

# welcome

## **to Climax-Scotts Pre-K 4's! It's easy to enroll...**

Please return the following items in this envelope:

- ☐ Kalamazoo County Pre-K Application
- ☐ Proof of Income
- ☐ Legal copy of child's birth certificate
- ☐ Proof of Residency (driver's license, utility bill)
- ☐ Health Appraisal, completed by parent/guardian & a physician
- ☐ Up-to-date immunization record
- ☐ Proof of receipt of public assistance
- ☐ Child Information Record
- ☐ Pre-K Transportation Release Form
- ☐ Field Trip Release Form
- ☐ Picture & Technology Usage Release/Social Media
- ☐ Parent Notification of Licensing Notebook
- ☐ Questionnaire

Questions? Please call the elementary office at (269) 497-2100 OR contact Jenny Neal at (269) 497-2125 or call/text (269) 547-8680 or email at [jenny.neal@cssschools.net](mailto:jenny.neal@cssschools.net)

# 2022-2023 KALAMAZOO COUNTY PRE-K APPLICATION



Dear pre-kindergarten family, we're so excited to be a part of your child's next adventure! A valuable Pre-K experience makes for a great start and a major difference in a child's kindergarten readiness and success.

If you answered "Yes" to all the questions above, you are likely eligible for the Kalamazoo County Pre-K program. Please fill out the Kalamazoo County Pre-K application and submit it with all the required documents listed under the step-by-step instructions to determine eligibility.

We encourage you to fill out our Pre-K application. Please contact us by email at [hsenroll@kresa.org](mailto:hsenroll@kresa.org) if you have any questions.

## EASY AS 1, 2, 3...

Turn in the following three items with your child's application:

- ☐ 1. Child's birth record
- ☐ 2. Proof of yearly family income: work earnings (W-2, tax return, or check stubs), child support, unemployment, SSI, cash assistance and any other proof of income
- ☐ 3. Proof of current address: driver's license, rent receipt, utility bill, letter from shelter or host if between homes

Check out the step-by-step instructions for more detailed information.

**KALAMAZOO RESA**  
INSPIRING EDUCATIONAL EXCELLENCE

KALAMAZOO COUNTY  
**PRE-K**

  
KC Ready4s

  
GREAT START  
COLLABORATIVE  
Kalamazoo County

  
Great Start  
Readiness Program  
Michigan's Nationally Recognized Pre-K Program

 KALAMAZOO RESA  
**Head Start**

## Step-by-Step Instructions

### Step 1: Pre-K Application

- ☐ 1a Fill out the Kalamazoo County Pre-K application, completely. Application is available in both English and Spanish. You can download a copy or fill out a digital form at [DreamBigStartSmall.org](http://DreamBigStartSmall.org).

**Step 2: Required Documents**

All applicants must send the following items with the Kalamazoo County Pre-K application. Eligibility cannot be determined unless all of the following required documents have been submitted.

☐ 2a Proof of age. According to new guidelines, all children must be:

- 3 years old on or before December 1\* in order to be age eligible for the 3-year-old programs
  - 4 years old on or before December 1\* in order to be age eligible for the 4-year-old programs
- \*Placement may be prioritized for children who will be 3 or 4 years old on or before September 1.

Submit one of the following:

- Birth certificate (preferred)
- Passport
- Affidavit of parentage/Hospital record
- Baptismal record
- Foster care emergency consent card
- Foster care placement letter
- Court order

☐ 2b Proof of income. **Income is a primary qualifying factor.** You can check the charts available on [kresa.org/qualifications](https://kresa.org/qualifications) for more details. You must submit documents for all sources of income over the last 12 months. These documents may include:

- Last year's tax return (first page), or pay stub with year-to-date listed, W2's, or written statement from employer if tax return is not available
- TANF/FIP
- Social security/SSI check stub or monthly statement
- Unemployment check stub or statement
- Financial aid (grants/scholarships)
- Child support/Alimony/Pension statement

☐ 2c Proof of residency. Submit one of the following:

- Driver's license or County ID with correct address (preferred)
- Recent utility bill for your address
- Rental agreement/Mortgage/Deed to house
- Written letter from shelter, if between homes

☐ 2d Additional documents:

