Child’s name_________________________________________ DOB ______

_____ Enrollment Form

_____ Enrollment Information

_____ Statement of Health

_____ Child Information Card

_____ Child Placement Contract

_____ Written Information Packet Documentation

_____ $15 Registration Fee

_____ Approved by
CHILD ENROLLMENT FORM -

Instructions:
1. List full name of children enrolled in care
2. Circle the typical days each child is in care
3. Circle times each child is in care
4. Circle the meals and snacks each child typically receives while in care
5. Select the ethnicity of each child using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino*
6. Select one or more racial designations of each child using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White*
7. Sign and date the form and return to: CHILDREN'S CORNER

ADDRESS: ____________________________

CITY OF BIRTH: _______________________

<table>
<thead>
<tr>
<th>Child's First and Last Name</th>
<th>Days in Care (circle all that apply)</th>
<th>BIRTH DATE</th>
<th>Times in Care</th>
<th>Meals/ Snacks Received (circle all that apply)</th>
<th>Ethnicity</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>WH CC BH LH-PRE K 1 2 3 4 5 6</td>
<td>Mon Tues Wed Thu Fri</td>
<td>A.M. 6:00-8:30 P.M. 3:30-6:00 PRESCHOOL</td>
<td>Breakfast AM Snack PM Snack</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WH CC BH LH-PRE K 1 2 3 4 5 6</td>
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<td>Breakfast AM Snack PM Snack</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Parent/Guardian ____________________________ Date _______________________

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.
GREENVILLE PUBLIC SCHOOLS  
CHILDREN'S CORNER  
PRESCHOOL-SCHOOL AGE CHILD CARE  
ENROLLMENT AGREEMENT  
Child Information

Child's Name

Birth date:                               Home Phone:

Address                                      City           zip

Father's Name:                             Father's Phone

Mother's Name:                             Mother's Phone

Emergency Names & Phone Numbers

Physician                                   Phone

Friend/Relative#1                          Phone

Friend/Relative#2                          Phone

Friend/Relative#3                          Phone

Acceptance of this enrollment form assures your child a place in Children's Corner Child Care Program. In return, we expect that you will honor your enrollment unless you move from the district or come upon some extraordinary circumstance.

In the event my child needs to withdraw from the program, I will give a one week notice or pay for that time. I have read the Parent Handbook and agree to abide by these policies. I agree to honor this enrollment as described above and pay fees on the first of the week.

Parent/Legal Guardian

Date                                          12/17
CHILD #1

GREENVILLE PUBLIC SCHOOLS
CHILDREN'S CORNER

STATEMENT OF HEALTH

CHILD'S NAME

CHILD'S REGULAR SCHOOL

AGE ___________ GRADE ___________

My child is in good health with activity restrictions noted:

My child's immunizations are up-to-date.
My child's immunization record or appropriate waiver is on file with my child's school.
I assume responsibility for the state of my child's health while in this program.
The Children's Corner Director has my permission to check/copy the health form if necessary (State law requires that the Health form and/or this statement be on file at the site.)
Dated ___________ Parent/Guardian signature ___________

R400.5305(1) 12/17

CHILD #2

GREENVILLE PUBLIC SCHOOLS
CHILDREN'S CORNER

STATEMENT OF HEALTH

CHILD'S NAME

CHILD'S REGULAR SCHOOL

AGE ___________ GRADE ___________

My child is in good health with activity restrictions noted:

My child's immunizations are up-to-date.
My child's immunization record or appropriate waiver is on file with my child's school.
I assume responsibility for the state of my child's health while in this program.
The Children's Corner Director has my permission to check/copy the health form if necessary (State law requires that the Health form and/or this statement be on file at the site.)
Dated ___________ Parent/Guardian signature ___________

R400.5305(1) 12/17
**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.

<table>
<thead>
<tr>
<th>For Provider Use Only:</th>
<th>Date of Admission</th>
<th>Date of Discharge</th>
<th>Child's Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Child (Last, First, Middle Initial)</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Address (Number and Street, Building/Apartment Number)</td>
<td>Parent/Legal Guardian's Name</td>
<td>Home Phone</td>
<td>Parent/Legal Guardian's Name (Optional)</td>
</tr>
<tr>
<td></td>
<td>Home Address (if not child's address)</td>
<td>Cell Phone</td>
<td>Home Address (if not child's address)</td>
</tr>
<tr>
<td></td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Email Address (optional)</td>
<td></td>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Employer Name</td>
<td>Work Phone</td>
<td>Employer Name</td>
<td>Work Phone</td>
</tr>
<tr>
<td>Name of Child's Physician or Health Clinic</td>
<td>Physician's or Health Clinic's Phone Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Preferred for Emergency Treatment (optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BCAL-3731 (Rev. 7-18) Previous edition 5-17 may be used. 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 [signature], licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment 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

---

<table>
<thead>
<tr>
<th>Date Card Reviewed</th>
<th>Parent or Legal Guardian Initials</th>
<th>Date Card Reviewed</th>
<th>Parent or Legal Guardian Initials</th>
<th>Date Card Reviewed</th>
<th>Parent or Legal Guardian Initials</th>
<th>Date Card Reviewed</th>
<th>Parent or Legal Guardian Initials</th>
</tr>
</thead>
</table>

LARA is an equal opportunity employer/program.

