Kids Connection Enrollment Checklist

Please carefully review and complete the following information and enrollment forms for the Kids Connection Child Care Program

If you have questions regarding these forms, please contact Jean Minnema, Director of Child Care Programs at 517.339.2665, extension 2202 or e-mail her at minnemjp@haslett.k12.mi.us

Registration packets are also available at

Haslett Community Education
1590 Franklin Street
Haslett, MI

List of enrollment forms to be completed, **SIGNED**, and returned to the Haslett Community Education office:

- Kids Connection Registration/Schedule Form
- Child Information Record
- Health, Field Trip and Information Release Form
- Acknowledgement of Kids Connection Policy Statement

Please return signed forms via mail, drop box, or in person to:
Haslett Community Education
1590 Franklin Street
Haslett, MI 48840
Fax (517) 339-8155

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HASLETT PUBLIC SCHOOLS
KIDS CONNECTION PROGRAM

2019 - 2020 TUITION

2019/20 School Year Kids Connection program begins on Monday, August 26 for 1st - 5th graders. Childcare for kindergarten and DK students will begin on Tuesday, August 27, 2019. Childcare for Kindergartners and First Graders is offered before and after school at Wilksheire Early Childhood Center. Childcare for 2nd - 5th graders is offered before and after school at both Ralya Elementary and Murphy Elementary. Registration is required three working days prior to the child's attendance. If your child is enrolled for the school year Kids Connection program prior to August 15, 2019 you will be billed by mail for September tuition. Enrollments received on or after August 15, 2019 will have September tuition due at the time of enrollment.

2019-2020 SCHOOL YEAR FEES

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Fee (Non-Refundable and Due at Enrollment)</td>
<td>$45.00/child or $75.00/family</td>
</tr>
<tr>
<td>Re-Enrollment Fee (same school year/per child)</td>
<td>$15.00</td>
</tr>
<tr>
<td>PERMANENT (SET) SCHEDULES</td>
<td></td>
</tr>
<tr>
<td>Before School Care (includes breakfast)</td>
<td>$9.80 per day</td>
</tr>
<tr>
<td>After School Care (includes snack)</td>
<td>$12.80 per day</td>
</tr>
<tr>
<td>VARIED CALENDARS - Monthly calendar due in advance to Community Ed.</td>
<td></td>
</tr>
<tr>
<td>Before School Care (includes breakfast)</td>
<td>$10.80 per day</td>
</tr>
<tr>
<td>After School Care (includes snack)</td>
<td>$13.80 per day</td>
</tr>
<tr>
<td>ADDED DAYS AND INTERMITTENT CARE</td>
<td></td>
</tr>
<tr>
<td>Before School Care (includes breakfast)</td>
<td>$11.80 per day</td>
</tr>
<tr>
<td>After School Care (includes snack)</td>
<td>$14.80 per day</td>
</tr>
<tr>
<td>NO SCHOOL DAYS</td>
<td></td>
</tr>
<tr>
<td>Full Days (7:00 a.m. - 6:00 p.m.)</td>
<td>$42.00 per day</td>
</tr>
<tr>
<td>Field Trip Fee</td>
<td>$7.00 per trip</td>
</tr>
</tbody>
</table>

Sibling Discount: If more than one child in a family attends the Kids Connection program, rates are reduced by 25% for the second child. The discount will be given to the child in the program that has the lower fee.

Early Drop-Offs and Late Pick-Ups: $15.00 per 15 minute fee will be charged for occurrences one - four. Occurrences five - ten the fee will increase to $25.00 for any part of 15 minutes. More than 10 late pick-ups or early drop-offs the fee will increase to $35.00 for any part of 15 minutes with a possibility of loss of child care.

Late Payments: $15.00

Schedule Changes: $5.00

All registrations are accepted on a first come, first serve basis. Registration forms for all programs are available at the Haslett Community Education office, 1590 Franklin Street or at haslett.k12.mi.us, click on the Community Education link. Forms may also be dropped off at the drop box. If you have any questions, please call Jean Minnema at 339-2665.
HASLET COMMUNITY EDUCATION
KIDS CONNECTION PROGRAM

Child's School Building: ___________________ Grade ___________ Child's Start Date of Program ___________

Child's Last Name ___________________ Child's First Name ___________________ Please circle: Male/Female

Legal Guardian ___________________ Legal Guardian ___________________
Home Address ___________________ Home Address ___________________
City/Zip Code ___________________ City/Zip Code ___________________
Home Phone ___________________ Home Phone ___________________
Work Phone ___________________ Work Phone ___________________
Cell Phone ___________________ Cell Phone ___________________
Email ___________________ Email ___________________

Child's Primary Residence (please circle) Mother Father Both Other: ___________

<table>
<thead>
<tr>
<th>CHILDREN WITH SET SCHEDULES</th>
<th>OR</th>
<th>CHILDREN WITH VARIED / INTERMITTENT SCHEDULES</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE SCHOOL</td>
<td>M</td>
<td>W</td>
</tr>
<tr>
<td>AFTER SCHOOL</td>
<td>M</td>
<td>W</td>
</tr>
</tbody>
</table>

Circle programs and days needed

In return for child care services rendered on the above weekly schedule, I as a parent or guardian of ____________________________, agree to tuition payments according to the procedures and conditions as set forth in the Kids Connection Parent Handbook. I agree to read the Parent Handbook (available at www.haslett.k12.mi.us/Community Education), and abide by all the procedures and conditions outlined. If I have questions or need clarification, I know it is my responsibility to contact Haslett Community Education.

