



**Summer Child Care Registration
June 13 to August 29, 2016**

Family Information

Child's Name and Grade: _____

Parent's Names: _____

Child's Home Address: _____

Parent's Address (if different from child): _____

Home Phone: _____ Cell Phone: _____

Cell Phone: _____

Parent's Work Phones: Dad - _____

Mom - _____

E-mail: _____

E-mail: _____

Who should be contacted first in case of emergency? _____

(continues on back)

Child Care Schedules

Please indicate what days your child will be using the child care in the box below. We understand that your schedules may vary, but we would appreciate any information you can provide. We know that during the summer months, things come up unexpectedly, so **it is essential that we are given 24 hour notice of any planned changes in the schedule.** If your child is ill in the morning, please do not send them, but notify us by 9:00 AM. If we do not receive notice that you are not coming, you will still be charged for the day. (361-7816)

	Monday	Tuesday	Wednesday	Thursday	Friday

If you know of any planned vacations, please indicate the dates below:

Payment Plan

If you are a current ASA family, your child care expenses will be added weekly to your SMART Tuition Account. All **Non-ASA families** must enroll in the SMART Tuition Program and submit a **\$100.00 enrollment fee** (www.EnrollWithSmart.com). When enrolling, you will need to use a code, PS2016, to receive the discounted \$100.00 enrollment fee rate.

Child Care Handbook

Information and specifics about our programs can be found in our child care handbook. You can view the most recent edition on our website (www.asagr.org). If you need a paper copy, they are available in the school office and child care rooms.

Licensing Notebook

The licensing notebook contains all the licensing inspection/special investigation reports and related corrective plans since May 28, 2010. This notebook is available during business hours for parent viewing. Licensing inspections and special investigations from the past 2 years are available for viewing at www.michigan.gov/michildcare.

Parent Signature _____ Date _____

We must have a current child information card and health maintenance record on file before you may attend.

Please complete and return this form to All Saints Academy School.

Summer Supply List

Please supply your child with the following items. These items may be kept at school during the summer season or brought back and forth daily. Please label all items and put the items in a tote-style bag. We will send things home periodically to be washed.

- Towel
- Swimsuit
- Water Bottle
- Change of clothes if needed
- Sunscreen (optional – must complete permission slip to apply at school)
- Bug Spray (optional – must complete permission slip to apply at school)
- Bring a lunch from home or buy one from our hot lunch program



Summer Activities

We have many fun activities in the works for the summer months. We are in the planning stages of completing a schedule with a variety of events. Most of these activities will require additional fees. We will post a monthly activity calendar each month in the childcare rooms. Below is a listing of some of the events we are planning.

- Aberdeen Park – including water play
- Bowling
- Papa Johns
- Pizza Lunches
- Ice Cream
- Art and Craft Activities
- Weekly Visits from the Ice Cream Truck
- Much, much more



CHILD CARE RATES (prices effective 6-13-16)

ROOM	DAILY RATE	WEEKLY RATE	HOURLY RATE
Toddler Room	\$45.00	\$200.00	\$30.00 – half-day
Preschool (3s & 4s)	\$35.00	\$160.00	\$4.50
Saints Club (K-3 rd)	\$27.00	\$135.00	\$4.00
Eagles Club (4 th -8 th)	\$27.00	\$135.00	\$4.00
Siblings (Pre-8 th)	\$22.00	\$110.00	\$3.00

All rates will be based on 30 minute increments.



FIELD TRIP CONSENT FORM

Dear Parent,

Your son/daughter is eligible to participate in a school-sponsored activity at a location away from the school building. This activity will take place under the guidance and supervision of an ASA staff member. A brief description of the activity follows:

NAME OF EVENT: **Water Park and Playground Fun**

DESTINATION: **Aberdeen Park**

DESIGNATED SUPERVISOR OF ACTIVITY: **Child Care Staff**

DATE AND TIME OF DEPARTURE: **Varies each week**

TIME OF ANTICIPATED RETURN: **Varies each week**

METHOD OF TRANSPORTATION: **Walking**

STUDENT COST: **free**

PARENT COST: **free**

PLEASE MAKE CHECKS PAYABLE TO: n/a

TEACHER COMMENTS: **We will use the park for both water play and playground activities.**

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and acknowledgment. As the parent/guardian, you remain liable for any actions/behaviors by the named student that may result in legal consequences.

Please return by: **your first summer session**

----- ✂ -----

Event:	Event Date	Homeroom Teacher:
Aberdeen Park	Summer	Child Care

Statement of Consent

I hereby consent to have my child _____ participate in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless All Saints Academy, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize All Saints Academy to obtain necessary medical treatment for my child in case of illness, injury or accident. List allergies, medication, contacts, or other pertinent information:

During this event, I can be reached at _____

I certify that I am the (check one) _____ custodial parent _____ legal guardian of the minor child named above and I agree to the above terms for myself and for my minor child.

_____	_____	_____
(Print Parent's Name)	(Parent's Signature)	(Date)



Sunscreen/Insect Repellent Permission

Children's Name: _____

I give All Saints Academy Child Care Staff permission to apply sunscreen on my children as needed. I have provided sunscreen for the staff to use. Please label your sunscreen bottle with your name. ASA does not provide students with sunscreen.

(parent signature)

(date)

I give All Saints Academy Child Care Staff permission to apply insect repellent on my children as needed. I have provided insect repellent for the staff to use. Please label your bottle with your name. ASA does not provide students with insect repellent.

(parent signature)

(date)



Please complete for each K-8 child.

All Saints Academy – Saints Club/ Eagles Club

Health Maintenance Record

Currently, _____ is in good health.

My child is up to date on all immunizations: YES NO

If no, do they have a signed waiver? YES NO

Please list any health concerns that may influence your child's participation in the child care happenings. _____

Does your child have any known allergies? YES NO

If yes, please list: _____

Is your child currently taking any regular medications? YES NO

If yes, please list medication and dosage: _____

Please note: If your child will be taking medications during child care hours, we must have a medical release that has been signed by your family physician on file.

Parent Signature: _____ Date: _____

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
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. 6-15) Previous edition 7-12 only 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 must initial one of the following: _____ I give permission to _____, 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. _____ I do not give permission to _____, 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. I understand I assume responsibility for all emergency medical 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. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.
--	---

BCAL-3731 (Rev. 6-15) Previous edition 7-12 only may be used.