



# Kid's Connection 2018-2019

## School-Age Child Care

The purpose of Kids' Connection is to provide a safe, nurturing, and quality childcare program for children in grades K-5. There are a variety of stimulating, age appropriate activities that children may participate in daily. These activities include arts/crafts, science, music, dramatic play, cooking, outdoor play and more! All activities are planned and will be supervised by our professional staff. The program is registered with the State of Michigan.

Kids' Connection is a self-supporting program and **pre-registration and weekly pre-payment is required**. The pre-registration fee is \$25 or \$35 for a family. All outstanding balances must be paid in full prior to registration.

**Dillon Elementary**  
1197 Schumacher Ave  
Burton, MI 48529  
(Serves Dillon & Rankin)

**Dye Elementary**  
1174 Graham  
Flint, MI 48532  
(Serves Dye Only)

**Randels Elementary**  
6022 Brobeck  
Flint, MI 48532  
(Serves Randels only)  
**(K.C. enter at Gym Doors)**  
6:30-8:45 AM  
4:10-6:00 PM

6:30-8:00 AM  
3:45-6:00 PM

6:30-8:00 AM  
3:40-6:00 PM

**FEES: \$3.75/hour for the first child \$3.50/hour for any additional siblings**  
**You may pay with cash, check, American Express, VISA or Master Card**

### KIDS' CONNECTION IS A PRE-PAY SYSTEM

Estimate weekly usage  
Weekly payments due by 9:00 a.m. Monday  
Late payment fees are \$15  
Late pick up fees are \$1/minute

All checks should be 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:  
Community Education, The Learning Community, 1181 W. Scottwood, Flint, MI 48507 or  
C/A Administration Building, G3475 W. Court St., Flint, MI 48532

### Kids' Connection 2018-2019 Sign up Form

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

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

Address: \_\_\_\_\_ City, Zip \_\_\_\_\_

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

# 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**

**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

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**2018-2019**

**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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# CONCUSSION AWARENESS

## EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by: Carman-Ainsworth Community Education.  
Sponsoring Organization

\_\_\_\_\_  
Participant Name Printed

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Participant Name Signature

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.



## 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 \$25.00 per child/\$35.00 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.

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Parent /Guardian/Signature

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Date

Office Copy

# Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

## UNDERSTANDING CONCUSSION

### Some Common Symptoms

Headache  
Pressure in the Head  
Nausea/Vomiting  
Dizziness

Balance Problems  
Double Vision  
Blurry Vision  
Sensitive to Light

Sensitive to Noise  
Sluggishness  
Haziness  
Fogginess  
Grogginess

Poor Concentration  
Memory Problems  
Confusion  
"Feeling Down"

Not "Feeling Right"  
Feeling Irritable  
Slow Reaction Time  
Sleep Problems

### WHAT IS A CONCUSSION?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

### IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

### SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

### CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

### HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to [www.cdc.gov/concussion](http://www.cdc.gov/concussion).

**Parents and Students Must Sign and Return the Educational Material Acknowledgement Form**



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

\_\_\_\_\_  
Date

Parent Copy