



# Before/After School Program Registration Packet

Revision date: July 2013

## CHILD INFORMATION RECORD

### State of Michigan Department of Human Services - Bureau of Children and Adult 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
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. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

**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. (    )

I give permission to _____, licensed by the Department of Human Services <div style="text-align: center; font-size: small;">(Provider's Name)</div>	
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in 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
Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, 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.	

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## **SWIMMING PERMISSION FOR CHILDREN AGED 4 YEARS AND OVER**

I give permission for my child \_\_\_\_\_ to swim with RFC.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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### **SUNSCREEN/ LOTION PERMISSION**

I give permission to RFC to apply sunscreen/lotion to \_\_\_\_\_ (child's name)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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### **DIAPER OINTMENT PERMISSION**

I give permission to RFC to apply diaper ointment to \_\_\_\_\_ (child's name)

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

\_\_\_\_\_  
Date

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### **FIELD TRIPS**

I give permission to \_\_\_\_\_ (child's) to participate in field trips with RFC.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

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### **CONSENT TO USE NAME, PHOTOGRAPH AND CREATED WORKS**

I give permission for the name, photograph, and/or created works of my child \_\_\_\_\_ to be published by the media or RFC programs.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

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### **CHAPSTICK**

I give permission to RFC to apply chapstick to \_\_\_\_\_ (child's name)

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

\_\_\_\_\_  
Date



***Keeping Families on Track!!***

PO Box 374  
Coleman, MI 48618

[www.RailwayFamilyCenter.org](http://www.RailwayFamilyCenter.org)

Ph (989) 465-2079  
Fax (989) 465-9855

## **SCHOOL AGE HEALTH APPRAISAL**

Please fill out the following form for your school-age child, kindergarten through fifth grade.

My child \_\_\_\_\_, is physically able to participate in all activities at Railway Family Center.

Exceptions may include:

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**PARENT SIGNATURE**

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**PARENT'S PRINTED NAME**

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**DATE**

I certify that my child's \_\_\_\_\_ immunization records are up to date and  
Child's Name

currently on file with \_\_\_\_\_  
Name of Child's School

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**PARENT SIGNATURE**

---

**PARENT'S PRINTED NAME**

---

**DATE**



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PO Box 374  
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## CODE OF CONDUCT

Common Courtesy (please, thank you, excuse me, etc.)

Respect for other people (do not make fun of others)

Respect for the feelings of others (be nice to all of the children and the child care staff)

Respect other people's belongings (do not touch another's belongings without permission)

Keep hands and feet to one's self

Walk in the school building

Walk on the blacktop

Obscene and inappropriate language, gestures and behavior will not be tolerated

Children may leave the room with a staff member only, or depending on age, with permission of a staff member (i.e.: going to the restroom, getting forgotten homework)

Put away the things you get out

Everyone needs to help with cleanup

Rocks and sticks belong on the ground (no throwing)

Talk to the child care staff in a quiet, respectful voice (do not talk back or yell)

Other rules may be added if found necessary

If the above rules are not observed the following will happen:

- The child will be separated from the situation and have a one-to-one discussion with the child care staff
- There will be a time out for thought or cool off period
- Privileges may be revoked
- Parents will be talked to with the child present – a plan of corrective action will be put in place

- If the inappropriate behavior continues there will be a conference with the Program Coordinator or Community Programs Manager, the child care staff, and the parents – a plan of corrective action will be put in place for a specified probationary period
- If the probationary period has not resulted in a positive change of the child's behavior—dismissal from the Railway Family Center Preschool and Childcare will be the result.

We the undersigned agree to abide by the above Code of Conduct for the Railway Family Center preschool and Childcare.

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print parent's name

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print child's name

---

sign parent's name

---

sign child's name

---

date

---

date

Michigan Department of Education  
Child and Adult Care Food Program

*Where Healthy Eating Becomes a Habit*

## Parent Information Sheet

This child care center is a participant in the Child and Adult Care Food Program (CACFP), a United States Department of Agriculture (USDA) program. The CACFP provides cash reimbursement to child care centers for nutritious meals and helps children develop healthy eating habits. The CACFP is administered by the Michigan Department of Education (MDE).

Through the Child and Adult Care Food Program you can be assured that your child is getting balanced, nutritious meals and developing healthy lifelong eating habits. Proper nutrition during the early years ensures fewer physical and educational problems later in life.

As a participant in the CACFP, your child care center receives reimbursement for serving nutritious meals and snacks. Meals and snacks must meet the USDA meal pattern requirements listed below.

Breakfast	Lunch and Supper	Snack (serve 2 from the 4 food groups below)
Milk	Milk	Milk
Fruit, Vegetable, or Juice	2 Fruit/Vegetable servings	Fruit, Vegetable, or Juice
Grain/Bread	Grain/Bread	Grain/Bread
	Meat or Meat Alternate	Meat or Meat Alternate

*Children less than one year old:* Foods in the infant meal pattern vary according to the infant's age. If your child is less than one year old, please request the infant meal pattern requirements from our center.

MDE is required to verify the enrollment, attendance and meals/snacks typically consumed by children while they are in care. MDE staff may contact you regarding your child's participation in our day care center.

If you have any questions about the Child and Adult Care Food Program, please contact:

*Insert name of child care center*  
*Insert address of child care center*  
*Insert phone number of childcare center*

**or**

Child and Adult Care Food Program  
Michigan Department of Education  
P.O. Box 30008  
Lansing, Michigan 48909  
(517) 373-7391

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.





## Participant Enrollment Form

### Instructions:

1. List full name of participant enrolled in care
2. Circle the typical days each participant is in care
3. List times each participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino\*
6. Select one or more racial designations of each participant 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 care center

Participant'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		
	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.

Adult/Parent/Guardian Address

Adult/Parent/Guardian Phone Number

Signature of Adult/Parent/Guardian

Date Signed

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## PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Human Services

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 Children and Adult Licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

I have read the above statement issued by Railway Family Center  
Name of Child Care Center

Child(ren)'s Name(s) \_\_\_\_\_

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

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

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, 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.

Center Copy

## RAILWAY FAMILY CENTER PARENT HANDBOOK AGREEMENT

☐ I have received a copy of the Railway Family Center Parent Handbook.  
I understand the expectations and agree to cooperate with them.

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

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

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Program

Form 8/05

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Parent Copy

## RAILWAY FAMILY CENTER PARENT HANDBOOK AGREEMENT

☐ I have received a copy of the Railway Family Center Parent Handbook.  
I understand the expectations and agree to cooperate with them.

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

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

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Program