

# Walden Green Montessori

**Before/After School**  
842-4523 x114

17339 Roosevelt Road  
Spring Lake, MI 49456  
842-4523 or fax 842-4522

Date Received: \_\_\_\_\_

## 2018-2019 Extended Care Program

**Before School—**  
circle days needed  
**M, T, W, R, F**

**After School—**  
circle days needed  
**M, T, W, R, F**

**Both—**  
circle days needed  
**M, T, W, R, F**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Work/Cell Phone** \_\_\_\_\_ **Work/Cell Phone** \_\_\_\_\_

Child lives with:    Both Parents    Mother    Father    Other:

Medications _____	Reason _____	Dosage _____
Allergies _____		

### Emergency Contacts

Name	Name	Child's Doctor	
Relationship	Relationship	Name	
Home Phone	Home Phone	Phone 1	
Work Phone	Work Phone	Phone 2	

### Hours of Operation

**Before School      7:30 A.M.— 8:15 A.M.**

**After School      3:30 P.M.— 6:00 P.M.**

**When picking up your child please enter directly into the childcare room. Please be prompt when picking up your child. \$1.00 per minute late fee.**

### Fees

**Before School      \$6.00 daily fee per child**

**After School      \$10.00 daily fee per child**

**You will be billed the first of the month. Payments are due in the office no later than the 10th of every month.**

### APPLICANT'S SIGNATURES

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Relationship to Child

Walden Green does not discriminate on the basis of race, color, gender, or ethnic origin in its educational and admissions policies.

**Child may be released to:** \_\_\_\_\_

**Phone numbers:** \_\_\_\_\_

**This side of the form must be filled out, thank you!**

Date:

Child's Name:

Birth Date:

- ◆ I am submitting this form to inform Walden Green Montessori that my child \_\_\_\_\_, is in good health at the time of entering the Before/Afterschool program. I would like an exemption from having my child take a physical at this time. My immunizations are up-to-date and are on file with the school's office (including Hepatitis B vac.).

**allergies:** yes or no If yes, please specify: \_\_\_\_\_

**medications:** yes or no If yes, please specify: \_\_\_\_\_

any additional information: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian's signature

**Before & After School Policies**

**\*\*You may not use the program if your account is not paid up from the previous school year.**

1. Please fill out and return these forms **before** you start Before/After school services.
2. **Extended Care is not offered on days off from school or half days.**
3. **Before/After school has to be paid by the 10th of every month. If payment is not received services may be suspended until payment is made.**
4. Returned checks will be charged \$30.00 each.
5. **Late Fees: \$1.00 per minute will be charged immediately after 6:00 P.M. per child. This will be added to your bill. This policy will be strictly enforced.**
6. **This form (front and back) must accompany the Emergency Form.**
7. If you need to call the Extended Care Program please call ext. 114.
8. Any questions concerning time and billing need to be directed to the office.
9. **Due to daycare licensing & staffing; this program is only for regular use, it is not a drop in service.**

**Parent Notification of the Licensing Notebook Requirement  
2018-2019**

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 CAP's developed on and after May 27<sup>th</sup>, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspections
- 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](http://www.michigan.gov/michildcare).
- Walden Green Montessori's outdoor play area is a natural playground. It has not been certified by the National Playground Safety Institute or the National Program for Playground Safety.

I have read and agree to the above statements issued by Walden Green Montessori.

Parent Name Printed \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Child Name Printed \_\_\_\_\_

Child Name Printed \_\_\_\_\_

Child Name Printed \_\_\_\_\_

Child Name Printed \_\_\_\_\_

Child Name Printed \_\_\_\_\_

# 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.

<b>For Provider Use Only:</b>	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

<b>Emergency Contact &amp; Release of Child:</b> 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.	( )	( )
<b>Release of Child Only:</b> 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. ( )

<b>Parent/Legal Guardian Initials:</b>	
_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care.	

<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b>	
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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