Hello Families,

Thank you for your interest in Davison’s GSRP program. Due to the emergency shut down the registration process will look different this year.
There are two important steps to complete in order to pre-register for Davison GSRP.

**Step 1**
You must fill out a GSRP interest form online. You can go on the Davison Web Page to find the link for filling out an interest form by clicking on the Early Childhood tab at the top of the page and choosing GSRP. Or, you can simply visit [www.geneseepreschool.org](http://www.geneseepreschool.org) Your interest form will go directly to the GISD. If you qualify for and choose our Davison Schools GSRP program, your interest form will be forwarded to our Early Learning Office in order for us to get started with the process of registering your child in our GSRP program. In Davison, we have GSRP programs at the Central Elementary campus and at the Cardinal’s Nest preschool building.

**Step 2**
After you fill out the GSRP online interest form, you can go to the Davison Schools website and find a quick link to the required GSRP distance learning registration packet on the left hand side of the homepage. You can print out a packet, fill out the documents and return them to the Central Elementary campus between Monday, June 15th and Thursday, June 18th. If you prefer not to print your own registration documents, you can pick up a GSRP distance registration packet starting Monday, June 15th through Thursday, June 18th between 9:00-3:00. There will be a bin outside of the entrance at the Central Elementary GSRP location, 600 S. State St, door #4. Please take one packet per child. The packet will have instructions on the documents that need to be filled out, what types of documentation you will need to copy and return, as well as the eligibility and prioritization guidelines. Once completed, you will return the packet to the GSRP building during the week of June 15th-June 18th between 9:00 am and 3:00 pm. **DO NOT LEAVE COMPLETED PACKETS IN THE BIN OUTSIDE.** We will have a table set up inside the entrance for you to drop off your documentation to staff. If needed we can make copies for you. Only one person at a time will be allowed inside, you **MUST** wear a face mask and practice social distancing.

Thank you and we look forward to meeting all of you!
Davison GSRP Staff
Davison’s Great Start Readiness Program Distance Registration
Instructions!

Our teachers and staff are looking forward to meeting you and your child. This is an exciting time for your family and we are glad to be part of your child’s educational journey!

It was Davison’s hope to have started the intake appointments by now. Unfortunately, with the world-wide pandemic and the closure of schools state-wide, the registration process has been delayed. We are now ready to get your little Cardinal’s registered for preschool and the plan is as follows:

In order to register your child, please complete the following documents & directions below:

1. **Child Information Record** - This form is kept in the classroom with the teachers and contains important emergency contact information. Be sure to fill out both sides completely and sign and date.
2. **GSRP Questionnaire** - This form gives us valuable information about your child that helps with teacher placement, medical needs and helpful information regarding eligibility and prioritization.
3. **Health Appraisal** - This is a state required form that must be turned in for all GSRP students. A four year old physical is due on or before the first day of school. This must be filled out by both the parent/guardian and your child’s physician. Be sure to have the physician sign and date.
4. **Concussion Awareness form** – This form also needs to be completed, signed and dated by one parent. We keep this form in your child’s folder for record keeping of any head bumps. (You will be notified of any head bumps at school)
5. **Transportation form** - This form needs to be filled out with your intentions for your child’s transportation. Even if you are not riding the bus, please complete the form and indicate that your child will be Parent Transport. *(No transportation provided for students attending Cardinal’s Nest GSRP.)*

Once these documents are completed and signed, you will need to drop them off at Central GSRP **WITH A COPY OF THE FOLLOWING DOCUMENTS:**

1. Your child’s birth certificate
2. Your driver’s license
3. Updated immunization record.
4. Proof of family income. The best documentation of income is a copy of the most recent tax return. Alternate forms of documentation are 2 current paycheck stubs, W’2 forms, unemployment, child support, public assistance, Supplemental Security Income, etc. Anything that reflects your family income.
5. Student’s IEP (if applicable)
6. Custody documents (if applicable)

*PLEASE USE THIS ENVELOPE TO RETURN YOUR PAPERWORK!

*If any of the required documentation is not provided, your child will be considered incomplete and their enrollment will be placed on hold.