- Current immunization record (prior to the child's first day of class)
- Health appraisal/Physical/Well-child exam within the past year (due within the first 30 days of the program year)
- Medicaid, or insurance card for child

**Step 3: Submitting Your Documents**

☐ 3a Once you have filled out the application completely and gathered all the required documents:

- Submit application and required documents online at [DreamBigStartSmall.org](https://DreamBigStartSmall.org)
- Submit paper application and required documents at:
  - » Kalamazoo RESA Head Start/GSRP Administration Office, 422 E. South St., Kalamazoo, MI 49007
  - » Kalamazoo RESA Early Childhood Office, lower level of 4606 Croyden Ave., Kalamazoo, MI 49006
  - » Kalamazoo County Ready 4s Office, 259 E. Michigan Ave., Suite 409, Kalamazoo, MI 49007
  - » Any Kalamazoo County Pre-K provider
  - » Check with your local school district for location
- Email fillable form and required documents to [hsenroll@kresa.org](mailto:hsenroll@kresa.org)

For assistance, please call (269) 250-9333, Monday–Friday, 8:00 a.m.–4:00 p.m.

**Step 4: Application Processing Time**

☐ 4a Please allow two to four weeks for processing your application. Once your application is processed, you will receive a letter regarding eligibility. Please make sure you enter a valid email address in the "Parent or Legal Guardian Information" section so you get notified of your eligibility by email.

**2022-2023**

## CHILD INFORMATION

How did you hear about Kalamazoo County Pre-K? ☐ Previous Experience (Pre-K programs) ☐ Previous Experience (Early On or Seeds) ☐ Radio  
☐ Flyer ☐ Social Media ☐ Family/Friends — Full Name: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

Family Language: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ ☐ Family Needs an Interpreter

PARENT OR LEGAL GUARDIAN INFORMATION		PARENT OR LEGAL GUARDIAN INFORMATION	
Full Name: _____		Full Name: _____	
Date of Birth: _____		Date of Birth: _____	
Parent Address: _____		Parent Address: _____	
Email: _____		Email: _____	
Legally Responsible for Financial Support: <input type="checkbox"/> Yes <input type="checkbox"/> No		Legally Responsible for Financial Support: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Type: _____ Phone Number with Area Code: _____		Phone Type: _____ Phone Number with Area Code: _____	
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Text _____		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Text _____	
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Text _____		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Text _____	
Relationship: <input type="checkbox"/> Birth or Adoptive or Step Parent <input type="checkbox"/> Foster Parent		Relationship: <input type="checkbox"/> Birth or Adoptive or Step Parent <input type="checkbox"/> Foster Parent	
<input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Caregiver		<input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other Caregiver	
Education (Check the highest level):		Education (Check the highest level):	
<input type="checkbox"/> No High School Diploma or Highest Grade: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11		<input type="checkbox"/> No High School Diploma or Highest Grade: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	
<input type="checkbox"/> High School Diploma or <input type="checkbox"/> GED <input type="checkbox"/> Associate Degree		<input type="checkbox"/> High School Diploma or <input type="checkbox"/> GED <input type="checkbox"/> Associate Degree	
<input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree		<input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree	
Employment or Other (Check all that apply):		Employment or Other (Check all that apply):	
<input type="checkbox"/> Employed Part-time (Less than 35 hours per week)		<input type="checkbox"/> Employed Part-time (Less than 35 hours per week)	
<input type="checkbox"/> Employed Full-time (More than 35 hours per week)		<input type="checkbox"/> Employed Full-time (More than 35 hours per week)	
<input type="checkbox"/> Attends School or College <input type="checkbox"/> Home by Choice <input type="checkbox"/> Unemployed		<input type="checkbox"/> Attends School or College <input type="checkbox"/> Home by Choice <input type="checkbox"/> Unemployed	

Last Name	First Name	Attended Head Start?	Date of Birth (mm/dd/yyyy)	Sex Assigned at Birth	Relationship	If child, age of parent when child was born
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F		

FAMILY'S CURRENT LIVING SITUATION

The family currently lives: ☐ in a home you rent or own ☐ in a temporary housing situation ☐ in a hotel/motel  
☐ in a home owned or rented by someone else ☐ without a fixed nighttime residence ☐ in a shelter

