

Dear Kids Klub Families,

Thank you for your interest in Kids Klub. Space is filled on a first-come first-serve basis, so please do not wait until the last minute to register. Our space is limited! Please follow the registration checklist at the bottom of the page to secure your spot for next year.

On behalf of the Kids Klub staff, we thank you for your interest in our child care program. We are looking forward to working with your family next year.

Sincerely,

Alyssa Thompson
Community Education
Director

Alyssa Thompson
Indian Lake
321-1422

Harley Drummond
Sunset Lake
321-1514

Punkie Curtis
Tobey
321-1605

Registration Checklist:

_____ Non-refundable registration fee (\$20 per child or \$30 per family)

_____ Enrollment packet – complete every page, check both sides

Registration forms are available at your child's school and must be returned to the Community Education Office located in the Administration building. Registration forms and payments can be made after hours by using the drop box located on the south side of the building at the top of the stairs.

Please return your first week's schedule and payment by August 17th in Skyward so we can plan for the start of the school year. Late schedules will not be accepted due to the need to plan for staffing. Feel free to call your site coordinator or the Community Ed office if you have any further questions regarding your account or the enrollment process. Once again, thank you for your interest in Vicksburg Kids Klub! ☺

VICKSBURG COMMUNITY SCHOOLS

Payment _____ Date _____
Check# _____ or Cash _____ Initial _____

KIDS KLUB REGISTRATION

Please complete and deliver with the \$20.00 registration fee (\$30.00/ family) to the Community Education office: Vicksburg Community Education, 301 S. Kalamazoo Ave., Vicksburg, MI 49097

CHILD'S NAME	GRADE	AGE	BIRTH DATE	GENDER	DID CHILD ATTEND LAST YEAR?	
_____	_____	_____	___/___/____	_____	yes	no
_____	_____	_____	___/___/____	_____	yes	no
_____	_____	_____	___/___/____	_____	yes	no
_____	_____	_____	___/___/____	_____	yes	no

TODAY'S DATE _____ STARTING DATE _____ SCHOOL: Indian Lake Sunset Lake Tobey

CIRCLE EXPECTED DAYS OF ATTENDANCE: M T W TH F _____ AM Kids Klub _____ PM Kids Klub

NAME OF PARENT(S)/GUARDIAN(S) WITH WHOM CHILD RESIDE: _____

BEST PHONE CONTACT _____ BEST EMAIL CONTACT _____

EMERGENCY CARE

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the Kids Klub staff, licensed by the Department of Human Services, to secure emergency medical and/or emergency surgical treatment for my child.

Parent/Guardian Signature _____ Date _____

MEDIA RELEASE

I hereby consent and give my permission for my child (ren) to have his/her/their picture taken for the following purposes as approved by the Kids Klub director:

- | | | |
|-----------------------------------|-----------|----------|
| 1. NEWSPAPER | _____ YES | _____ NO |
| 2. TELEVISION | _____ YES | _____ NO |
| 3. INTERNET (Facebook or Website) | _____ YES | _____ NO |
| 4. VIDEOTAPING | _____ YES | _____ NO |
| 5. PUBLICATION | _____ YES | _____ NO |
| 6. KIDS KLUB PROJECTS | _____ YES | _____ NO |

Parent/Guardian Signature _____ Date _____

LICENSING NOTEBOOK

I understand that the Department of Human Services, Bureau of Children and Adult Licensing requires that all licensed childcare programs maintain a licensing notebook that includes copies of licensing inspection and special investigation reports and related corrective action plans (Rule 400.5114). This book will be kept in our Community Education Office at the Vicksburg Administration Building and will be available for review during regular business hours or upon request.

Furthermore, I understand that licensing inspection and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

Parent/Guardian Signature _____ Date _____

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

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		Primary Phone ()	Parent/Legal Guardian's Name (Optional)	
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)	
City	State	Zip Code	City	State Zip Code
Email Address (optional)			Email Address (optional)	
Employer Name		Work Phone ()	Employer Name	
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/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)				

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 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 _____, 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.

