



Parchment 
Early Learning Center
AND SCHOOL AGE CHILDCARE

600 Edison Street
Kalamazoo, MI 49004
(269) 488.1360

Welcome to Parchment Early Learning Center! We are thrilled that you are considering entrusting your children to us!

We offer the **highest quality** childcare & preschool with an appropriate academic emphasis. In our care, your children will not only receive the physical, social, emotional & intellectual support that they need for growth and development, but they will receive unconditional love and acceptance from their teachers and caregivers.

At Parchment Early Learning Center, we are building the foundation for lifelong learning and academic success! We strive to teach values such as patience, responsibility, compassion for self and others, communication & teamwork.

Your children will be given endless opportunities to imagine and create! They will be encouraged in their efforts and their successes will be celebrated.

Thank you for the opportunity to partner with your family!

Sincerely,

Anna Wessing, Early Childhood Director
Parchment Early Learning Center
Parchment School District

Every Child, Every Day!

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
Father/Legal Guardian's Name		Home Phone ()	Mother/Legal Guardian's Name		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 (optional)		
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. 6-15) Previous edition 7-12 only 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.	()	()	4.	()	()
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.	()	5.	()	6.	()

Parent/legal guardian must initial one of the following:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

_____ I do not give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. I understand I assume responsibility for all emergency medical care.

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. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

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Readiness Program

Michigan's Nationally Recognized Pre-K Program

"These materials were developed under a grant awarded by the Michigan Department of Education."

Child's Name: _____

Please initial ALL that apply

_____ I verify that I received a written information packet containing information regarding:

- Criteria for admission and withdrawal
- Schedule of operation, denoting hours, days, and holidays that the center provides services to families
- Billing and fee policy
- Discipline policy
- Food service policy
- Program philosophy
- Typical daily routine
- Parent notification plan for accidents, injuries, incidents, illnesses
- Exclusion policy for child illnesses
- Notice of the availability of the center's licensing notebook

_____ I agree to provide all meals for our child in one of the following ways: purchasing through Chartwell's Food Service or packing and sending a lunch from home. If my student is in GSRP, I understand that breakfast and lunch are provided at no additional cost to me.

_____ I give permission for my GSRP student to ride the school bus daily (or as otherwise scheduled) from our pick up location to arrive at PELC at 8:10 AM or at 3:15 PM from PELC to our drop off location.

_____ I give permission for PELC staff to administer any topical, nonprescription medication to my child that is labeled with my child's name and that I have provided.

_____ I agree to allow PELC to use my child's photo or video in any of the following places: classroom or center wide books, albums, and newsletters, the website, Panther Press, and the Kalamazoo Gazette. I understand that photos or videos posted outside of the center will not have my child's name attached to them.

_____ I agree to allow our School Age child who is enrolled in PELC's Summer Camp to participate in swimming activities. My child is a _____ swimmer _____ non-swimmer.

_____ I understand that a door entry code will be activated for my family. I agree to keep the code confidential and not share it with others. The following 4 digits is my preferred entry code: _ _ _ _

Date: _____

Parent/Guardian printed name: _____

Parent/Guardian signature: _____

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**Start
Readiness Program**
Michigan's Nationally Recognized Pre-K Program

"These materials were developed under a grant awarded by the Michigan Department of Education."

Childcare Schedule

Child's name: _____ Date of birth: _____ Age: _____

(K-5 Students only) Elementary School: _____ Grade: _____

Childcare (Ages 1-4)

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off					
Pick up					

Before School (GSRP and K-5 students)

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off					
Students will go to school between 8:00-8:20					

After School (GSRP and K-5 students)

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Students will arrive at the center between 3:15-4:15 (Depending on the building they attend school)					
Pick up					

The Parchment School District is closed in some instances that the center is open. In addition to all regularly scheduled days, my child will be attending the following:

- Half days
- No school days
- School breaks (Winter break, Spring break, Summer break)
- Snow days

Childcare Contract Agreement

I agree to send my child only when they are scheduled to attend and to call the office ahead of time if I need to add additional days or times. I agree to inform the office via phone or email for times that my child will not be in attendance.

I agree to pay for services as listed on the Pricing Sheet. I am aware of the weekly billing cycle and procedures as described in the Center Policies. I agree to pay for any charges incurred if my weekly payments are declined.

I understand that if my balance is not paid within one week of the due date, all services will be suspended until the balance is paid in full.