## ADDRESS INFORMATION (INCLUDE APARTMENT COMPLEX NAME, IF APPLICABLE.)

Address: \_\_\_\_\_  
Street, Apt City State Zip Code County: \_\_\_\_\_

Child's Pick-up Address (If different): \_\_\_\_\_ Child's Drop-off Address (If different): \_\_\_\_\_

What school district do you live in: ☐ Climax-Scotts ☐ Comstock ☐ Galesburg-Augusta ☐ Gull Lake ☐ Kalamazoo ☐ Parchment  
☐ Portage ☐ Schoolcraft ☐ Vicksburg ☐ Other: \_\_\_\_\_

## INCOME OF FAMILY MEMBERS LEGALLY RESPONSIBLE FOR CHILD'S SUPPORT

Name: \_\_\_\_\_ Total Annual Income: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Total Annual Income: \$ \_\_\_\_\_

Please select **ALL** sources of family income received in the last 12 months:☐ Full-time Employment ☐ Cash Assistance (FIP) ☐ SSI ☐ Other: \_\_\_\_\_  
☐ Part-time Employment ☐ Unemployment ☐ Child Care Reimbursement \_\_\_\_\_  
☐ Social Security ☐ Child Support \_\_\_\_\_

## SUPPLEMENTAL QUESTIONS

Emergency Contact Name: \_\_\_\_\_ Phone Number with Area Code: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/ Apt. City State Zip CodeBefore or after School care needed? (Not available in all programs) ☐ Yes ☐ No Are you able to self-transport? ☐ Yes ☐ No

Please list any program or childcare that your child is currently attending: \_\_\_\_\_

## CHILD (APPLICANT) DISABILITY STATUS

Does the child have an identified developmental delay? ☐ No ☐ Yes – Please describe: \_\_\_\_\_Has your child participated with any of the following programs? ☐ Early On ☐ PET ☐ Home Visits — Contact: \_\_\_\_\_Has your child received services for: ☐ Vision or Hearing ☐ Speech ☐ Early Childhood Special Education ☐ Occupational Therapy  
☐ Physical Therapy ☐ IEP or IFSP

## OTHER CONFIDENTIAL INFORMATION THAT MAY PRIORITIZE PLACEMENT

Does child's behavior ever prevent participation in other group settings?..... ☐ Yes ☐ No  
Does anyone in the household speak a primary language other than English?..... ☐ Yes ☐ No  
Has someone in the household been abused or neglected?..... ☐ Yes ☐ No  
Does child live with one adult as result of divorce, separation, incarceration, military service or death?..... ☐ Yes ☐ No  
Does child have a chronic illness or medical considerations (asthma, feeding tube, allergies, frequent ear infections, etc.)?..... ☐ Yes ☐ No  
Is the child in foster care?..... ☐ Yes ☐ No  
Does any sibling have a chronic illness, behavior issue, disability or has died?..... ☐ Yes ☐ No  
Was either parent under 20 years old when first child was born?..... ☐ Yes ☐ No  
Is family without stable housing or is family homeless?..... ☐ Yes ☐ No  
Does family live in high-risk neighborhood? (Unsafe due to crime, drug abuse, pollution, insect infestation, etc.)..... ☐ Yes ☐ No  
Was child exposed to toxic substances before or after birth? (Alcohol, drugs, lead poisoning, nicotine, etc.)..... ☐ Yes ☐ No

## PARENT/GUARDIAN SIGNATURE

**Information on this application is confidential. Your child's pre-kindergarten program will not discriminate against any family or student on the basis of race, color, national origin, gender, or handicap.**☐ I certify that the information, including income, provided in this application is accurate and truthful to the best of my knowledge. I understand that it is my responsibility to inform my child's pre-kindergarten program if I move, or if I have any other changes in circumstances that could affect my child's enrollment or placement. I understand that by participating in the pre-kindergarten program, my child's learning and development will be assessed and monitored to support further growth; and that some results may be reported as scores and combined with other children's scores for future research related to the general level of impact of kindergarten readiness across the county.☐ I understand that this information will be entered into a confidential central database system that may be accessed by Kalamazoo RESA Head Start, Great Start Readiness Programs and Kalamazoo County Ready 4s in an effort to correctly place my child into a Kalamazoo County Pre-K Program and effectively analyze Kalamazoo County services to families and children. My signature below constitutes consent to disclose the information in this application to the listed entities and obtain any relevant information from them.