VICKSBURG COMMUNITY SCHOOLS KIDS KLUB PROGRAM

PARTICIPATION AGREEMENT

- A. I have read and agree to abide by the Kids Klub policies and procedures listed in the Parent Handbook.
- B. I understand I am enrolling my child for the current school year.
- C. I agree to pay an annual non-refundable registration fee of \$20/child or \$30/family.
- D. I understand that Kids Klub is a pre-pay/pay in advance program. I am responsible for submitting schedules for my child/children with the corresponding payment prior to the week that care is needed. A late payment/schedule fee of \$18 will be assessed if payment/schedule for the upcoming week is not received by **Thursday at 6:00** each week, unless otherwise noted. Refunds will not be given once a child has been scheduled.
- E. I agree to pay a \$25 fee for NSF checks. I agree to request a receipt for cash payments. I agree to make cash payments after two NSF checks have been issued to me.
- F. I understand that Kids Klub will open at 6:30 AM each morning. Kids Klub staff are not authorized to allow anyone to enter the building before the scheduled start time.
- G. Kids Klub closes at 6:00 PM. I understand that I will be charged a \$2/minute fee per child for every minute my child is under staff supervision after this time. After two late pick-up fees, I will lose my privilege to use the program.
- H. I understand that during vacation periods or days when school is closed due to bad weather there will be no Kids Klub. Kids Klub will offer child care during **scheduled half days** for \$18 per child.
- I. I understand that in the event of a school delay turning into a cancellation, I have one (1) hour from when I (or my designee) am/is contacted to pick up my child. If I fail to pick up my child within the specified time, I will be charged a \$2 fee for every minute my child is under staff supervision.
- J. In the event of illness, vacation, or other absence such as Scouts, music lessons, and other out-of-school activities, the Kids Klub staff will be notified. Communication with Kids Klub staff can be made through the Kids Klub phone/voice mail in each building. Refunds/credits will not be given for illness or cancellation of any out-of-school activities.

Please See Other Side

**VICKSBURG COMMUNITY SCHOOLS
KIDS KLUB PROGRAM
PARTICIPATION AGREEMENT CONTINUED**

- K. The Kids Klub staff will assume full responsibility for my child from the time he/she is signed in at the program until they are signed out or dismissal time. The child must be signed in upon arrival, and signed out by an authorized person. Failure to follow this procedure will result in a \$5 fee.
- L. If my child is having problems adjusting to the program, a conference will be arranged with my site coordinator. If problems cannot be resolved, alternate child care arrangements may be recommended.
- M. My child is in good health, has up to date immunization records, and can participate fully in the Kids Klub program. My child's immunization record or appropriate waivers are on file with the child's school. If my child has any activity restrictions, I will provide documentation from my child's physician.
- N. I understand that Kids Klub can only administer medication prescribed by a doctor. The necessary forms must be signed by me before any medication can be administered to my child.
- O. If a medical emergency arises, the Kids Klub staff will first attempt to contact me. If I cannot be reached, the Kids Klub staff will notify my emergency contact person. If the emergency is such that immediate medical attention is necessary, the Kids Klub staff may take my child to the hospital.
- P. I understand that Kids Klub will utilize the outdoor play area and equipment that is part of each elementary building. Not all areas and equipment comply with the guidelines set forth by the Department of Human Services in R 400.5117 of the Licensing Rules for Child Care Centers. School playgrounds are not required to meet the same playground safety regulations that other licensed centers are required to meet.
- Q. I understand that scheduling and payments should be completed online through my Skyward account. Any questions regarding this policy will be directed to the site coordinator or the Community Education office.**

I agree to adhere to the Vicksburg Kids Klub policies and give my child (ren) permission to participate fully in this program.

Yes No I fully understand when Kids Klub schedules and payments are due

Yes No I am aware of the Kids Klub fee schedule (schedule change, late schedule, failure to sign in/out, NSF fee, etc.)

Child (ren) Name(s): _____

Parent/Guardian Printed name: _____

Parent/Guardian Signature: _____ Date _____