**DROP OFF INFORMATION:** Return completed packet and the above required documents to GSRP, 600 S State Street Door #4. Monday, June 15 through Thursday, June 18 between 9:00 AM and 3:00 PM. For security and confidentiality reasons, please ring the doorbell at the main entrance and we will meet you to collect your envelope. **DO NOT LEAVE COMPLETED PACKETS IN THE BIN OUTSIDE!**

If you have questions, please call the Early Learning Office at 810-591-0922. Or email Early Learning Administrator, Susan Vamos- svamos@davisonschools.org
Thank you for attending your intake appointment for Davison GSRP. You will be notified by mail regarding your child’s eligibility for 2020-2021 program placement. Depending on whether your family falls within the state and county mandated Tier I or Tier II eligibility prioritization for placement. Please see the description of each Tier and placement dates below:

**Tier 1 families-** These families will be notified of their child’s eligibility first. 
Requirements for Tier 1 families include:
- Davison resident
- Child is the sibling of a Schools of Choice student
- Child is 4 on or before September 1st
- Family income up to 250% of the federal income guidelines

**Tier 2 families-** These families will be notified of their child’s eligibility after Tier 1 students have been placed.
Requirements for Tier 2 families include:
- Genesee county resident
- Child is 4 between September 2nd and December 1st.
- Family income falls within the 251-300% federal income guidelines. These families will be charged a very reasonable tuition rate and will be asked to sign a tuition agreement letter prior to the first day of school.

**Tier 3 families are encouraged to seek optional programming and if prioritization allows, would be notified of their child’s eligibility after the first day of school. Situations for possible Tier 3 placement would include submission of an eligibility letter and its approval by the GISD. Circumstances that may allow placement of a Tier 3 family may include:**
- Out of county residency
- Family income over 301%
- Child’s 2nd year of GSRP placement

Enrollment notification letters will include the following information:
- Teacher name and room number
- Open House date and times
- Arrival and dismissal schedule
- Transportation arrangements (busing vs. parent transport)
- A reminder that we need a completed health appraisal (physical) and immunization record on file for each student and any other required missing documentation.

Davison GSRP start date for the 2020-2021 school year will be announced at a later date. This date is two weeks later than the rest of the district in order to allow teachers time to do home visits to meet students, parents, complete a developmental screener, and go through the GSRP parent handbook. You will receive a phone call from your child’s teachers to set up a time for your home visit. Home visits will begin two weeks prior to the start of school. The visit will take approximately one hour. The ½ day and full day GSRP sessions for the 2020-2021 school years are currently scheduled to run as follows:

- **A.M. - 8:45 - 11:45**
- **P.M. - 12:45 - 3:45**
- **Full Day - 8:45 AM - 3:45 PM**
Students coming in on buses will be escorted from their bus to the classroom. You will be receiving a temporary colored name tag for your child to wear on the first day of school. This tag will indicate their name and room number. They will receive their permanent tag that will go on their backpack on the first day of class. Teachers will be putting the tags on the backpacks for the students. If your child is parent transport, you will need to park and bring them into the building for drop off and sign them out in their classroom for pick up. **Because of the heavy volume of traffic that occurs at arrival and dismissal times, it is imperative that our GSRP parents who are transporting students to and from school do NOT arrive earlier than the scheduled drop off and pick up times.** This could cause major conflict with the Central Elementary parent transport traffic.

The only school supply items GSRP students will need is a backpack and a water bottle. Every child needs to come to and from school each day with their backpack. They will be receiving a very important tag on their backpack that will identify whether they are parent transport or busing. This tag is what will be used to determine student’s destination each day. Busing arrangements are made with the district’s transportation department. The Davison Transportation Department’s phone number is **591-0816.** Bus numbers and route times are published during August in the Davison Cardinal Caller and on the Davison Schools website.

**If you have any questions, don’t hesitate to call our office at 591-0922 (Carrie Blazen) or 591-0025 (Susan Vamos).** We will be glad to help with questions you may have regarding Davison GSRP.

