



LATCHKEY REGISTRATION FORM- INTERSESSION I

Prek	___
K-4 th	___
Middle School	___

Intersession I: 10/24-10/27, 2016

Name of Child _____

(Only one child per form) First _____ Middle _____ Last _____

Birth Date: ___/___/___ Grade: _____ Sex: F M (Circle One) Home Phone: (____) _____

Home Address: _____

Street _____ City _____ Zip Code _____

Child's School: _____ Teacher Last Name: _____ Room #: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s): _____ Home Phone: (____) _____

Cell Phone: (____) _____ Email Address (required): _____

Address (if different from child): _____

Street _____ City _____ Zip Code _____

DATE AND TIMES CHILD WILL NEED CARE (Arrival/Pick up)

Monday:	AM Arrival: _____	PM Departure: _____	Morning care will begin at 6:00 AM and run until schools starts. Care needed before 6:00 AM will be located at the Cardinal's Nest. Afternoon care will begin at dismissal time and all children must be picked up by 6:00 PM. After school care for grades 5-8 will be located at Hahn Intermediate.
Tuesday:	AM Arrival: _____	PM Departure: _____	
Wednesday:	AM Arrival: _____	PM Departure: _____	
Thursday:	AM Arrival: _____	PM Departure: _____	

CONSENT- REQUIRED*****

Yes No

- My child is currently receiving Special Education Services.
- My child takes medication during the school day. If yes, please list date of most current Health Action Care Plan: Date: ___/___/___.
- My child has EMERGENCY MEDICATION. _____
- My child is in good health and has no restrictions.
- May latchkey staff apply sunscreen, insect repellent and administer general first aid if necessary?
- I will make sure my child is picked up on time. Failure to do so could result in suspension of my child's latchkey privileges.
- I understand there is a \$30 non-refundable registration fee.

I hereby certify that by completing and signing this form, it is with my full knowledge and consent that my child may participate in Davison Community Schools Intersession.

Parent/Guardian: _____ Date: ___/___/___

CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult 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.

For Provider Use Only		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
Father/Legal Guardian's Name		Home Phone ()	Mother/Legal Guardian's Name		Home Phone ()
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)		Cell Phone ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
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. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

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.	()	()	()

I give permission to	<div style="font-family: cursive; font-size: 1.2em; margin: 0;">Cardinal's Nest</div> <div style="font-size: 0.8em; margin: 0;">(Provider's Name)</div>	, licensed by the Department of Human Services
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.		
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

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

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