I do not submit the changes 24 hours in advance, Red Raider Care may not be able to accommodate my request.

I understand that it is my responsibility to keep my child's information updated with Red Raider Care.  This includes the list of adults I trust to pick up and drop off my child.  I understand that Red Raider Care will only release my child to the adults I have approved.

I understand and agree to all of the policies and information listed in the Red Raider Care Family Handbook.

I understand that if I or my child do not follow Red Raider Care rules and policies, we will be contacted by the Red Raider Care Director and the building principal.  If we continue not to follow rules and policies, we may not be able to return to Red Raider Care.

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand and agree to all of the above statements and the information included in the Red Raider Care Family Handbook.  I agree to follow Red Raider Care rules and policies.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Red Raider Care Director Date**

**Red Raider Care Payment Agreement**

**Hourly Rate Per Child:**

* The cost of Red Raider Care is $4.00 an hour per child.
* Cost is figured to the nearest 15 minutes.

**Payment Schedule:**

* Payment for each week is due by the previous Friday.  If payment is not received by the previous Friday, your child may not attend Red Raider Care for the week.
* If you need to make a last minute schedule change, payment is due as soon as the Red Raider Care Director approves the change.

**Late Pick Up:**

* If your child is picked up after the time you scheduled, payment for the additional time is due at the time of pick up.
* If your child is picked up after Red Raider Care closes at 6:15 p.m., you will be charged a $5.00 late fee for every 5 minutes until your child is picked up.

**Refund Policies:**

* Absences must be reported to the Red Raider Care Director 24 hours in advance in order to receive a refund.
* You will receive a refund for school closing, such as snow days and early dismissals.
* Refunds will be applied to your next week of care.  If you would prefer to receive your refund a different way, you will need to notify us.

**Payment Methods:**

* Payments can be made using cash or check in person to Red Raider Care staff or online using Skyward.

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand and agree to this Payment Policy.  I understand that if I do not follow this policy, my child will not be able to attend Red Raider Care.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Red Raider Care Director Date**

Red Raider Care Health Declaration

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, state that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is in good health and able to attend Red Raider Care.  An up to date copy of my child's immunizations are kept on file in the Marlette Elementary School office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature                                                   Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_

Director Signature                                                                    Date

Red Raider Care Photo Release Form

\_\_\_\_\_\_\_ Yes, I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be photographed at Red Raider Care.  These photos can be posted in the school and online, including Facebook and the Red Raider Care website.  The newspaper may also use photos of my child.

\_\_\_\_\_\_\_ Yes, I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be photographed at Red Raider Care.  However, I do not want photos of my child posted online or in the newspaper.

\_\_\_\_\_\_\_ No, my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, cannot be photographed at Red Raider Care.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature Date