Parent/Guardian Signature _____ Date _____

Parchment Early Learning Center			
<i>Childcare Tuition Rates</i>			

Explorers	Full Day:	6:00-6:00	\$220/week
<i>12 mo - 29 mo</i>			\$50/day
	Half Day:	5 hrs or less	\$35/day

Early Learners	Full Day:	6:00-6:00	\$205/week
<i>2 1/2 yrs - 3 1/2 yrs</i>			\$45/day
	Half Day:	5 hrs or less	\$30/day

Discovery Kids	Full Day:	6:00-6:00	\$185/week
<i>3 1/2 yrs - 4 1/2 yrs</i>			\$40/day
	Half Day:	5 hrs or less	\$25/day

Childcare	Before School Care:	6:00-8:20	\$35/week
<i>GSRP and School Age</i>			\$7/day
	After School Care:	3:20-6:00	\$35/week
			\$7/day
	No School Days:	6:00-6:00	\$160/week
			\$35/day
	Half Day:	5 hrs or less	\$20/day

***Registration Fee:** A \$25 fee will be applied for each new enrollee (\$50 family maximum)

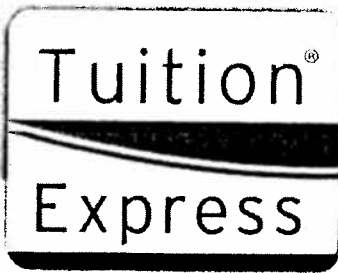
***Activity Fee:** A \$25 fee will be applied for every School Age child participating in Summer Camp

***Multiple Child Discount:** A 10% discount will be given for the second child and after

***Military Discount:** A 10% discount will be given to any former or active military members

***Employee Discount:** A 10% discount will be given to any current Parchment School District employee

***Referral Credit:** A \$25 credit will be applied when you refer a family that enrolls in our program



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition ExpressSM-a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) PELC to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name		Phone #	
Cardholder Address		City	State Zip
Account Number		Expiration Date	
Cardholder Signature		Date	

SECTION B (Bank Account)

Your Name		Phone #	
Address		City	State Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)		Account Number (see sample below)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature		Date	

For Official Use Only

Date Received
Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
NOT NEEDED		
Pay to the order of:	Attach Voided Check Here	\$
Deposit slips not accepted		Dollars
1234567890	18003388	0226

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SOFTWARESM

Return this completed form to: (insert institution's name, address & telephone number)

Child Enrollment Form

Instructions:

1. List full name of children enrolled in care
2. Circle the typical days each child is in care
3. List 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 your child care center

Child's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		

* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

Parent Address _____

Parent Phone Number _____

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). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.



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Health Statement Form

****To be completed for school age children ONLY****

(Name of Student – Please Print)

is in good health with up-to-date immunizations on file with the office of the Parchment Community School my child attends.

I understand my child's immunization must always be current and up-to-date.

Please Note any allergies, health concerns, and restrictions the Parchment Childcare Center staff should be aware of:

ALLERGIES: _____

HEALTH CONDITIONS/CONCERNS: _____

ACTIVITY RESTRICTIONS: _____

Parent/Guardian Signature

Date

This form is required by the State of Michigan for Childcare
licensing purposes.

SECTION III - IMMUNIZATIONS

Statements such as "UP TO DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (Hep B)	1	3	Hepatitis A (Hep A)	1	2
	2			2	
DTaP/DTP/DT/Td	1	4	Influenza TIV/LAIV	1	3
	2	5		2	4
	3	6	Meningococcal MCV4 / MPSV4	1	2
Tdap	1		Human Papillomavirus (HVP4/HPV2)	1	2
Haemophilus Influenzae type b (HIB)	1	3		2	3
Polio - IPV / OPV	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Pneumococcal Conjugate (PCV7/PCV13)	1	3		2	
Rotavirus (RV1/RV5)	1	3	3		
	2		Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
Measles, Mumps, Rubella (MMR)	1	2	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your child's school or local health department.		
	2		Parent/Guardian refused immunizations: <input type="checkbox"/>		
Varicella (Chickenpox)	1	2	History of Cickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____		
I certify that the immunization dates are true to the best of my knowledge					
_____ / _____ / _____ Health Professional's Signature Title Date					

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____

_____ / _____ / _____
Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ / _____ / _____
Examiner's Signature Date Examiner's Name (Print or Type) Degree or License

_____ MI _____ ZIP Code _____ Telephone _____
Number & Street City

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the schedule of well-child care required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia and regular intervals based on age.

Developed in Cooperation with the Departments of Human Services, Education, Community Health, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.