Signature\* of Parent/Guardian: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

\* If information is given verbally, staff will print the parent/guardian name above with the date, check this box, and initial ☐ \_\_\_\_\_

(Revised 1/21/2022)

# HEALTH APPRAISAL

**Dear Parent or Guardian:** The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

## PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

## SECTION I - HEALTH HISTORY

Yes	No	Resolved	#	Is your child having any of the problems listed below?	Birth History:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Allergies or Reactions (for example, food, medication or other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	Frequent Colds, Sore Throats, Earaches (4 or more per year)	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Trouble with Passing Urine or Bowel Movements	If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?		If yes, list medications:
Reason for Medication					
_____ / /					Was the health history reviewed by a health professional?
<b>Parent/Guardian Signature</b>				Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Examiner's Initials:</b> _____

## SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

### Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION	Visual Acuity				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT	Height			
		Date: / /	Muscle Imbalance						Weight				
			Other:				<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	Other			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING	Audiometer				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT				
		Date: / /	Other:				<input type="checkbox"/>	<input type="checkbox"/>	BLOOD PRESSURE	Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS	Sugar				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN	Type: _____			
		Date: / /	Albumin						Date: / /	Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL	Level _____ ug/dl				<b>NOTE:</b> Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

### Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

<b>SECTION III - IMMUNIZATIONS</b> <small>Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*</small>			
VACCINES (Circle Type)	DATE ADMINISTERED <small>MM/DD/YYYY</small>		
Hepatitis B (HepB)	1	3	
	2		
DTaP/DTP/DT/Td	1	4	
	2	5	
	3	6	
Tdap	1		
Haemophilus Influenzae type b (HIB)	1	3	
	2	4	
Polio (IPV/OPV)	1	3	
	2	4	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	
	2	4	
Rotavirus (RV1/RV5)	1	3	
	2		
Measles, Mumps, Rubella (MMR)	1	2	
Varicella (Chickenpox)	1	2	
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____			
I certify that the immunization dates are true to the best of my knowledge			
_____ <b>Health Professional's Signature</b>		_____ <b>Title</b>	_____ <b>Date</b>

		<b>SECTION IV - RECOMMENDATIONS</b> <small>(Required for Child Care and Head Start/Early Head Start)</small>
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness?
		If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)
I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____
_____ <b>Dentist's Signature</b>
_____ <b>Date</b>

PHYSICIAN'S SIGNATURE			
_____ <b>Examiner's Signature</b>	_____ <b>Date</b>	_____ <b>Examiner's Name (Print or Type)</b>	_____ <b>Degree or License</b>
_____ <b>Number &amp; Street</b>	_____ <b>City</b>	MI _____ <b>ZIP Code</b>	(_____) _____ <b>Telephone</b>

Information required for:

**Early On** - Hearing and Vision Status; Diagnosis; Health Status

**Child Care Licensing** - Physical Exam, Restrictions, Immunizations

**Head Start/Early Head Start** - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

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Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

# 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 (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.)					

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

<b>Emergency Contact &amp; Release of Child:</b> 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.	(      )		(      )		
<b>Release of Child Only:</b> 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.	(      )		

<b>Parent/Legal Guardian Initials:</b>
_____ 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.

<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b>	
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.	

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.





# ***Climax-Scotts Community Schools***

*Where Students Are More Than A Test Score!*

## **PRE-K TRANSPORTATION RELEASE FORM**

CHILD'S NAME \_\_\_\_\_

PARENT/LEGAL GUARDIAN NAME \_\_\_\_\_

I hereby give my child permission to use Climax-Scotts transportation, and ride the bus to and from Pre-K. I have read the Pre-K transportation policy and confirm my child's bus ride is less than one hour.

I also give permission for my child to be treated by a physician in case of an emergency according to the information filed on my child's CIR (Child Information Record). A copy of the CIR will be kept on the bus.

I understand that in the event that my child is uncooperative on the bus and poses a safety concern, a child seat with safety belts may be required and will be used for their protection and the protection of everyone riding the bus.

