

BEFORE/AFTER SCHOOL CHILDCARE

St. Joseph Club Registration 2018/19

Grand Traverse Area Catholic Schools are pleased to offer childcare options for children ages 3-12.

STUDENT(S) NAME(S) _____ STUDENT(S) DATE OF BIRTH _____

PARENT/GUARDIAN NAME(S) _____

PHONE NUMBER(S) _____ EMAIL(S) _____

Indicate your anticipated needs by placing a ✓ on the appropriate days and time of day care is needed.

STUDENT NAME	STUDENT GRADE LEVEL	DAYS NEEDED					COVERAGE NEEDED
		M	T	W	TH	F	
Adam Smith	Preschool All-Day 3s		✓		✓		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Abby Smith	Grade 4	✓	✓	✓	✓	✓	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
							<input type="checkbox"/> AM <input type="checkbox"/> PM
							<input type="checkbox"/> AM <input type="checkbox"/> PM
							<input type="checkbox"/> AM <input type="checkbox"/> PM

SIGN-UP AND BILLING

In order to provide a quality experience and maintain appropriate staffing levels, we ask that you commit to St. Joseph Club on a weekly basis. The deadline for the week ahead is 5:00 pm on Thursdays. You will be billed weekly for charges related to St. Joseph Club usage. Late requests are subject to a \$10 fee.

RATE SCHEDULE

Before school only (7:00 to 7:30 am*)..... \$4/day, \$16/week
 After school only (2:40 to 6:00 pm)..... \$10/day or \$40/week
 Before AND after school (7:00 am to 6:00 pm) \$40/day
 Snow days (8:00 am - 6:00 pm at Holy Angels) \$40/day
 Half days (7:00 am to 11:00 am or 11:00 am to 6:00 pm)..... \$25/day
 *Classroom/playground supervision begins at 7:30 am

ADDITIONAL INFORMATION (SIGNATURES REQUIRED)

School - Age Health Statement

My child(ren) is/are in good health or has/have the following health restrictions:

My child(ren)'s immunizations are up-to-date and on-file with my child(ren)'s school or a signed immunization waiver is on-file with my child(ren)'s school

X _____
 Parent Signature

 Date

Parent Notification of the Licensing Notebook Requirement

Child Care Organizations Act, 1973 Public Act 116

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 the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare

I have read the above statement issued by St. Joseph Club.

X _____
 Parent Signature

 Date

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 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. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

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	

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