Date ___________ Parent/Guardian Signature* ___________ Date ___________ Parent/Guardian Signature* ___________

*Only person’s whose signature appears on this part of the registration shall have access to financial information.

GOOD HEALTH STATEMENT

My child, ____________________________, whose birth date is ____________________________, is in good health and free of communicable diseases, and I, the parent or guardian, assume the responsibility for said child’s state of health while at Haslett Kids Connection; with the understanding that I will be notified immediately when anything unforeseen is this regard occurs. My child, ____________________________, takes ____________________________, medication daily. Medication is taken ____________________________, ____________________________, ____________________________.

(at home) (during school day) (at Kids Connection)

I have signed and filled out all information on the Medication Authorization form.

Date ___________ Parent/Guardian Signature* ___________

Make checks payable to: HASLET COMMUNITY EDUCATION

OFFICE USE ONLY: Date Received ___________ Exp. Date ___________

Registration Fee ___________ Visa / MC / DISC / Ck# ___________ 3 digit code ___________

Emergency Card ___________ Medication Authorization Form (if applicable) ___________

Info. Release form: Limited Access, Total Denial___________ Total Access___________ Acknowledgement ___________
# 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.

<table>
<thead>
<tr>
<th>For Use Only: Provider</th>
<th>Date of Admission</th>
<th>Date of Discharge</th>
</tr>
</thead>
</table>

Name of Child (Last, First, Middle Initial)  
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.)

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**BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.**

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**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.  
4.  

**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 **HPS Kids Connection**, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care.

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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**

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**Date Card Reviewed**  
**Parent or Legal Guardian Initials**

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**Date Card Reviewed**  
**Parent or Legal Guardian Initials**

---

**Date Card Reviewed**  
**Parent or Legal Guardian Initials**

---

**Date Card Reviewed**  
**Parent or Legal Guardian Initials**

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**Authority:** 1973 PA 116  
**Completion:** Required  
**Penalty:** Rule Violation

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**BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.**
GOOD HEALTH STATEMENT

My child__________________________, whose birth date is__________, has up to date immunizations with the records on file or the appropriate waiver at their school. My child is in good health, and free of communicable diseases and I, the parent/guardian, assume the responsibility for said child's state of health while at HPS Kids Connection; with the understanding that I will be notified immediately when anything unforeseen in this regard occurs.

My child__________________________, takes____________medication daily. I have signed and filled out in full all information on the Medication Authorization Form.
My child has special needs (please explain): ____________________________

FIELD TRIP/ACTIVITIES PERMISSION STATEMENT

My child__________________________ has my permission to fully participate in all activities and field trips planned by the Haslett Public Schools Kids Connection program. I understand that my child will be using the playground at one of Haslett Public Schools elementary buildings. The playground equipment may or may not comply with the standards of the Playground Equipment Safety Act. I understand that there will be an individual fee assessed for the field trips/activities for which I have enrolled my child. Haslett Public Schools Kids Connection program will notify parents of pesticide application by posting a note at the child care program and placing a note to go home in every child’s parent folder.

PERMISSION FOR RELEASE OF DIRECTORY INFORMATION

Federal and state laws require a school district to release the name, address, parent's name, phone number, birthday, class or grade, extra curricular activities, achievements, awards or honors, height and weight for athletic team members, photograph, and previous school attended, for any child upon written request unless the parent/guardian specifically requests in writing that this information not be given out for their child.

If you wish to limit the release of your child’s directory information you may do so by selecting “Yes” or “No” to the options listed below. If you want your child’s directory information to be released for school-related purposes approved by administration you must answer “Yes” to Local Use.

Yes No Local Use: Haslett Public Schools may release my child’s directory information to school-related groups or qualified outside organizations as determined by the school district. If you select “No” your child’s information will not appear in the annual yearbook, school newsletter, drama production playbill, sports team roster, graduation program, honor roll or other recognition list, news/media releases, the school district website, or the district cable TV channel.

Yes No Public Use: Haslett Public Schools may release my child’s directory information to any entity or organization, school-related or not, upon written request by that entity or organization. If you select “No,” Haslett Public Schools will not release your child’s information to entities that are not affiliated with the schools or to any non-qualified outside organization.

PARENT NOTIFICATION OF LICENSING NOTEBOOK

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 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 at www.michigan.gov/michildcare.

I have read and completed all of the above statements.

Parent Signature_________________________________________ Date________________________
Acknowledgement of Kids Connection Policy Statements.

Please read carefully and initial to indicate you have read, understand and agree to abide by said policy.

