

For Office Use Only
Amount Paid: _____
Check Number: _____
Date Paid: _____

Before and After School Childcare

The Chatfield School
231 Lake Drive
Lapeer, Mi 48446-1661
Phone (810) 667-8970 ext 211
www.chatfieldschool.org

Child Care Registration Form One Form Needed Per Child

Please return this form along with: \$30 (\$50 Family) non-refundable fee to the address shown above

Name of Child _____ Date of Birth: _____
(Last) (First) (Mo) (Day) (Year)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell Phone (Mom): _____ Cell Phone(Dad): _____

Child's teacher and grade : _____

Name of Parent/Guardian: _____ Work Phone _____
(Mother) (area) (number) (ext)
_____ Work Phone _____
(Father) (area) (number) (ext)

Days and hour you need childcare

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					

According to Michigan Department of Social Service Regulations, the parent or guardian of a child enrolled in a before and after school program must sign a statement verifying that their child is in good health and their immunizations are up to date. Their child is able to participate in program activities unless otherwise specified.

If you have any questions, concerns, or request a more confidentiality of information, please contact The Chatfield School Monday through Friday from 8:00 am until 4:30 pm at 231 Lake Drive, Lapeer, MI. 48446 or by phone (810) 667-8970

This is to verify that to the best of my knowledge my child _____, is in good health and all their immunizations are up to date. I will inform the Childcare Supervisor of any accidents, illness, health restrictions, allergies or medications child is taking.

(Parent/ Guardian Signatures)

Please indicate any health concern(s) that you feel your child's supervisor should be aware of:

Diabetes/Hypoglycemia	Permanent Vision Problems	Convulsive Disorder
Food allergies	Seasonal allergies	Medicine allergies
Other allergies	Permanent Hearing Problems	Orthopedic
Cardiac	Autism	Other (please specify)

Parent comment on special need or additional health information _____

Please initial that you have read the following:

_____ I have received the school handbook.

_____ I understand when I am not current on my bill that the Supervisor can revoke my child's privileges. (all bills must be paid in full monthly when bill not current child care privileges will be revoked until bill is paid in full. You will have to find other arrangement.)

_____ According to the Michigan Department of Human Service, school age programs operating in a school building are exempt from compliance of the 1997 edition of Public Playground Safety Regulation and regular inspections. Before and After School age Programs exempt from licensing rule 400.5117(7-9) www.michigan.gov/childcare

_____ I understand that I am required to sign my child in and out every day.

_____ I understand that I must **immediately** inform the supervisor of any changes in my information or health of my child.

_____ I have all my immunizations up to date or the proper waivers on file in the office.