Harbor Springs Public Schools
Excellence in Character
Excellence in Education

Blackbird Childcare Center
The Harborage

School Year Enrollment – Rams

Ages 3 Years – 1st Grade

Client Sign-up Sheet

September 7, 2021 – June 10, 2022

Please enter your time request to the ½ hour for each day:

Child's Name				
	Time Request	**Hours/Day**	**Charge/Hour**	**Amount**
Monday			$5	
Tuesday			$5	
Wednesday			$5	
Thursday			$5	
Friday			$5	
Total per Week				

Session Notes:

- A non-refundable $75 fee is required for registration. Once your child is accepted into the program, this fee will be applied toward your tuition.
- Blackbird Childcare Center will be open on all half days of school.
- On no-school days, Blackbird Childcare Center would consider childcare if at least five (5) children are present on all days.
- Based on need determined by response from surveys, Blackbird Childcare Center would consider limited childcare during school breaks.
- Blackbird Childcare Center will be closed on snow days and you will not be billed.
- Blackbird Child Care Center will be closed for employee training at times. Parents will be notified of such closings in advance to make alternate childcare arrangements.
- If half days occur, adjustments will be made to childcare account.

POLICIES	Please initial
All families must notify BBCCC when your child(ren) will not be attending on their scheduled day.	
All requests are subject to availability.	
Client agrees to pay the full session fee for ALL days and times indicated on this form for the duration of the session when signed by both parties regardless of attendance.	
Client may add on childcare subject to availability. Client agrees to pay for all add-on childcare charges in accordance with the weekly billing policy.	
Client agrees to pay for services or pay the weekly balance due on their accounts by closing time each Friday. Client agrees to pay a $1/business day late fee until the delinquent account is current.	
Client agrees to pay any outstanding balance before September 2, 2021. Client agrees to pay a $1/business day late fee until the delinquent account is paid in full.	
If Client account is delinquent for more than two weeks, childcare will be suspended until paid in full.	
Client understands that if their child is in our care past 4 hours, they will be billed the day rate.	
Clients are responsible for supplying their own diapers and wipes.	
Snacks/Lunches – Client agrees to provide daily snacks and lunches for their child(ren). Client agrees to manage their own hot lunch account directly with the Food Service program during the school year. Client agrees to pay hot lunch charges if their child arrives at the childcare center without a lunch during the school year. Please send silverware for your child if it is needed. Blackbird Childcare Center will eat lunch in the school cafeteria during the school year.	
Purple Folders – Written correspondence and invoices will be placed in client folders. Please check your folder frequently.	
Naptime Items – All naptime items must be kept in a bag that can be hung on the coatroom hooks. Client agrees to provide a suitable bag/tote for nap items. Client agrees to take naptime items home weekly for laundering.	
Session Contract Session contracts are binding for the entire session. Client may add on but not remove session days and times after paperwork is signed. All paperwork must be turned in for your child to be fully enrolled.	
Withdrawals Childcare Center initiated: Client will not be charged for the remainder of the session fee. Client initiated: Client is responsible for the remainder of the session fees until the Childcare Center is able to fill this vacancy.	

Please sign below and initial all items above to let us know that you agree with our policies. All items have been explained to me by the Childcare Center to my satisfaction and I agree to abide by their policies as outlined in the handbook and this document. This contract will only be accepted when both parties (director and parent) sign and it is returned to the director at Blackbird Childcare Center and recorded.

Parent Signature: _____ Date: _____

Child's Name: _____

Client Name: _____

Telephone:

Home: _____

Work: _____

Cell: _____

Email: _____

Director Signature: _____ Date: _____

**The validity of the services provided by Blackbird Childcare Center in this contract are contingent upon achieving the minimum number of total hours. You will be contacted during the first week of September 2021 if the Harborage will not be open for services.

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. 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.

BCAL-3731 (Rev. 7-18) Previous edition 6-17may be used.

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?
☐	☐	☐	1 Allergies or Reactions (for example, food, medication or other)
☐	☐	☐	2 Hay Fever, Asthma, or Wheezing
☐	☐	☐	3 Eczema or Frequent Skin Rashes
☐	☐	☐	4 Convulsions/Seizures
☐	☐	☐	5 Heart Trouble
☐	☐	☐	6 Diabetes
☐	☐	☐	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
☐	☐	☐	8 Trouble with Passing Urine or Bowel Movements
☐	☐	☐	9 Shortness of Breath
☐	☐	☐	10 Speech Problems
☐	☐	☐	11 Menstrual Problems
☐	☐	☐	12 Dental Problems: Date of Last Exam / /
☐	☐	☐	Other (please describe): _____
☐	☐		Does your child take any medication(s) regularly?

Reason for Medication

_____ / / _____

Parent/Guardian Signature Date

Birth History:

Are there any current or past diagnosis(es) ☐ Yes ☐ No

If yes, please describe:

If yes, list medications:

Was the health history reviewed by a health professional?

