

SCHOOL AGE CHILD CARE

PARENT FORMS

“2010-2011” School Year



Lake Shore Public Schools
Office of School Age Child Care

21601 L'Anse Avenue
St. Clair Shores, Michigan 48081
(586) 285-8619

Lora Gonzales
Director

Fall 2010

Thank you for your interest in the School Age Child Care program at Lake Shore Public Schools. Enclosed you will find the parent brochure and required forms that need to be completed for registration. Your child will be considered registered and can **begin** attending when the required paperwork is **completed** and turned in to the site supervisor at your child's school along with the registration fee and a prepay tuition payment.

In closing, if you have any questions please feel free to contact the site supervisor at your child's school. I can be reached at 586-285-8617, by email lgonzales@lsp.org, or in person at my office which is located within Rodgers Elementary School. Again, thank you for your interest in the School Age Child Care program at Lake Shore Public Schools.

Sincerely,
Lora Gonzales
Director of School-age Child Care
Lake Shore Public Schools

S.A.C.C REGISTRATION CHECKLIST

✓ COMPLETED PARENT FORMS

✓ REGISTRATION FEE OF \$20.00 PER CHILD OR \$35.00 PER FAMILY CHECK MADE PAYABLE TO LAKE SHORE PUBLIC SCHOOLS

✓ FIRST WEEKS SCHEDULE

✓ ESTIMATED TUITION PAYMENT AT \$4.18 PER HOUR CHECK MADE PAYABLE TO LAKE SHORE PUBLIC SCHOOLS

AT THIS TIME, S.A.C.C DOES NOT ACCEPT CREDIT OR DEBIT CARDS.

PLEASE PROVIDE **SEPARATE** PAYMENTS FOR THE REGISTRATION FEE AND THE TUITION.

CERTIFICATE OF GOOD HEALTH

The **State of Michigan**, our licensing agency, requires a current health appraisal form to be on file for each student. We have received an exemption from that rule because we enroll only students from the local school. In its place, we are asking you to complete this form.

Child's Name: _____ Date of Birth _____

Is your child having any of the problems listed below?	YES	NO
1. Allergies or reactions (for example, food, medication, or other)		
2. Hay Fever		
3. Asthma		
4. Eczema or frequent skin rashes		
5. Convulsions/Seizures		
6. Heart Trouble		
7. Diabetes		
8. Frequent colds, sore throats, earaches (4 or more per year)		
9. Trouble passing urine or bowel movements		
10. Shortness of breath		
11. Speech problems		
12. Menstrual problems		
13. Dental problems: date of last examination		
14. Other		
Please explain any problem areas identified above:		
Does your child take any medications regularly?		
If yes, what medication?		
Reason for Medication:		

I hereby certify that my child is in good health and that his/her immunizations are current. I will assume responsibility for my child's health while at the childcare center.

Signature of Parent of Guardian: _____ Date: _____

Child's Name: _____ **Grade:** _____

Lake Shore – Sacc Meal/ Snack Agreement:

I understand that the Lake Shore SACC Program does not provide breakfast, lunch or snack. This is to verify that, on occasion, I will send ready-to-eat food with my child that will serve as all or part of his or her breakfast, lunch or snack.

Signature of Parent/Guardian: _____ Date: _____/_____/_____

Pg - Movie Permission:

On occasion, a carefully selected PG movie will be shown. If you **do not** object to your child watching PG movies, please sign the form below and return it with the other Parent Forms. I understand and give permission for my child to watch carefully selected PG rated movies while in the Lake Shore SACC Program.

Parent/Guardian Signature: _____ Date: _____/_____/_____

Permission to Photograph Form:

Child's Name: _____

I hereby give my irrevocable permission for the child named above to be video-taped/ photographed for the purposes of showing Lake Shore School Age Child Care activities.

Signature Parent(s)/Guardian: _____ Date: _____/_____/_____

Field Trip Consent:

As the parent or legal guardian I grant permission for my child to attend the field trips planned for the **School Age Child Care Program**. Parents and children will be notified of each field trip, date and destination prior to the date of the trip. I understand that school personnel will use reasonable care and diligence in their supervision of this activity. Beyond that, I release Lake Shore Public Schools, and its employees and agents, from all liability for injuries sustained during the course of this activity. I further agree to hold Lake Shore Public Schools, its employees and agents, harmless from all damages or costs incurred as a result of any damages incurred or caused by my child.

If I cannot be contacted, the school is authorized to take appropriate action on behalf of my child in the case of a medical emergency. I agree that I will be responsible for any costs related to treatment as determined to be necessary by a physician.

Parent/ Guardian Signature _____ Date: _____/_____/_____

No child will be permitted to attend a field trip unless this form is signed and returned to the School Age Child Care Center. This field trip form will be valid for the 2010 - 2011 School year.

