

**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](http://www.michigan.gov/michildcare).

I have read the above statement issued by \_\_\_\_\_ .  
Name of Child Care Center

Child(ren)'s Name(s) \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

LARA is an equal opportunity employer/program.

# 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.

<b>For Provider Use Only:</b>		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. 7-18) Previous edition 6-17 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 \_\_\_\_\_, 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 \_\_\_\_\_

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 Citation.	

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**SWIMMING PERMISSION FOR CHILDREN**

I give permission for my child \_\_\_\_\_ (child's name) to swim with the Midland Community Center Preschool and Childcare.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



**SUNSCREEN PERMISSION**

I give permission to the Midland Community Center Preschool and Childcare to apply sunscreen to \_\_\_\_\_ (child's name) who is over 6 months of age.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



**FIELD TRIPS**

I give permission for \_\_\_\_\_ (child's name) to participate in field trips with the Midland Community Center Preschool and Childcare.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



**CONSENT TO USE NAME, PHOTOGRAPH AND CREATED WORKS**

I, the undersigned, being over 18 years of age, give permission for the name, photograph, and/or created works of my child \_\_\_\_\_ (child's name) to be published by the media. This may include publications used by the Midland Community Center to promote its programs.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



**PARENT HANDBOOK**

I \_\_\_\_\_ was given a copy of the Midland Community Center Preschool and Childcare Parent Handbook.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



## Midland Community Center School Age Health Appraisal

My Child \_\_\_\_\_, is physically able to participate in all activities at Midland Community Center Quality Time Program.

Exceptions may include:

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Parent Signature                      Parent's Printed Name                      Date

I certify that my child's immunization records/or waivers are up to date and currently on file with \_\_\_\_\_ Elementary School.

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Parent Signature                      Parent's Printed Name                      Date

**WRITTEN INFORMATION PACKET DOCUMENTATION**  
Michigan Department of Licensing and Regulatory Affairs  
Child Care Licensing Bureau

<b>Child(ren)'s Name(s) (Last, First)</b>	<b>Facility's Name and License Number</b>
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A written information packet has been provided at the time of enrollment. The packet included all the following information (*R 400.8146 (1-2)*):

- 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, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- 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 for the last 5 years.
  - The licensing notebook is available to parents during regular business hours.
  - Licensing inspection and special investigation reports, and corrective action plans from at least the past 3 years are available on the department's website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).
- Other \_\_\_\_\_

I certify that I received all of the above items.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Note:** A single CCL-4340 form may be used for all children in the same family.

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