_________________________ Child's Name ___________________________ Date

_____ I understand that there is a non-refundable registration fee.

_____ I understand all payments are due in advance of services rendered by the first of the month.

_____ I understand that it is my responsibility to secure my bill from my child's folder at the program site.

_____ I understand if my payment is made after the first of the month I will incur a $15.00 per child late fee.

_____ I understand that if my account becomes delinquent my child care will be terminated.

_____ I understand I must give two weeks' notification to withdraw my child from the Kids Connection Program. Furthermore, I understand that I am responsible for the two weeks of tuition from the date I submitted written notification of withdrawal from the Kids Connection program. I know I am responsible for the two weeks' tuition whether or not my child is in attendance.

_____ I understand if I have a set (permanent) schedule I must give a 2 week notice to reduce the schedule or withdraw. If on a varied calendar I understand I may not reduce my days for the month once submitted. Days may be added to the calendar but not dropped or switched. There is no dropping of days for permanent or varied schedules. If using a varied calendar, days are expected each month. If no calendar is submitted for a given month, families will automatically put on intermittent care for the following month.

_____ I understand that tuition fees are based on enrollment not on attendance. This includes but is not limited to: family vacations, illness, doctor appointments, and change of plans. Please do not request to be the exception to this rule.

_____ I understand that if I pick up my child late or drop them off early I will incur a $15.00 per 15 minute fee will be charged for occurrences one – four. Occurrences five – ten the fee will increase to $25.00 for any part of 15 minutes. More than 10 late pick-ups or early drop-offs the fee will increase to $35.00 for any part of 15 minutes with a possibility of loss of child care.

_____ I understand that when Kids Connection is closed for snow days or emergency closings I am still responsible for tuition for the day. Credit cannot be given.

_____ I understand there is a $5.00 fee to make a permanent schedule change.

_____ I understand field trip fees are non-refundable and no credit will be given.

_____ I understand that in the event that any person designated (parent or otherwise) to pick up a child arrives and appears to be under the influence of drugs or alcohol; we will not release the child. The person designated as the "emergency contact" person will be contacted immediately to arrange safe transportation. If we are unable to reach the emergency contact person the police will be called and informed of the situation.

_____ I acknowledge I have received all packet information and I have or will read the Kids Connection Parent Handbook (available on the HPS website) and agree to abide by all policies.
TUITION PAYMENT INFORMATION

❖ Bills are located in your child's file at the sign in/out table. It is the parent's responsibility to check this folder for your bill and any other important information (accident reports etc.)

❖ Tuition bills are put in your child’s on or about the 15th of every month. We ask that you visit the site at least once a month to pick up the tuition bill. Sorry, we are unable to mail your bill out.

❖ Payments are due on the first day of every month, in advance of services rendered. Payments may be: mailed, taken to Haslett Community Education, 1590 Franklin Street, Haslett, MI. 48840 or paid over the telephone with credit card. For your convenience there is also a drop box at that location. Please no cash in the drop box. Payments are not accepted at the childcare sites.

❖ Tuition may be paid by: cash, check, money order, Send Money to School Website, Visa, Discover or MasterCard. Please make checks payable to Haslett Community Education.

❖ Payments for all childcare services are the responsibility of the person signing the registration form.

❖ Payments not received by the first of the month will incur a $15.00 late fee.

❖ Delinquent accounts will have childcare services terminated.

❖ Two-week notice is necessary to make a schedule change or drop the program. You are still responsible for the fees during the two-week time period whether or not your child attends.

❖ There will be a $5.00 schedule change fee for schedule changes.

Kids Connection Parent Handbook is available online at www.haslett.k12.mi.us under the Community Education link
2019-2020 KIDS CONNECTION CALENDAR

August
26 First Day of School and First Day of Kids Connection for 1st - 6th grades
27 First day of Kids Connection for Kindergarten and DK
30 Labor Day Recess NO SCHOOL-NO KIDS CONNECTION

September
2 Labor Day Recess NO SCHOOL- NO KIDS CONNECTION

October
11 - 14 Autumn Break- 7:00 A.M. - 6:00 P.M. CARE PROVIDED

November
5 Election Day- 7:00 A.M. - 6:00 P.M. CARE PROVIDED
27 - 29 Thanksgiving Recess-NO SCHOOL-NO KIDS CONNECTION

December
23 - 27 Winter Break -NO KIDS CONNECTION
30 Winter Break- 7:00 A.M. - 6:00 P.M. CARE PROVIDED
31 Winter Break-NO KIDS CONNECTION

January
1 Winter Break-NO KIDS CONNECTION
2 Winter Break- 7:00 A.M. - 6:00 P.M. CARE PROVIDED
3 Winter Break-7:00 A.M. - 6:00 P.M. CARE PROVIDED
20 MLK Day- 7:00 A.M. - 6:00 P.M. CARE PROVIDED

February
14 Mid-Winter Break 7:00 A.M. - 6:00 P.M. CARE PROVIDED
17 President's Day-NO SCHOOL-NO KIDS CONNECTION

April
3-10 Spring Break- 7:00 A.M. - 6:00 P.M. CARE PROVIDED

May
25 Memorial Day-No School- NO KIDS CONNECTION

June
10 Last day of school-partial day- Care provided before school and after school.