Sincerely,

Susan Vamos  
Early Learning Administrator  
Davison Community Schools
GSRP State Funded Assessment Questionnaire  
Questions to ask parents to get information for criteria

1. Child’s full name: ________________________________

2. Does your child have a nickname they would like to be called by at school: ____________

3. How did you hear about our program? ____________________________________________

4. Has your child attended a previous daycare or preschool? ____ If so, where? ____________

5. Biological Parents listed on birth certificate: _______________________________________

6. Step-Parents, Foster Parents, Legal Guardians: ________________________________

7. Who does the child live with? ________________________________________________

8. Are there custody documents you need to provide the school? ______ If yes, please indicate the custody arrangements: ____________________________________________________________

9. Do either of the child’s parents attend college/school? If so, where? ______________

10. Parent/Guardian’s place of employment: _______________________________________

11. Does this student have any immediate family members that are connected with the military? If yes, provide the name(s) and relationship to the student. Is the immediate family member active, retired, or in the reserve? _____________________________________________

If out of district, what school district do you reside in? ______________________________
Does this child have siblings that attend DCS through schools of choice? Which building do they attend? ______________________________

13. Does your child take any medication on a regular basis? If so, dosage and time of day: ________________________________

14. Will they need medication at school? ____ If so, please indicate type and reason: ____________________________________________________________

15. Does your child have any diagnosed allergies including food allergies? _____________
Does your child have any food intolerances? ________________________________________
16. Are you interested in ½ or full day? ________________
   Would you like to be placed on the full day waiting list? ______

17. Will your child be riding the bus? (Transportation is not provided at Cardinal's Nest. Students will be placed in am or pm according to your home/daycare address. Out of district students are parent transport only)_________
   address?__________________________________________________________
   Schedule:_________________________________________________________________

18.

<table>
<thead>
<tr>
<th>Child Risk Factor</th>
<th>Circle One</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosed Disability or Identified Developmental Delay</td>
<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td>Severe or Challenging Behavior</td>
<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td>Primary Language Other Than English</td>
<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td>Parent(s) Have Low Educational Attainment</td>
<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td>Abuse/Neglect Of Child or Parent</td>
<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td>Environmental Risk _Lead Exposure _FRV.FRV11</td>
<td>Yes  No</td>
<td></td>
</tr>
</tbody>
</table>

19. Race/Ethnicity of Child
   □ American Indian/Alaskan Native
   □ Asian
   □ Black/African American
   □ Hispanic/Latino
   □ Native Hawaiian/Pacific Islander
   □ White

20. Is there anything you would like us to know about your child? Additional concerns?
    ____________________________________________________________________
    ____________________________________________________________________
    ____________________________________________________________________
    ____________________________________________________________________

21. Do you have a teacher request?______________________________
**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.

<table>
<thead>
<tr>
<th>For Provider Use Only:</th>
<th>Date of Admission</th>
<th>Date of Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Child (Last, First, Middle Initial)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address (Number and Street, Building/Apartment Number)</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Parent/Legal Guardian's Name</td>
<td>Home Phone ( )</td>
<td>Parent/Legal Guardian’s Name (Optional)</td>
</tr>
<tr>
<td>Home Address (if not child’s address)</td>
<td>Cell Phone ( )</td>
<td>Home Address (if not child’s address)</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Email Address (optional)</td>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Employer Name</td>
<td>Work Phone ( )</td>
<td>Employer Name</td>
</tr>
<tr>
<td>Name of Child’s Physician or Health Clinic</td>
<td>Physician’s or Health Clinic’s Phone Number ( )</td>
<td></td>
</tr>
</tbody>
</table>

**Hospital Preferred for Emergency Treatment (optional)**

**Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)**

---

**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

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LARA is an equal opportunity employer/program.

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BCAL-3731 (Rev. 7-16) Previous edition 6-17 may be used.
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

# 1 Allergies or Reactions (for example, food, medication or other)
# 2 Hay Fever, Asthma, or Wheezing
# 3 Eczema or Frequent Skin Rashes
# 4 Convulsions/Seizures
# 5 Heart Trouble
# 6 Diabetes
# 7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
# 8 Trouble with Passing Urine or Bowel Movements
# 9 Shortness of Breath
# 10 Speech Problems
# 11 Menstrual Problems
# 12 Dental Problems: Date of Last Exam __________
# Other (please describe): __________________________

Are there any current or past diagnosis(es) □ Yes □ No
If yes, please describe:

If yes, list medications:

Was the health history reviewed by a health professional? □ Yes □ No Examiner’s Initials: __________________________

Parent/Guardian Signature __________________________ Date __________

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

Was child tested for: __________________________ Test results:

Yes No

VISION

Date: __________ / __________

Other: __________________________

Muscle Instability

Other: __________________________

Reading: __________________________

HEARING

Date: __________ / __________

Audimeter

Other: __________________________

BLOOD PRESSURE

URINALYSIS

Date: __________ / __________

Sugar

Albumin

TUBERCULIN

NOTE: Blood 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.

