

# 2020-21 School Age Programs



## Your child's spot will be secured with:

- 1) **Receipt of this** (fillable PDF) **registration packet**. Save and email to [wfranz@freeland-sportszone.com](mailto:wfranz@freeland-sportszone.com)  
*For After School Program only, complete just pages 1-2*
- 2) **Payment of Registration Fee:** Before School Program \$60 (per child) / After School Program \$40 (per child)  
**When the registration packet is received we will provide instructions for payment of the registration fee(s) on our Client Portal**
  - Registration fees are non-refundable, and will be applied to the last month of the program
  - Monthly program fees will be charged on the 1<sup>st</sup> of **each month** to the debit/credit card provided at Client Portal
  - To avoid existing charges, all changes & cancellations must be received in writing by the **15<sup>th</sup> of the previous month**.

<p><b>BEFORE SCHOOL PROGRAM</b></p>	<input type="checkbox"/> <b>\$150 / Month 5 days a week</b> (per child) <input type="checkbox"/> <b>\$110 / Month 3 days a week</b> (per child)
<p><b>AFTER SCHOOL PROGRAM</b></p>	<input type="checkbox"/> <b>\$110 / Month 5 days a week</b> (per child) <input type="checkbox"/> <b>\$90 / Month 3 days a week</b> (per child)

Participant's Last Name	First Name	M/F	Grade 2020-21
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Participant's Last Name	First Name	M/F	Grade 2020-21
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Street Address	City	Zip Code
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Home Phone #	Email Address
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Name of Parent/Guardian	Phone #
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Name of Parent/Guardian	Phone #
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I understand that Freeland Community Sports Association (FCSA) and Freeland Schools & its departments, employees, agents, sponsors, co-sponsors, & contractors assume NO responsibility for any injury that may be suffered by the participant and that the participant assumes all risk, personal injury, loss & damage of property. I fully release from liability and/or damages, Tittabawassee Township and all its parties from injury or damages on behalf of our child and/or ourselves. In case of emergency I give my consent to emergency medical treatment. By signing below, I consent that my child/children are in good health and that my child/children's immunizations are up to date and on file with the Freeland Community School District.

Signature of Parent/Guardian	Date
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# 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.

<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
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. |

I \_\_\_\_\_ give permission to Freeland Community Schools/Freeland SportsZone (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.

<u>Signature of Parent or Guardian</u>		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.



# Freeland Community School District

Matthew A. Cairry, Superintendent  
www.freeland.k12.mi.us

Phone (989) 695-5527  
Fax (989) 695-5789

710 Powley Dr  
Freeland, MI 48623-8106

## **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](http://www.michigan.gov/michildcare).

I have read the above statement issued by Freeland Community Schools and/or Freeland SportsZone

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

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

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

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**WRITTEN INFORMATION PACKET DOCUMENTATION**  
Michigan Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems

Child(ren)'s Name(s) (Last, First)	Center Name Freeland Community Schools and/or Freeland SportsZone
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A written information packet has been provided at the time of enrollment. The packet included all the following information:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
  - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
  - The licensing notebook is available to parents during regular business hours.
  - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).
- Other \_\_\_\_\_

I certify that I received all of the above items.

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

\_\_\_\_\_  
Date

**Note:** A single BCAL-4340 form may be used for all children in the same family.

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## Freeland Community School District's Before School Program

As part of our record keeping and wanting to keep your child safe, it is important that you read, complete and sign the following:

- My child is in good health. Activity restrictions:

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- My child's immunizations are up-to-date and are on file at the school office.

- Medications my child needs while at the Before School Program:

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- Parents of Young 5s and Kindergarten students- please enclose a copy of your child's immunization record.

Child's Name: \_\_\_\_\_

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