GHCS SurroundCare/Pre-School Family Registration

(One Per Family)								J			(0	ne Per Fa	amily)
Parents'/Legal Guardians' Names							Home Address						
Home Phone Cell Phones () ()							City		State Zip Code				
Kids Enrolle	ed in SurroundC	are/Pre-Sc	hool:	All secti	ons of th	nis forr	n will apply to all	l children listed here).				<u>,</u>
			Date of Birth Current Age				tudent Full Name			Date of Birth		Current Age	Current Grade
1.						4.							
2.					5.								
3.						6.	6.						
Please list any other children in the family, (including 'blended' members), to help with 'Family' projects:													
Name / Relationship			Birthday Month / Year				me / 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 Benadryl (for Emergency) Yes Please Yes Please													
	☐ NO Thank Y	ou				NO Th	nank You						
Sunscreen ☐ Yes Please ☐ NO Thank You			Antibiotic Ointment/Cream ☐ Yes Please ☐ NO Thank You				ļ.	Bug Repellant ☐ Yes Please ☐ NO Thank	•				
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 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 School to a parential deposition between days and helidays during which the center is open.													
 Schedule of operation, denoting hours, days, and holidays during which the center is open 													
Fee policy Food Sonito Program													
Food Service Program Program Philosophy													
Program PhilosophyTypical Daily Routine													
	,,		dents ir	niuries i	ncidents	and i	illnesses						
Parent notification plan for accidents, injuries, incidents, and illnesses Evaluation policy for child 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 Anything we misse	d previous child o	care/pre-sch	nool exp	perienc	e? [] Yes	s 🗌 No						
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 For Reviewe			or Legal an Initials		Date Form Reviewed	Parent or Legal Guardian Initials		Date For			or Legal n Initials
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