

After School Care Forms Checklist

Saint Brigid After School Childcare Program

Family Name _____

My child _____ is taking medication, and I have completed the medication form in the school office.

Name of medication _____
(write N/A if none)

My child _____ has a severe allergy or medical issue, and I have indicated this on the Child Information Record.

List concern _____
(write N/A if none)

I have completed the following forms for my **FAMILY** (1 per family)

_____ Attendance Request and Enrollment Form

_____ Notification of Licensing Notebook

_____ Advisory of Pesticides Form

_____ After School Care Handbook (Sign and return the last page)

AND

I have completed the following forms for **EACH CHILD** enrolled

_____ Child Information Record (BCAL-3731)

_____ Media and First Aid Form

_____ Physical Waiver and Immunization Form

Print Parent Name _____

Parent Signature _____ date _____

Attendance Request and Enrollment Form

Saint Brigid After School Care Program

Please print all fields. One form required per family.

Family Name _____

Parent _____ email _____

Parent _____ email _____

Name(s) of child(ren) enrolling in the After School Care Program

_____ grade _____

_____ grade _____

_____ grade _____

Please indicate your enrollment status and approximate pick up time

* All children must be picked up by 5:40 p.m.*

() Full Time Monday thru Friday. Approximate pick up time _____

() Part Time/Varied Schedule. Please circle the day(s) you need care:

M T W Th F Approximate pick up time _____

() Drop In (Please call the School Office or contact the ASC director by noon on the day care is needed, to verify space is available for your child(ren).

- A registration fee of \$50 per family will be charged to your FACTS account
- A rate of \$7.00 per hour, per child, will be charged to your facts account at the end of each month
- All required paperwork must be completed prior to attending ASC
- You will receive a confirmation email indicating your enrollment status

Parent Signature _____ date _____

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 _____
Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.

Advisory To Parents / Guardians

Dear Parent or Guardian of Saint Brigid Catholic School Student(s):

State of Michigan law requires that schools and day care centers that may apply pesticides on school or day care property must provide an annual advisory to parents or guardians of students attending the facility.

Please be advised that the Saint Brigid Catholic School / after school care center utilizes an Integrated Pest Management (IPM) approach to control pests. IPM is a pest management system that utilizes all suitable techniques in a total pest management system with the intent of preventing pests from reaching unacceptable levels or to reduce an existing population to an acceptable level. Pest management techniques emphasize sanitation, pest exclusion, and biological controls. One of the objectives of using an IPM approach is to reduce or eliminate the need for chemical applications of pesticides. However, certain situations may require the need for pesticides to be utilized.

As required by State of Michigan law, you will receive advance notice regarding the non-emergency application of a pesticide such as an insecticide, fungicide or herbicide, other than a bait or gel formulation, that is made to the school or day care grounds or buildings during this school year. Please note that notification is not given for the use of sanitizers, germicides, disinfectants or anti-microbial cleaners. In certain emergencies, such as an infestation of stinging insects, pesticides may be applied without prior notice to prevent injury to students, but you will be notified following any such application.

Advance notification of pesticide applications, other than a bait or gel formulation, will be given by at least 2 methods. The first method will be by posting at the main entrance to the school / day-care center, which is located at 130 West Larkin Street. The second method will be by the method(s) checked below:

- Posting in a public, common area of the school or day care center, other than an entrance. We will post in the school lobby.
- E-mail and Parish website.

Please be advised that parents or guardians of children attending the school or day care center are entitled to receive the advance notice of a pesticide application, other than a bait or gel formulation, by first class United States mail postmarked at least 3 days before the pesticide application, if they so request. If you prefer to receive the notification by first class mail, please complete the attached form and return it to our office.

Please be advised that parents or guardians of children attending the school may review the school's Integrated Pest Management program and records of any pesticide application upon request.

Sincerely,

Laura E. Wilkowski, Principal
Saint Brigid Catholic School
(989) 835-5386

I, _____, acknowledge that I have read and understand the policy
(parent/ guardian signature)

concerning pest management at Saint Brigid Catholic School on this day, _____.

_____ Print Name Here

**PLEASE SIGN AND RETURN THIS FORM TO THE
AFTER SCHOOL CARE PROGRAM DIRECTOR**

**2023-2024
PARENT HANDBOOK ACKNOWLEDGEMENT**

This is to acknowledge that I have received a copy of the Saint Brigid Catholic School After School Care Program Parent Handbook. This handbook outlines the policies and procedures of the Saint Brigid Catholic School After School Care Program. The handbook also outlines what is expected of me as a parent or guardian. I understand that it is my responsibility to read and comply with the expectations contained in the handbook and any subsequent revisions.

Parent printed name: _____

Parent signature: _____

Date: _____

Student's name(s): *only one handbook acknowledgement form is required per family*

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			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 Saint Brigid After Care, 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.

MEDIA and FIRST AID Form
Saint Brigid After School Care Program

MEDIA

I, the undersigned, give permission to Saint Brigid After School Care Program for the name, image, and/or created works of my child _____ to be published by the media.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

- - - - -

ADMINISTRATION OF FIRST AID

I, the undersigned, give permission to Saint Brigid After School Care Program to administer first aid (i.e. cold packs, bandages) in the event of a minor injury to my child, _____. I understand that I will be informed of the first aid my child received, upon pick up.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Physical Waiver and Immunization Form
Saint Brigid After School Care Program

PHYSICAL WAIVER

My child, _____ is physically able to participate in all activities in the Saint Brigid After School Care Program.

Exceptions may include:

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

- - - - -

VERIFICATION OF IMMUNIZATIONS

I certify that my child _____ has all of his/her immunizations up to date, and a copy of the immunization record is on file in the Saint Brigid Catholic School office.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date