BLOOD LEAD LEVEL

Date: __________ / __________ Level ________ ug/dl

Essential Findings Deviating from Normal:

Examinations and/or Inspections

Exam Date: __________ / __________

### SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.

<table>
<thead>
<tr>
<th>VACCINES (Circle Type)</th>
<th>DATE ADMINISTERED</th>
<th>VACCINES (Circle Type)</th>
<th>DATE ADMINISTERED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MMM/DD/YYYY</td>
<td></td>
<td>MMM/DD/YYYY</td>
</tr>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1</td>
<td>Hepatitis A (HepA)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>DTaP/DTP/DT/Td</td>
<td>1</td>
<td>Influenza (RV/LAIV)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Meningococcal (MCV4/MPV4)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Human Papillomavirus (HPV9/HPV16/HPV19)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Histophilus influenzae</td>
<td>1</td>
<td>OTHER Vaccines</td>
<td>Type of Vaccine(s)</td>
</tr>
<tr>
<td>type b (HIB)</td>
<td>2</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Polio</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>(IPV/OPV)</td>
<td>2</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Pneumococcal Conjugate</td>
<td>1</td>
<td>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable</td>
<td></td>
</tr>
<tr>
<td>[PCV7/PCV13]</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus (RV1/RV5)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>1</td>
<td>Parent/Guardian refused Immunizations: ☐</td>
<td></td>
</tr>
<tr>
<td>[MMR]</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

History of Chickenpox Disease? ☐ Yes ☐ No ☐ If yes, date:

I certify that the immunization dates are true to the best of my knowledge

Health Professional's Signature _______________ Date _______________

### SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

☐ ☐ 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:

☐ ☐ Should the child's activity be restricted because of any physical defect or illness?

If yes, check and explain degree of restriction(s):

☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ 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:

__________________________

Dentist's Signature

Date _______________

### PHYSICIAN’S SIGNATURE

Examiner’s Signature _______________ Date _______________

Examiner’s Name (Print or Type) _______________

Degree or License _______________

Number & Street ______________________

City ______________________

MI ______________________

ZIP Code ______________________

Telephone ______________________

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.**

**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.**

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Nonmedical Waiver Rule for Childhood Immunizations in School and Licensed Childcare: Information for Parents/Guardians

In early 2015, Michigan instituted an administrative rule change on nonmedical waivers for childhood immunizations. Parents/guardians seeking to obtain a nonmedical immunization waiver on behalf of their child/children who are enrolled in school or licensed child-care programs are required to attend an educational session, where they are provided with information about vaccine-preventable diseases and vaccinations.

Frequently Asked Questions:
Why is this rule important?
Michigan has one of the highest immunization waiver rates in the country, with some counties reporting waiver rates up to 12.5% (that is, more than 12% of school-age students in these places have not received all vaccinations). In addition, individual school buildings have reported even higher waiver rates. High nonmedical waiver rates can leave communities susceptible to the entry of diseases such as measles, chickenpox, and pertussis (whooping cough) by undermining community or “herd” immunity that protects vulnerable children (for example, children who cannot be vaccinated for medical reasons and children with compromised immune systems). Herd immunity can also slow the spread of disease if a high proportion of individuals are immune to the disease in a community. Immunization is one of the most effective ways to protect children from harmful diseases and even death.

How does this rule affect parents/guardians?
Parents/guardians seeking to claim a nonmedical waiver are required to participate in an immunization-focused discussion with county health department staff. During the discussion, immunization-related questions and concerns of parents/guardians can be brought up for discussion with the county health department staff. The staff will present evidence-based information regarding the risks of vaccine-preventable diseases and the benefits/risks (mostly moderate side-effects) of vaccination. This rule preserves the ability of parents/guardians to obtain a nonmedical waiver following completion of this required educational session.

What is a nonmedical immunization waiver?
A nonmedical waiver is a written statement by parents/guardians describing their religious or philosophical (other) objections to specific vaccine/vaccines, on a form provided by the county health department.

Who does this rule apply to?
The rule applies to parents seeking an immunization waiver on behalf of their children who are enrolling in a public or private:
- Licensed child-care, preschool, and Head Start programs
- Kindergarten, 7th grade, and any newly enrolled student into the school district

April 13, 2016
What is considered a certified nonmedical waiver?
A certified nonmedical waiver is the State of Michigan Immunization Waiver Form with a revision date of January 1, 2016, displaying the county health department stamp and signatures of the authorizing agent completing the immunization education and the parent/guardian.

