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
2017 - 2018 TUITION

2017-2018 School Year Kids Connection program begins on Monday, August 28 for 1st - 5th graders. Childcare for kindergarten students will begin on Tuesday, August 29, 2017. Childcare for Kindergartners and First Graders is offered before and after school at Wilkshire 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, 2017 you will be billed by mail for September tuition. Enrollments received on or after August 15, 2017 will have September tuition due at the time of enrollment.

### 2017-2018 SCHOOL YEAR FEES

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>Cost (per day)</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><strong>PERMANENT (SET) SCHEDULES</strong></td>
<td></td>
</tr>
<tr>
<td>Before School Care (includes breakfast)</td>
<td>$9.60</td>
</tr>
<tr>
<td>After School Care (includes snack)</td>
<td>$12.60</td>
</tr>
<tr>
<td><strong>VARIED CALENDARS – Monthly calendar due in advance to Community Ed.</strong></td>
<td></td>
</tr>
<tr>
<td>Before School Care (includes breakfast)</td>
<td>$10.60</td>
</tr>
<tr>
<td>After School Care (includes snack)</td>
<td>$13.60</td>
</tr>
<tr>
<td><strong>ADDED DAYS AND INTERMITTENT CARE</strong></td>
<td></td>
</tr>
<tr>
<td>Before School Care (includes breakfast)</td>
<td>$11.60</td>
</tr>
<tr>
<td>After School Care (includes snack)</td>
<td>$14.60</td>
</tr>
<tr>
<td><strong>NO SCHOOL DAYS</strong></td>
<td></td>
</tr>
<tr>
<td>Full Days (7:00 a.m. - 6:00 p.m.)</td>
<td>$42.00</td>
</tr>
<tr>
<td>Field Trip Fee</td>
<td>$7.00</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 (HCE) office, 1590 Franklin Street or at haslett.k12.mi.us, click on the Community Education link. Forms may also be returned to the drop box at the HCE office. If you have any questions, please call Jean Minnema at 339-2665.
### Haslett Community Education

**Kids Connection Program**

**Child’s School Building:** ________________ **Grade:** ____________ **Child’s Start Date of Program:** ________________

| Child’s Last Name | ________________ | Child’s First Name | ________________ | Legal Guardian | ________________ | Home Address | ________________ | City/Zip Code | ________________ | Home Phone | ________________ | Work Phone | ________________ | Cell Phone | ________________ | Email | ________________ |
|-------------------|------------------|-------------------|------------------|----------------|------------------|-------------|------------------|-------------|------------------|-----------|------------------|-----------|------------------|--------|------------------|

**Child’s Primary Residence (please circle):**
- Mother
- Father
- Both
- Other: ________________

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**Children with Set Schedules** OR **Children with Varied / Intermittent Schedules**

<table>
<thead>
<tr>
<th><strong>Varied Calendar</strong></th>
<th><strong>Intermittent Care</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child will attend monthly with a varied schedule. Calendar must be submitted monthly; care will be billed in advance of services rendered.</td>
<td>Child will attend intermittently, not on a monthly basis. Care must be paid for before child attends. Additional fees may apply.</td>
</tr>
</tbody>
</table>

**CHILDREN WITH SET SCHEDULES**

**BEFORE SCHOOL**

<table>
<thead>
<tr>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
</tr>
</thead>
</table>

**AFTER SCHOOL**

<table>
<thead>
<tr>
<th>M</th>
<th>T</th>
<th>W</th>
<th>TH</th>
<th>F</th>
</tr>
</thead>
</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 ________________, ________________, ________________. I have signed and filled out all information on the Medication Authorization form.

**Date** ________________ **Parent/Guardian Signature:** ________________

Make checks payable to: **Haslett Community Education**

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**Office Use Only:** **Date Received** ________________ **Exp. Date** ________________

<table>
<thead>
<tr>
<th>Registration Fee</th>
<th>________________</th>
<th>Visa / MC / DISC / Ck#</th>
<th>________________</th>
<th>3 digit code</th>
<th>________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Card</td>
<td>________________</td>
<td>Medication Authorization Form (if applicable)</td>
<td>________________</td>
<td>________________</td>
<td>________________</td>
</tr>
<tr>
<td>Info. Release form: Limited Access. Total Denial</td>
<td>________________</td>
<td>Total Access</td>
<td>________________</td>
<td>Acknowledgement</td>
<td>________________</td>
</tr>
</tbody>
</table>
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:
Name of Child (Last, First, Middle Initial)  Date of Admission  Date of Discharge  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.)

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. ( )

I give permission to, Haslett Public School Kids Connection, licensed by the Department of Licensing and Regulatory Affairs 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

LARA is an equal opportunity employer/program.

BCAL-3731 (Rev. 1) Previous edition 7-12 only may be used.

See Reverse Side

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.
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 Haslett 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): __________________________________________________________

*Parent/Guardian Signature __________________________________________ Date ____________

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.

*Parent/Guardian Signature __________________________________________ Date ____________

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 that this information not be given out for their child.

In order to limit the access of this information to persons who have an educational reason or are approved by the school administration, you must check Box A.

Child's Name ___________________________ Grade _______ School ____________

__A. Limited Access-the school may release directory information (see above) about my child to school related groups or requests approved by the school administration. Choosing this option allows Kids Connection to photograph and videotape your child for informational/promotional purposes related to school and school activities.

__B. Total Denial-the school may not release any of the above information about my child. By choosing this option Kids Connection will not photograph or videotape your child. Before taking pictures or videotaping your child will be removed from the group.

__C. Total Access-the school may release any of this information about my child for any request received by the district.

*Parent Signature __________________________________________ Date ____________

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 the above statement issued by Haslett Public Schools Kids Connection Program.

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.

______ 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 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.
2017-2018 KIDS CONNECTION CALENDAR

August
28 First Day of School and First Day of Kids Connection for 1st - 6th grades
29 First day of Kids Connection for Kindergarten

September
1 - 4 Labor Day Recess NO SCHOOL- NO KIDS CONNECTION

October
9 Columbus Day-NO SCHOOL- 7:00 A.M. - 6:00 P.M. CARE PROVIDED

November
22 - 24 Thanksgiving Recess-NO SCHOOL-NO KIDS CONNECTION

December
25 - 29 Winter Break-NO SCHOOL-NO KIDS CONNECTION

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

February
19 President’s Day-NO SCHOOL-NO KIDS CONNECTION

March
30 Spring Break-NO SCHOOL-7:00 A.M. - 6:00 P.M. CARE PROVIDED

April
2 - 6 Spring Break- NO SCHOOL-7:00 A.M. - 6:00 P.M. CARE PROVIDED

May
29 Memorial Day-No School- NO KIDS CONNECTION

June
7 Last day of school year after school Kids Connection program
8 Last day of school -Before school care only (closed after school)
11 First day of Kids Connection 2018 Summer Program