

Summer KISS Registration Information

Registration deadline: April 27 — after this date, please call Melissa for program availability at (616) 846-3180 ext. 3113. Priority is given to full-time students.

Return the following forms:

- Summer Contract
- Child Information Record (for each child)
- Release Form
- \$35 registration Fee (No registration fee for students enrolled in 2011/12 school year)

Please return completed forms and \$35 registration fee either in person or by mail to:

Spring Lake Public Schools
Community Child Care
345 Hammond St
Spring Lake, MI 49456



Spring Lake Community Child Care
Summer 2012
Child Placement Contract

Note: This contract is required of all licensed child care centers by R 400.5105b of the Michigan Administrative Code. The Michigan Department of Consumer and Industry Services is required to inspect the child care center and enforce the contract based on the terms provided in this contract.

Spring Lake Community Child Care agrees to provide child care services for the following named child(ren), grades Y5's-6th, during the summer 2012.

CHILD'S NAME	Date of Birth	Gender	Going into Grade
<i>Please circle which days are needed: M T W Th F</i>			
Hours: drop off _____ pick up _____			
2 nd CHILD'S NAME	Date of Birth	Gender	Going into Grade
<i>Please circle which days are needed: M T W Th F</i>			
Hours: drop off _____ pick up _____			
3 rd CHILD'S NAME	Date of Birth	Gender	Going into Grade
<i>Please circle which days are needed: M T W Th F</i>			
Hours: drop off _____ pick up _____			

HOURS OF OPERATION: MONDAY - FRIDAY • 6:30AM - 6:00PM

Summer KISS begins Monday, June 11, 2012 and ends Friday, August 24, 2012. The program will be closed for the holiday July 4-July 6.

OVERTIME RATE: KISS closes at 6:00pm daily. A fee of \$1.00 per minute, per child, can be paid directly to the KISS staff on duty for every minute late in picking up your child (ren).

VACATIONS: Children are allowed 5 consecutive unpaid vacation days. Please request in writing 2 weeks prior to use. **There will be no other discount for illness or being absent during the summer session.**

Please note: Billing is based on this contract.

Spring Lake Community Child Care, as a licensed child care facility, will provide the following provisions of the Michigan Administrative Code as required by R 400.5105b:

Part 1: Contract Provisions provided by SL Community Child Care

R 400.5102 Licensee.

Rule 102. (2) A licensee shall have the following administrative responsibilities regarding staff:

- b) Develop and implement a written screening policy for all staff and volunteers, including parents, who have contact with children.

R 400.5106 Program.

Rule 106. (1) A center shall provide a program of daily activities and relationships that offers opportunities for the developmental growth of each child in all of the following areas:

- (a) Physical development, including large and small muscle.
- (b) Social development, including communication skills.
- (c) Emotional development, including positive self-concept.
- (d) Intellectual development.

(2) A center shall permit parents to visit the program for the purpose of observing their children at all times.

(3) A center operating with children in attendance for 5 or more continuous hours per day shall provide for daily outdoor play, unless prevented by inclement weather conditions.

(4) A center shall provide each child under school age in attendance for 5 or more continuous hours a day with an opportunity to rest.

(5) A center shall provide children less than 3 years of age with an opportunity to rest regardless of the number of hours in care.

(6) A center shall permit children less than 12 months of age to eat and sleep on demand.

[R 400.5205 and R 400.5209 apply only to children from birth to 2 1/2 years of age as required in Part 2 of these rules, see back page.]

I have read the Community Child Care / KISS handbook* and understand this Child Placement Contract. I understand the rules and procedures used in this program and agree to pay \$27.50 per day per child.

Price list will be posted on the website as of April 1, of the current year.

Upon signing this agreement, the parent, legal guardian and Community Child Care agrees to abide by all of the provisions contained in this contract.

Parent/Guardian Signature _____ Date _____

Coordinator's Signature _____ Date _____

Rates and times are subject to change. Written notice will be provided to all parents.

***Handbook is available on Community Child Care website at spring-lake.k12.mi.us or call (616) 846-3180 ext. 3113 and a copy will be mailed to you.**

CHILD INFORMATION RECORD
STATE OF MICHIGAN
 Department of Human Services
 Bureau of Children and Adult Licensing

Date of Admission:		Allergies			
Date of Discharge:					
Name of Child (Last, First, Middle I.)			Address (number and street, Building/Apt #)		
Child's Date of Birth	Gender	Home Phone ()	City	State	Zip Code
Father/Legal Guardian's Name		Cell Phone ()	Mother/Legal Guardian's Name		Cell Phone ()
Email Address			Email Address		
Home Address (if not child's)			Home Address (if not child's)		
City	State	Zip Code	City	State	Zip Code
Employer			Employer		
Address (Employer)			Address (Employer)		
City	State	Zip Code	City	State	Zip Code
Employer Phone ()	Daily Work Times		Employer Phone ()	Daily Work Times	
Names of Persons to whom the child may be released other than Legal Guardian:					
Person(s) not authorized to pick up child:					
I give permission to <u>Spring Lake Community Child Care</u> , licensed by the Department of Human Services to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.					
Signature of Parent/Legal Guardian				Date Signed	
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Address of Child's Physician or Health Clinic			Address of Child's Physician or Health Clinic		
Hospital Preferred for Emergency Treatment			Health Insurance Policy Number		
Special Needs:			Date of Last DTaP (Diphtheria, tetanus, pertussis) Shot		
Emergency Contact: Name of local person to be notified when parent not available			Local Address of Emergency Contact		
Home or Cell Phone ()	Relationship	Work Number ()	City	State	Zip Code
Special Instructions: (medical, emotional, physical, behavior issues)					
Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.				AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation	

Spring Lake Community Child Care

Summer Release Form

I, _____, hereby agree/disagree to the following procedures on behalf of my child(ren) _____.

Health Statement

I acknowledge that my child(ren) is in good health and free of communicable disease. Furthermore, I accept full responsibility for the general good health of this child(ren). Immunization records are on file at my children's school.

Yes No

Movie Permission

My child(ren) has permission to watch G/PG rated movies as part of the Summer KISS program. (Movies may be shown on a rainy day or for a reward.)

Yes No

Permission to Participate in Field Trips

My child(ren) has permission to participate in field trips during Summer KISS. I understand that I will be notified of these trips in advance unless weather causes the planned trip to be changed at the last minute. These field trips will either be on foot or the Harbor Transit will provide transportation.

Yes No

Photo Permission

Throughout our programs your child(ren) will be participating in various activities. While they are actively involved, do we have your permission to capture that Kodak moment with photographs?

Yes No

Sun Screen

I hereby grant permission for my child(ren) to have sunscreen applied on all exposed parts of his/her body.

(please provide for your child(ren))

Yes No

Recreation Program

I hereby grant permission for Spring Lake Community Child Care to release my child(ren) to the Spring Lake Recreation Department to attend the cheerleading clinic, tennis lessons, and/or sports camp.

Yes No

Signature of parent/guardian _____ **Date:** _____