

Light of the World Before & After School Care Registration

The information on this form is required by the State of Michigan to be on record with the child care provider.

Print full name(s) of all child(ren) attending LOTWA:	2016/2017 Teacher	Date of Birth:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A. Fees

Participants in the before and after care program will be invoiced at the beginning of the month for the previous month's care

AM Session: 6:45 am until start of school - \$7.00 per session per child

PM Session: End of school, pick up no later than 5:00 pm - \$7.00 per session per child

End of school, pick up no later than 6:00 pm - \$10.0 per session per child

B. Statement of Child(ren's) Health and Immunizations

I state that my child(ren):

Is/are free from health conditions which could pose a risk to other children and adults.

Has no limitations or special needs regarding participation in daily activities.

Has a health or handicapping condition which could pose a risk to my child in care and I have attached a statement indicating the limits of participation of any special needs or treatment while in care.

My child(ren) has completed or is in progress of receiving immunizations as a booster as recommended by the Department of Public Health.

Yes

No, Specify reason (Religion or explain other) _____

C. Receipt of School Enrichment Program Handbook

I hereby certify that I have received a copy of the discipline policy that this child care program will be using for my children.

D. Food Provision

It is agreed that I, _____, the parent/guardian, will be providing food

(printed parent/guardian name)

for my child(ren) while s/he is in the LOTWA Before & After School Program

(2 page form, NEXT PAGE to SIGN)

Light of the World Before & After School Care Registration (continued)

E. Allergies

My child(ren):

Has/have NO Allergy(s)

Has/Have Allergy(s). Please specify the student and his/her allergies.

Student: _____ Allergies: _____ Allergy Action Plan? YES NO

Student: _____ Allergies: _____ Allergy Action Plan? YES NO

Student: _____ Allergies: _____ Allergy Action Plan? YES NO

F. Licensing Notebook

I hereby certify that I am aware LOTWA Before & After School Care Program maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.

I hereby certify that I am aware the notebook will be available to parents for review during regular business hours.

G. Permission to Release Student

I am aware Licensing inspection and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

I understand that my student(s) will only be released to a parent/guardian or adult(s) designated in writing by a parent/guardian.

Other adults my child may be released to:

Name:

Relationship:

Phone:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Adults legally EXCLUDED from picking up my child (custody orders must be on file in the CSA & SEP Office):

Name:

Relationship:

Phone:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature (applies to A,B,C,D,E,F & G above)

Date

Parent Contact Numbers:

Name: _____

Name: _____

Phone: _____

Phone: _____