BCAL-3731 (Rev. 7-18) Previous edition 5-17 may be used.
CHILDREN'S CORNER
712 N. WALNUT ST. - 225-1000 X 8700; 8741
12420 LINCOLN LAKE RD. - 225-1000 X 8839
821 W. OAK ST. - 225-1000 X 8581
GREENVILLE, MI 48838

CHILD PLACEMENT CONTRACT

PART 1: CONTRACT PROVISIONS PROVIDED BY CHILD CARE FACILITY:
Children's Corner, as a licensed child care facility, will provide the following provisions of the Michigan
Administrative Code:

R400.8110 Licensee.
Rule 110. (1) The Licensee shall do all of the following:
(a) Be of good moral character
(b) Be suitable to meet the needs of children.
(c) Comply with requirements for criminal history check, criminal background check, and check for history
of substantiated abuse and neglect for all staff and volunteers.

(2) A licensee shall have administrative capability to operate the center in order to provide the services and
facilities that are conducive to the welfare of children.

R400.8125 Staff and Volunteers
Rule 125. (1) All staff and volunteers shall provide appropriate care and supervision of children at all times
(2) All staff shall be of responsible character and suitable to meet the needs of children.
(a) A written screening policy for all staff and volunteers, including parents shall be developed and
implemented.

R400.8179 Program.
Rule 106. (1) A center shall implement a program plan which includes daily learning experiences appropriate to
the developmental level of the children. Experiences shall be designed to develop all of the following:
(a) Physical development, including large and small muscle activities.
(b) Social development, including communication skills.
(c) Emotional development, including positive self-concept.
(d) Cognitive development.

(2) The center shall provide a flexible balance of all the following experiences:
(a) Quiet and active.
(b) Individual, small groups and large groups.
(c) Large and small muscle activities.
(d) Child initiated and staff initiated.

(3) Developmentally appropriate experiences shall be designed so that throughout the day each child has
opportunities to do all the following:
(a) Feel successful and feel good about him/herself and develop independence,
(b) Practice social interaction skills.
(c) Use materials and take part in activities which encourage creativity.
(d) Learn new ideas and skills.
(e) Participate in imaginative play.
(f) Participate in developmentally appropriate language and literacy experiences.
(g) Participate in early math and science experiences.
(h) Be physically active.
CHILDREN'S CORNER CHILD PLACEMENT CONTRACT CONT.

(4) A school-age program shall supplement the areas of development not regularly provided for during the school day.

(5) A typical daily routine shall be posted in a place visible to parents.

(6) When media are used with children 2 years of age and older, all of the following apply:
   (a) Activities shall be developmentally appropriate.
   (b) Interactive media shall be used to support learning and to expand children's access to content and shall be suitable to the age of the child in terms of content and length of use per session.
   (c) Media with violent or adult content are prohibited which children are in care.
   (d) Use of non-interactive media shall not exceed 2 hours per week per child.
   (e) When media are available for children's use, other activities shall also be available to children.

(7) Parents may visit the program during hours of operation for the purpose of observing their children.

(8) A center operating with children in attendance for 3 or more continuous hours per day shall provide for daily outdoor play, unless prevented by inclement weather conditions.

(9) A center shall provide each child under school age in attendance for 5 or more continuous hours a day with an opportunity to rest. A cot or a mat of appropriate size shall be provided.

(10) Center will provide reasonable accommodations unless the accommodation would fundamentally alter the program, pose a direct threat to the child or others, or otherwise impose an undue burden on the center.

PART 2: PARENT AGREES TO THE FOLLOWING:
* to pay a $15.00 nonrefundable registration fee per family per year.
* to pay all fees between Monday-Wed., a.m. For the upcoming week. Late payment charge is $10.00 per week. There is a $20.00 charge for non sufficient funds.
* to pay for the number of days signed up for unless one (1) week notice is given.
* We require 2 or more days each week. A waiting list will be maintained.
* No discount is given for illness(unless 3 consecutive class days) or change of plans.
* CHANGE OF SCHEDULE form must be completed for appointments, p.m. pickups, etc.
* Credit will be given if Center is canceled.
* Any payment overdue for 1 week or more will be cause for dismissal from Center.
* To pay late pick-up fee as follows: $15.00 for each portion of 15 minutes late after 6:00. ($15.00 from 6:00-6:16; $30.00 from 6:15-6:30 etc.). Each charge will be per family per occurrence and will be billed to statement of parents.

*My/our child is in good health, immunizations are up-to-date, and my child can participate in all activities at Children's Corner. I assume responsibility for the state of his/her health while in this program. I will provide outdoor clothing, tennis shoes, change of clothing, blanket for rest time.

* Be advised that the 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 the past two years are available on the Bureau of Children and Adult licensing website: www.michigan.gov/michildcare.

4/15
PART 3: CHILD PLACEMENT CONTRACT FORM

CHILDREN'S CORNER agrees to provide child care services for the following named children:

Name of Parent: __________________________ Home phone: __________________________

Address: __________________________ Work Phone: __________________________

Name of Children: School Birth Date Grade

------------------------------------------------------------------

------------------------------------------------------------------

* FIELD TRIP: I hereby give my permission to Children's Corner for the above named child(ren) to be transported in a vehicle and/or participate in field trips.

* PHOTOS: I hereby grant GPS permission to take my child's picture. These pictures could be used in advertising, or publicity press releases.

*I/we have read the Parent Handbook at www.greenville.k12.mi.us; Department-Children's Corner and this Child Placement Contract and agree to abide by these policies.

Upon signing this agreement, the parent, legal guardian or responsible adult and the child care facility agrees to abide by all the provisions contained in this contract.

In witness whereof, the parties hereto have executed this contract as of the date:

Parent/Legal Guardian or Responsible Adult

(Signature)

(Printed Name)

(Relationship to Children)

(Dated)

RESIGN:

REDATE:

RESIGN:

REDATE:

RESIGN:

REDATE:

CHILDRN'S CORNER

BY:

(Signature)

DIRECTOR

(Dated)

04/16
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 routines.
- 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 26, 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 BCAL-4340 form may be used for all children in the same family.