Parent Agreement

I have read the Lake Shore Public Schools School Age Child Care Program brochure and agree to abide by the procedures outlined in the brochure. I understand that failure to abide by the procedures in the brochure may result in the dismissal of my child (children) from the program.

I understand that I must keep all necessary paperwork as required by the State of Michigan and or Lake Shore Public Schools SACC program current and up to date. I understand that my weekly schedule and tuition is due in advance each week by the Thursday prior to the week my child is to attend. Failure to provide a schedule or pay tuition as outlined in the program brochure may result in a termination of services.

Parent/Guardian Signature: _____ Date: _____/_____/_____

LAKE SHORE PUBLIC SCHOOLS SACC PROGRAM
Uniform Parental Medical Consent, Release and Assumption of Risk Form

Student's Name: _____ School Year _____

As used herein: "**FIELD TRIP SPONSORS**", shall include the Lake Shore Public Schools, attending faculty members, adult chaperons and licensees, and "**UNDERSIGNED**" shall be the father and/or mother, or the guardian, or the student if eighteen years or older.

The **UNDERSIGNED** understand that during the field trip in which the student is participating under the direction of the **FIELD TRIP SPONSORS**, certain risks and dangers may occur, including but not limited to hazards of accidents or illness, the forces of nature, and travel by airplane, automobile, bus, train or other conveyance.

In partial consideration of, and as partial payment for, the right to participate in this field trip and related activities and to utilize the services, including food, as provided, the **UNDERSIGNED** hereby assume all the risks set forth above and hereby hold the **FIELD TRIP SPONSORS** harmless from any and all liability, actions, causes of actions, debts, claims, and demands of every kind and nature whatsoever which arise from or in connection with the above described field trip and related activities. The terms hereof shall serve as a release and assumption of risks for the heirs, executors, administrators and members of the student's family.

In the event emergency medical treatment is required for the student while he is under the control and direction of the **FIELD TRIP SPONSORS** and if consent is a requisite to any such treatment, the **UNDERSIGNED** hereby grant to the **FIELD TRIP SPONSORS** the right to give consent to such treatment for the student on the behalf of the **UNDERSIGNED**. Said consent may be granted or withheld by the **FIELD TRIP SPONSORS** as each of them, in their sole discretion, shall determine. The **UNDERSIGNED** hereby waive any claim which they may have against the **FIELD TRIP SPONSORS** arising from the granting or withholding of the aforesaid consent.

Student's Name: _____ Birthdate: _____

Parent/Guardian Signature: _____

Home Address: _____ Zip: _____

Home Telephone Number: () _____ Work Telephone Number: () _____

Cell Telephone Number's: () _____ () _____

Health Insurance Company's Name: _____

Identifying Policy Numbers: _____

Insurance Company's Telephone Number: _____

Lake Shore Public Schools - SACC Programs

Emergency and Release Child Information Card

Date of Admission: _____/_____/_____

Date of Discharge: _____/_____/_____

Please indicate which site your child attends: Rodgers_____ Violet_____ Masonic Heights_____

May we contact you at work? YES____ NO____ Whom does your child live with? _____

E-Mail Address: _____

Name of Child (Last, First, Middle Initial)		Child's Address (Number and Street)	
ALLERGIES, IF ANY		Child's Date of Birth	
Father's Name and Address (If different)		Mother's Name and Address (If different)	
Home Phone Number ()	City	State	Zip Code
1. Parent Location (name of location) when Child in Care Mother		Hours of Employment	Phone Number and/Cell Number ()
Address (Number & Street)	City	State	Zip
2. Parent Location (name of location) when Child in Care Father		Hours of Employment	Phone Number and/Cell Number ()
Address (Number & Street)	City	State	Zip

PERSON OTHER THAN PARENT TO BE NOTIFIED AND RELEASED TO IN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE			
Name/Relationship to Child		Phone Number and/Cell Number ()	
Address (Number & Street)	City	State	Zip Code

NAMES OF PERSONS OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED			
1.	Phone/Cell #	2.	Phone/Cell #
3.	Phone/Cell #	4.	Phone/Cell #

I hereby give permission to **Lake Shore Public Schools - SACC** programs - licensed by the State of Michigan to secure emergency medical and/or emergency surgical treatment for the above-named minor child while in care. Non-emergency medical treatment or elective surgery is not included in this authorization.

Signature of Parent or Guardian	Date Signed	Authority: Act 116 of P.A. 1973. COMPLETION: Required. Penalty: Rule Violation Citation
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Name of Child's Physician or Health Clinic		Office Hours	Phone Number ()
Address (Number & Street)	City	State	Zip
Hospital Preferred for Emergency Treatment		Health Insurance Policy Name and Group Number	