



SAINT PATRICK SCHOOL
TO KNOW GOD, TO LOVE GOD, TO SERVE ALL

Before/After Care Registration 2018-2019

This program is designed for children Kindergarten through 8th grade

Family Name (Parents/Guardians)

Home Phone	Cell Phone	Email Address
dress	City	Zip Code

Child/Children First name	Child's current grade	Nickname
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Before/After Care Needs -

Available Mon through Fri: 7:00 am -7:40 am and 3:15-6:00 pm
\$5.00/hr for 1 child \$8.00/hr for 2 children \$10.00/hr for 3 or more children

_____ **Will use care on a regular basis** **Start Date** _____

Please fill out, being as specific as possible with the days and times
(*l.e.* M, W, F Before-7:30/After- 4:15; T, Th – not needed).

Mon: _____ Tues: _____ Wed: _____
Thurs: _____ Fri: _____

_____ **Will only use occasionally** (emergencies, sport season, etc.)

One time registration fee

\$50.00 per family

This fee is due at time of sign-up--Please make checks out to St. Patrick School

By signing this Registration, I agree to all the policies and procedures established by Saint Patrick School and its Child Care Program. I further agree to sign my child(ren) in and out daily. I understand this agreement may be changed or cancelled with two (2) full weeks' written notice. I agree to pay the rates set forth above for Child Care. I am the parent or legal guardian of the child(ren) I am enrolling and I understand that it is my responsibility to keep all information, authorization, required forms, and health records pertaining to my child(ren) current and up to date.

Signature: _____ **Date:** _____



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PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Licensing and Regulatory Affairs

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 Community and Health Systems website at www.michigan.gov/michildcare.

I have read the above statement issued by St. Patrick Parish Child Care

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____

Date _____



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WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs Bureau of Community and Health Systems

Child(ren)'s Name(s) (Last, First):	Center Name: St. Patrick School
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A written information packet has been provided at the time of enrollment. The packet included all the following information:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
 - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
 - The licensing notebook is available to parents during regular business hours.
 - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at www.michigan.gov/michildcare.
- Other _____

I certify that I received all of the above items.

Parent/Guardian Signature

Date

Note: A single form may be used for all children in the same family.



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St. Patrick School Health Maintenance Record

*Please complete one for each child

Currently, _____ is in good health.

My child's immunizations are up to date and on file at St. Patrick School:

YES NO

If no, do they have an appropriate signed waiver on file at St. Patrick School?

YES NO

Please list any health concerns or activity restrictions that may influence your child's participation _____

Does your child have any known allergies? YES NO

If yes, please list:

Is your child currently taking any regular medications? YES NO

If yes, please list medication and dosage:

Please note: If your child will be taking medications during Before and After Care hours, we must have a medical release that has been signed by your family physician on file.

Parent Signature: _____ Date: _____