☐ Yes ☐ No ***Examiner's Initials:*** _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	VISION	Visual Acuity			
			Muscle Imbalance			
		Date: / /	Other:			
☐	☐	HEARING	Audiometer			
			Other:			
		Date: / /				
☐	☐	URINALYSIS	Sugar			
			Albumin			
		Date: / /	Microscopic			
☐	☐	BLOOD LEAD LEVEL	Level _____ ug/dl ⇨			
		Date: / /				

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	HEIGHT & WEIGHT	Height			
			Weight			
☐	☐	Other: _____	Other			
☐	☐	HEMOGLOBIN / HEMATOCRIT	⇨			
☐	☐	BLOOD PRESSURE	Reading: _____			
☐	☐	TUBERCULIN	Type: _____			
		Date: / /	Neg.: ☐ Pos.: ☐ _____ mm			

NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: / /

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	
Hepatitis B (HepB)	1	3
	2	
DTaP/DTP/DT/Td	1	4
	2	5
	3	6
Tdap	1	
Haemophilus Influenzae type b (HIB)	1	3
	2	4
Polio (IPV/OPV)	1	3
	2	4
Pneumococcal Conjugate (PCV7/PCV13)	1	3
	2	4
Rotavirus (RV1/RV5)	1	3
	2	
Measles,Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2

History of Chickenpox Disease? ☐ Yes ☐ No If yes, date:

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (HepA)	1	2
Influenza (IIV/LAIV)	1	3
	2	4
Meningococcal (MCV4 / MPSV4)	1	2
Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	2	

OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	1	
	2	
	3	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

*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 provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

Parent/Guardian refused immunizations: ☐

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	
☐	☐	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:
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ child's name '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

_____ Number & Street _____ City _____ MI _____ ZIP Code (___) _____ Telephone

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 well-child care visit 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 at regular intervals based on age.

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Developed in Cooperation with the Department of Health and Human Services, Education, 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.

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School-Age Health Statement

Date: _____

Child's Name: _____

Child's Date of Birth: _____

My child, _____ is in good health.

Activity restrictions, if any: _____

_____

☐ _____'s immunizations are up-to-date, or I have signed an appropriate waiver.

☐ _____'s immunization record or signed immunization waiver is on file with his/her school.

Parent or Guardian Signature: _____ Date: _____

Health Statement for School Age Children
Rule 305
Parent completes at enrollment and each subsequent year.

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FACEBOOK

Blackbird Childcare Center is in the process of updating its Facebook page, which would include pictures of your child and perhaps stories of things we have done (or said) that you may enjoy reading or seeing.

Please sign below to indicate that you will allow us to post pictures of your child's Blackbird adventures!

Like us on Facebook!!

_____ _____

Child's Name Parent's Signature

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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: **BLACKBIRD CHILD CARE CENTER - HARBORAGE**

Child(ren)'s Name(s) _____

_____

Parent Name _____

Parent Signature _____ Date _____

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Handbook Receipt

I, _____, have read the Blackbird Childcare Center/Harborage
Print Name

Handbook, understand the content, and agree to abide by all policies stated therein. The Blackbird Childcare Center/Harborage's days/hours of operation, policies, and rates may be subject to change at the beginning of each session.

Child's Name: _____
(Please print)

Parent Signature: _____ Date: _____

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Blackbird Childcare Center
Enrollment Form

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Home_____ Work _____

Email: _____

Emergency Name(s): _____

Telephone Number(s): _____

Child's Name: _____ Date of Birth: _____

Days your child will be attending Blackbird Childcare Center:

M _____ T _____ W _____ TH _____ F _____

Billing invoices are kept in the purple folders on the counter by the front entryway.

Parents are responsible for making weekly payments on their childcare account to keep it current or you may pay in advance. Childcare accounts MUST be paid-in-full by the end of the session.

Patent's Signature: _____ Date: _____

Received by: _____ Check #: _____

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Walking Field Trip Permission

My signature below acknowledges that I, _____ give
Parent Name (please print)

permission to _____, allowing my child/children to take walking
Childcare Provider Name

field trips supervised by the provider. I understand that these walking trips may involve leaving the childcare premises and/or property.

Parent Signature: _____

Date: _____

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Topical Non-Prescription Permission

My signature below grants _____ permission to
Childcare Provider Name

apply the following non-prescription topical medications to my child/children, which I will supply:

Please check only the items you want applied:

- ☐ Diaper Cream
- ☐ Sunscreen
- ☐ Bug Spray
- ☐ Other: _____
  Please List

Child/Children's Name(s): _____

Parent Signature: _____ Date: _____

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Food and Drink Agreement

I, _____, agree to provide daily formula, breast milk, milk and/or food for my child or make prior arrangements with the Harbor Springs Public Schools' Food Service Program for lunch service (during the school year).

I understand that if my child has hot lunch, I must still provide daily snacks. I acknowledge that all food and drink containers that I provide MUST be labeled with my child's name and the date the item is provided.

Child's Name: _____

Parent Signature: _____ Date: _____

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Transportation Authorization
for each child who walks or is transported to or from the Program not accompanied by his/her parent(s)

Name of Childcare Program: _____

I have made arrangements for my child _____
Name of Child

to travel between home and/or school and the childcare program by _____

_____
Please indicate means of transport, i.e. walking, bus, private car, etc.

I have informed the childcare program of my child's scheduled days of attendance, arrival and departure times.

I agree to notify the childcare program prior to scheduled arrival time, of any schedule changes or absences. The childcare program agrees to notify me if my child does not arrive at the childcare program as scheduled.

I understand that the childcare program is responsible for my child only from the time he/she arrives at the program until he or she leaves the program.

Childcare Provider
Director Signature:_____ Date: _____

Parent Signature: _____ Date: _____

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Welcome to our Childcare Centers!

Our childcare centers require the following documents for your child to be enrolled. All outstanding balances from previous sessions must be paid in full before starting a new session.

1) _____ Child Placement Contract
2) _____ Child Emergency Information Record
3) _____ Health Appraisal
4) _____ School-Age Health Form
5) _____ Facebook Release
6) _____ Licensing Notebook
7) _____ Parent Handbook Receipt
8) _____ Registration / Enrollment Form
9) _____ Walking Field Trip Permission Slip
10) _____ Topical Non-Prescription Medication Permission Slip
11) _____ Food and Drink Agreement
12) _____ Transportation Agreement

Also enclosed in your packet:

- Online Bill Payment Instructions
- Parent Handbook