PICK UP ADDRESS

\_\_\_\_\_

DROP OFF ADDRESS

\_\_\_\_\_

Signature of Parent / Legal Guardian

Date

\_\_\_\_\_

\_\_\_\_\_



***Climax-Scotts Community Schools***

*Where Students Are More Than A Test Score!*

**PRE-K FIELD TRIP RELEASE FORM**

CHILD'S NAME \_\_\_\_\_

PARENT/LEGAL GUARDIAN NAME \_\_\_\_\_

I hereby give my child permission to attend any and all field trips planned for educational purposes to meet classroom objectives. These objectives might include specific curricular activities and/or celebrations of accomplishments.

I also give permission for my child to be treated by a physician in case of an emergency according to the information filed on my child's CIR (Child Information Record).

The program will provide notification before each field trip, including maps and directions.

Signature of Parent / Legal Guardian

Date

\_\_\_\_\_

\_\_\_\_\_



# ***Climax-Scotts Community Schools***

*Where Students Are More Than A Test Score!*

## **PICTURE & TECHNOLOGY USAGE RELEASE/SOCIAL MEDIA**

CHILD'S NAME \_\_\_\_\_

PARENT/LEGAL GUARDIAN NAME \_\_\_\_\_

### **Picture Release Consent:**

I give consent for my child's picture to be used in school/community publications as deemed appropriate by the school.

Yes \_\_\_\_\_ No \_\_\_\_\_

I give consent for my child's picture to be used in school projects (i.e. class book)

Yes \_\_\_\_\_ No \_\_\_\_\_

### **Permission for Technology Resources**

From time to time the preschools students will use the internet with direct supervision for instruction purposes and will follow the school district's technology code of ethics. I give my child permission to use the district's technology resources.

### **Social Media**

For the respect and privacy of each family, I agree NOT to copy photos from the classroom community pages onto other forms of social media.

Signature of Parent / Legal Guardian

Date

\_\_\_\_\_

\_\_\_\_\_

## PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

**Michigan Department of Licensing and Regulatory Affairs**

**Child Care Licensing Bureau**

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all corrective action plans for the last 5 years.

- 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 reports, special investigation reports, and corrective action plans from at least the past 3 years are available on the Child Care Licensing Bureau's website at **[www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)**.

I have read the above statement issued by \_\_\_\_\_

\_\_\_\_\_  
Name of Child Care Center

Child(ren)'s Name(s):	
--------------------------	--

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

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

Date \_\_\_\_\_

LARA is an equal opportunity employer/program.

In effort to know your child better, so that we can meet his or her needs, please complete the following information page (front and back) and return to school ASAP.

Thank you!

Your child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

What does your child prefer to be called: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

\_\_\_\_\_ Home phone # \_\_\_\_\_

\_\_\_\_\_ Cell phone # \_\_\_\_\_

\_\_\_\_\_ Email address \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

My child's favorite things

Favorite color: \_\_\_\_\_

Favorite book: \_\_\_\_\_

Favorite toy: \_\_\_\_\_

Favorite activities: \_\_\_\_\_

My child likes to (check all that apply)

\_\_\_\_\_ Listen to stories

\_\_\_\_\_ Draw and color

\_\_\_\_\_ Play alone

\_\_\_\_\_ Play with others

\_\_\_\_\_ Play outside

\_\_\_\_\_ Play make-believe

\_\_\_\_\_ Play games

\_\_\_\_\_ Work on puzzles

Has your child attended a preschool or child care before? Yes No

What calms your child when they are anxious? \_\_\_\_\_

Some children are fearful of loud noises. Is there anything your child is fearful of that we should know about? If so, what? \_\_\_\_\_

Please list all the people, who live in your child's home. Include their relationship to your child.

Do you have any pets in your house? If so, what kind and what are their names? \_\_\_\_\_

Please share any traumatic or life-changing events (loss of significant person, divorce, move, etc.) your child has experienced. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any developmental issues or concerns regarding your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will your family dynamics be changing in the near future? If yes, how? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will your family experience a decrease in income in the upcoming months? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other concerns or comments you would like to share about your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please circle any topics you would be interested in learning more about

Preschool Childhood Development

Positive Reinforcement

Stress Management

Helping Your Child Develop a Positive Sense of Self

Encouraging a Shy Child

The Strong Willed Child

Common Challenging Behaviors

Thank you for taking the time to help us get to know your child better. We look forward to working with you and your child this year.

The Pre-K Team