



# Kids' Connection 2021-2022

## School-Age Child Care

(Latch Key)

The purpose of Kids' Connection is to provide a safe, nurturing, and quality childcare program for children in grades K-5. ALL CHILDREN MUST WEAR A MASK UNLESS THERE IS A MEDICAL CONDITION. There are a variety of stimulating, age appropriate activities that children may participate in daily. The program is licensed through the State of Michigan.

Kids' Connection is a self-supporting program and pre-registration and weekly pre-payments are required. The pre-registration fee is \$30 for individuals or \$40 for a family. **All outstanding balances must be paid in full prior to registration.**

### Dillon Elementary

1197 Schumacher Ave

Burton, MI 48529

7:00 a.m.-6:00 p.m.

### Dye Elementary

1174 Graham Rd

Flint, MI 48532

6:30 a.m.-6:00 p.m.

### Randels Elementary

6022 Brobeck Ave

Flint, MI 48532

6:30 a.m.-6:00 p.m.

SEE BACK FOR FEES: \$3.75 per hour/\$3.50 per hour for each additional child  
Minimum charge is one hour, then broken in to 15 minute increments.

### **KIDS' CONNECTION IS A PRE-PAY PROGRAM**

Weekly payments are due by 9:00 a.m. Monday  
(or the first day your child attends that week)

Late pick up fees are \$1/minute

All checks are made payable to: **COMMUNITY EDUCATION**. Please complete the entire registration packet (available online or in your school office). Return completed packet and registration fee to one of the following locations: C/A Community Education, 1181 W. Scottwood Ave., Flint, MI 48507 or C/A Administration Building, 63475 W. Court St., Flint, MI 48532 (place in the drop box outside by the front door).

### **2021-2022 Kids' Connection Sign Up Form**

Child(ren)'s Name: \_\_\_\_\_ (M / F) School \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**FOR FURTHER INFORMATION CALL: 810-591-3600 OR 810-591-7238**

# 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
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. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

**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 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	

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## Kids' Connection Parent Contract

In consideration of my child's participation in the Kids' Connection program, I agree to the following:

**Parent Initial**

- \_\_\_\_\_ 1. I agree to pay a non-refundable registration fee of \$30.00 per child/\$40.00 per family.
- \_\_\_\_\_ 2. I agree to **pre-pay** my estimated weekly tuition by Friday at 6:00 p.m. for the following week. I understand that after Monday at 9:00 a.m. my payment is considered late and a \$15 late fee will be added to my statement if my balance is over \$30.00 past due.
- \_\_\_\_\_ 3. I agree that I will pick my child up by 6:00 p.m. or earlier. I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable, and that anyone to whom my child is released will be named in my emergency contact information. I understand that in the event my child is not picked up by 6:00 p.m. a fee of \$1.00 per minute for every additional minute of care will be added to my statement. After 6:15 p.m. my emergency contact will be called. If it's 6:15 p.m. and we are unable to reach anyone we will call the local police department.
- \_\_\_\_\_ 4. I agree that I personally, or someone at least 18 years of age that is authorized by me will come into the Kids' Connection room and sign my child in and/or out for the day. Children may not come in alone or leave alone.
- \_\_\_\_\_ 5. I understand that in the event of continued late payment of tuition, late pick-up of my child, or my child's consistent behavior causing harm to him/her or others, Carman-Ainsworth Community Education reserves the right to remove my child from the Kids' Connection Program.

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

\_\_\_\_\_  
Date

Office Copy

**2021-2022**

**PHYSICAL HEALTH/IMMUNIZATIONS  
PARENT ACKNOWLEDGEMENT  
FOR SCHOOL-AGE PROGRAMS**

Child's date of birth: \_\_\_\_\_

This acknowledges that my child, \_\_\_\_\_, who attends Carman-Ainsworth Kids' Connection at \_\_\_\_\_ school, a school-age program registered with the Division of Child Care Licensing, is in good health and that his/her immunizations are current.

In addition, any health restrictions, allergies, medications taken by the child – or any other needs are noted below:

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

\_\_\_\_\_  
Date

## 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 \_\_\_\_\_ .  
Name of Child Care Center

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

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

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

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

\_\_\_\_\_  
Date

Parent Copy