Can a parent/guardian obtain a certified nonmedical waiver form from a school, childcare center, or healthcare provider?
No, a certified nonmedical waiver can only be obtained at a county health department.

How does a parent/guardian obtain a certified nonmedical waiver?
Parents/guardians are required to contact their county health department to receive immunization waiver education and a current certified State of Michigan Immunization Waiver Form.

What if my child has a medical contraindication to a vaccine?
This rule does not change the existing process for medical contraindications to vaccination. If your child has a medical reason (that is, a true contraindication or precaution) for not receiving a vaccine, a physician must sign the State of Michigan Medical Contraindication Form (which is available at your doctor’s office, and not the county health department). This form must be completed and signed by a physician before it can be submitted to a school or child-care center.

What documentation are parents/guardians required to submit to their school or child-care center?
1. Parents/guardians are required to submit one of the following documents:
   - A complete immunization record or
   - A physician-signed State of Michigan Medical Contraindication Form or
   - A current, certified State of Michigan Nonmedical Immunization Waiver Form

   If one of the above forms is not submitted, then students can be excluded from school or childcare based on the public health code, unless students are in a provisional category. (Provisional is defined as a child who has received 1 or more doses of vaccine, however they need to wait the recommended time to receive the next dose)

2. Waiver forms that are altered in any fashion (for example: information on the form is crossed out) cannot be accepted by schools/child-care programs.

Where can I find more information?
For more information, please visit www.michigan.gov/immunize > then click on Local Health Departments > then click on Immunization Waiver Information.

- The above website provides a complete list of county health departments in Michigan, including phone numbers and addresses.
Davison GSRP Transportation 2020-2021

Davison Community Schools’ Transportation Department is committed to making sure that each and every student has a safe and positive riding experience each time they board a Davison school bus.

Dear Parent and/or Guardian,

Students who are eligible to ride district buses are assigned to bus stops based on their home address. It is assumed that every student will be picked up and dropped off at this bus stop. We understand that in some cases this may not be true.

Please understand that in the interest of safety and efficiency:

- One transportation form is allowed per student, per school year. **Please return this form even if your student is parent transport.** If a form is not received, the default AM/PM pick up/drop off will be the student’s home address. Unfortunately, we are unable to honor changes made after Aug. 22nd thru Aug. 30th in order to allow us time to map routes and provide a smooth start to the school year.

Student: _______________________________  Grade: GSRP

Home Address: _______________________________  Phone #: _______________________________

Parent/Guardian: _______________________________  Date _______________________________

TRANSPORTATION INFORMATION:

Please note when completing this section, AM/PM pick up/drop off will be the same each week for the year. In the event long term transportation needs to be changed notice needs to be submitted in writing to the Transportation Office. The Transportation Office will require a minimum of seven (7) days to attempt to accommodate the request for change.

**MY CHILD NEEDS TRANSPORTATION FOR PICK UP:**  _____ YES  _____ NO (Parent drop off)

If yes:  Home Address (bus stop):__________________________

OR:

One (1) Alternate Pick-Up Address:__________________________

Relationship to student ____________________________  Phone # for address ____________________________

If alternating days, please provide schedule using H for Home or A for Alternate address. Daily or Weekly changes to the schedule are not allowed.

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
</tr>
</thead>
</table>

**MY CHILD NEEDS TRANSPORTATION TO BE DROPPED OFF:**  _____ YES  _____ NO (Parent pick up)

If yes:  Home Address (bus stop): ____________________________

OR:

One (1) Alternate Drop-Off Address: ____________________________

Relationship to student ____________________________  Phone # for address ____________________________

If alternating days, please provide schedule using H for Home or A for Alternate address. Daily or Weekly changes to the schedule are not allowed.

<table>
<thead>
<tr>
<th>MONDAY</th>
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</tr>
</thead>
</table>

We appreciate the opportunity to serve the students of Davison and their families.

Thank you for your support of Davison Community Schools

OFFICE USE ONLY

Faxed to Transportation? (810) 591-5653

Date Received  ____________________________  Start Date  ____________________________

Tag  [ ] Synergy  [ ] Initial when complete
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 Davison Community Schools.

