

GHCS SurroundCare/Pre-School Family Registration

(One Per Family)

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| | | | | | |
|---------------------------------|----------------------------------|--------------|-------|----------|--|
| Parents'/Legal Guardians' Names | | Home Address | | | |
| Home Phone () () | Cell Phones () () () | City | State | Zip Code | |

Kids Enrolled in SurroundCare/Pre-School: *All sections of this form will apply to all children listed here.*

| Student Full Name | Date of Birth | Current Age | Current Grade | Student Full Name | Date of Birth | Current Age | Current Grade |
|-------------------|---------------|-------------|---------------|-------------------|---------------|-------------|---------------|
| 1. | | | | 4. | | | |
| 2. | | | | 5. | | | |
| 3. | | | | 6. | | | |

Please list any other children in the family, (including 'blended' members), to help with 'Family' projects:

| Name / Relationship | Birthday Month / Year | Name / Relationship | Birthday Month / Year |
|---------------------|--------------------------|---------------------|--------------------------|
| | | | |
| | | | |

Photo Release: We occasionally take pictures of the child(ren) to be photographed for classroom use, and for GHCS promotional purposes i.e. Boardwalk, Yearbook, Web Site, etc.) May we use your child's picture?

Okay Please Don't

Aspirin Free Pain Reliever

Yes Please
 NO Thank You

Benadryl (for Emergency)

Yes Please
 NO Thank You

Sunscreen

Yes Please
 NO Thank You

Antibiotic Ointment/Cream

Yes Please
 NO Thank You

Bug Repellant

Yes Please
 NO Thank You

- > I understand I will need to complete an additional form to allow Staff to administer prescription, or 'Over the Counter' medication to my child(ren).
- > I understand Grand Haven Christian School is a **Faith-based** organization. While my child is in SurroundCare/Pre-School, he/she may be involved in daily Christian devotions and listening to Bible, or other Christian themed stories.
- > I acknowledge I have received a copy of the Program Policy/Handbook including all the following information:

- Criteria for admission and withdrawal
- Schedule of operation, denoting hours, days, and holidays during which the center is open
- Fee policy
- Food Service Program
- Program Philosophy
- Typical Daily Routine
- Parent notification plan for accidents, injuries, incidents, and illnesses
- Exclusion policy for child illnesses
- Notice of the availability of the center's Licensing Notebook. Child Care Org. Act, 1973 Public Act 116. MI Dep't of Licensing & Regulatory Affairs
 - The licensing notebook contains all licensing inspection and special investigation reports and all related corrective action plans since May 28, 2010.
 - 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.

*BCAL-5053/4340 (10-16)

Has your child had previous child care/pre-school experience? Yes No

Anything we missed? Anything else you would like us to know? Any special concerns or comments?

I certify I have read, understood, and accurately completed this form. If anything changes, I will notify the provider by updating this form.

Name:

Date:

| Date Form Reviewed | Parent or Legal Guardian Initials | Date Form Reviewed | Parent or Legal Guardian Initials | Date Form Reviewed | Parent or Legal Guardian Initials | Date Form Reviewed | Parent or Legal Guardian Initials |
|--------------------|-----------------------------------|--------------------|-----------------------------------|--------------------|-----------------------------------|--------------------|-----------------------------------|
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