



Camp checklist

- Child Information Record
- Permission slip signatures (6 signatures required)
- School age health appraisal
- Get to know you sheet
- Code of Conduct signature required
- Parent notification of Licensing Notebook signature required
- Medication permission and instructions (if applicable)
- Calendar filled out for the month
- Deposit for camp, \$150.00

Forms will be given if requested are:

- DHHS/sliding fee forms
- Custody arrangements

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.

For Provider Use Only:		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
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:	
<input type="checkbox"/>	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 SCHOOL AGE CHILDREN (5 TO 12 YEARS)

I give permission for my child _____ (child's name) to swim with the Greater Midland North Family Center Operation Fun Program.

Parent/Guardian Signature _____ Date _____

SUNSCREEN PERMISSION FOR SCHOOL AGE CHILDREN (5 TO 12 YEARS)

I give permission to the Greater Midland North Family Center to apply sunscreen to (child's name) _____.

Parents/Guardians Signature _____ Date _____

FIELD TRIPS PERMISSION

I give permission for my child _____ to participate in field trips with Greater Midland North Family Center

Field trips could require walking off campus, taking public transportation off campus and participating in activities off the campus of North Family Center

Parent/Guardian Signature _____ Date _____

CONSENT TO USE NAME, PHOTOGRAPH AND CREATED WORKS

I, understand, being over 18 years, give permission for the name, photograph and/or created works of my child _____ to be published by the media. This may include publications used by Greater Midland North Family Center to promote its programs and services.

Parent/Guardian Signature _____ Date _____

PARENT HANDBOOK

I, _____ received and reviewed a copy of the Greater Midland North Family Center Parent Camp Handbook.

Parent/Guardian Signature _____ Date _____

CONSENT TO USE BUG SPRAY FOR AGE CHILDREN (5 TO 12 YEARS)

I give permission to the Greater Midland North Family Center to apply bug spray to (child's name)

_____.

Parents/Guardians Signature _____ Date _____

Greater Midland North Family Center School Age Health Appraisal

My Child _____, is physically able to participate in all activities at Greater Midland North Family Center Operation Fun Program.

Exceptions may include:

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 _____



Please spend a few minutes filling out this questionnaire so we can get to know your child.

Child's Name: _____

Nickname(s): _____

Siblings: (names and ages)

Pets: _____

Favorite Foods: _____

Least Favorite Foods: _____

Favorite

Activities/Interests: _____

Fears:

Does your child have any special needs, emotional or physical, that our staff should be aware of so that we can best serve your child?

Any recommendations as to how you handle your child's special needs?

(Use other side of paper if necessary to explain)

Thank you for taking the time to teach us about your child.



Code of Conduct

- Common courtesy (Please, thank you, no thank you, etc.)
- Always be kind (show respect for others feelings, bodies, belongings at all times)
- No name calling
- No bullying
- No fighting
- Keep hands, feet, fingers and toes to oneself
- When inside (not in the gym) use walking feet
- Obscene/inappropriate language, gestures and/or behavior will not be tolerated
- Children must remain in supervised area. Children must ask to leave supervised area or be accompanied by staff member. Ask before leaving to use restroom, getting personal items etc.
- Everyone is responsible for cleaning their own mess. We put away what we get out and help others.

If the above rules are not observed the following could occur.

- Child will be redirected
- Child will be spoken to one on one by staff
- Child can be provided with an alternative activity when reasonable and/or provided a cool off period
- Parents/guardians will be informed
- Severity of behavior could result in the child being sent home for the day, temporary suspension or permanent suspension
- Severity of behavior could result in skipping some/all of the above steps and contacting parents/guardians immediately for pick-up of suspension

Our team will take all reasonable measures before making the decision to separate a child from our program.

I _____ Parent/Guardian _____

Have read and understand the behavior expectations for my child while participating in Greater Midland North Family Center's Summer School Age Program.

Signature _____ Date _____

Essential Agreement

I understand and agree to follow the rules. Child Name _____

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 _____
Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.

Child's name _____

Operation Fun Program June 3rd through June 28th, 2024

Mon	Tue	Wed	Thu	Fri
3 Drop off time: Pick up time:	4 Drop off time: Pick up time	5 Drop off time: Pick up time:	6 Drop off time: Pick up time:	7 Drop off time: Pick up time:
10 Drop off time: Pick up time:	11 Drop off time: Pick up time:	12 Drop off time: Pick up time:	13 Drop off time: Pick up time:	14 Drop off time: Pick up time:
17 Drop off time: Pick up time:	18 Drop off time: Pick up time:	19 Drop off time: Pick up time:	20 Drop off time: Pick up time:	21 Drop off time: Pick up time:
24 Drop off time: Pick up time:	25 Drop off time: Pick up time:	26 Drop off time: Pick up time:	27 Drop off time: Pick up time:	28 Drop off time: Pick up time:

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