______________________________  ______________________________
Student Name Printed            Parent or Guardian Name Printed

______________________________  ______________________________
Student Name Signature          Parent or Guardian Name Signature

______________________________  ______________________________
Date                              Date

Return this signed form to the school in which your student attends. The district will keep this form on file for the duration of participation or age 18.

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

______________________________
Parent Notification Record of Incident at School

Date: _______ Notification made to: __________________________ Notification made by: __________________________

Date: _______ Notification made to: __________________________ Notification made by: __________________________

Date: _______ Notification made to: __________________________ Notification made by: __________________________

Date: _______ Notification made to: __________________________ Notification made by: __________________________
UNDERSTANDING CONCUSSION

Some Common Symptoms

<table>
<thead>
<tr>
<th>Headache</th>
<th>Balance Problems</th>
<th>Sensitive to Noise</th>
<th>Poor Concentration</th>
<th>Not &quot;Feeling Right&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure in the Head</td>
<td>Double Vision</td>
<td>Stiggliness</td>
<td>Memory Problems</td>
<td>Feeling Irritable</td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>Blurry Vision</td>
<td>Haziness</td>
<td>Confusion</td>
<td>Slow Reaction Time</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Sensitive to Light</td>
<td>Fogginess</td>
<td>&quot;Feeling Down&quot;</td>
<td>Sleep Problems</td>
</tr>
</tbody>
</table>

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.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form
FLINT REGISTRY

Enter your contact information below, and the Registry will send you updates and contact you. Parents or guardians, please complete one form per adult and include any children in your care/household that you would like to pre-enroll including those who were exposed during pregnancy.

First Name: ___________________ Last Name: ___________________ Date of Birth: ___________ Gender: ☐M/☐F
Address: ______________________ Apt#: _________ City: _________ State: ___________ Zip Code: ___________

Phone Number: _________________ Is it okay to text this number? Yes☐ No☐

Alternate Phone Number: _________________ Is it okay to text this number? Yes☐ No☐

Email: __________________________

Preferred language If other than English:
☐Spanish
☐Arabic
☐Chinese
☐Hmong
☐American Sign Language
☐Other: __________________________

Between April 2014-October 2015, were you a (select one that best describes you)?
☐Flint resident
☐Flint resident with children living in your home
☐A non-Flint resident who worked regularly in Flint
☐A non-Flint resident who regularly visited the city for personal, business, school or family matters
☐None of the above

Are there any children in your care/household that you would like to pre-enroll? Yes ☐ No ☐

(1) Child First Name: ___________ Last Name: ___________ Date of Birth: ___________ Gender: ☐M/☐F
(2) Child First Name: ___________ Last Name: ___________ Date of Birth: ___________ Gender: ☐M/☐F
(3) Child First Name: ___________ Last Name: ___________ Date of Birth: ___________ Gender: ☐M/☐F
(4) Child First Name: ___________ Last Name: ___________ Date of Birth: ___________ Gender: ☐M/☐F
(5) Child First Name: ___________ Last Name: ___________ Date of Birth: ___________ Gender: ☐M/☐F
(6) Child First Name: ___________ Last Name: ___________ Date of Birth: ___________ Gender: ☐M/☐F
(7) Child First Name: ___________ Last Name: ___________ Date of Birth: ___________ Gender: ☐M/☐F
(8) Child First Name: ___________ Last Name: ___________ Date of Birth: ___________ Gender: ☐M/☐F

This form was completed through Genesee Intermediate School District.
FLINT RESIDENCY AFFIDAVIT

State of Michigan
County of Genesee

As a result of the Flint water crisis, many children in Genesee County are eligible for free GSRP preschool. Eligible children include those currently living in the City of Flint, those who lived in Flint after April 2014, but before August 14, 2016 and those who may have since moved to other Genesee County communities.

I ____________________________ [name of affiant], agree the residency information I provided is true and accurate to the best of my knowledge:

☐ I currently reside in Flint
My address is ___________________________________________________________
I have lived at this address since ______/_____/______

☐ I used to reside in Flint
My old address was _______________________________________________________
I resided at this address during ______/_____/______ through ______/_____/______

_________________________________________ / _____/_____  
[Printed name of affiant, Signature of affiant and date]

_________________________________________ / _____/_____  
[Printed name of staff member/witness, Signature of staff member/witness and date]

Genesee Intermediate School District 5075 Pilgrim Rd, Flint, MI, 49507 810.591.5596