

# Almont Community Schools

## Kids Club Enrollment Form

Registration Fees: \$60.00 for one Child OR \$75.00 for a family  
Must be paid at time of enrollment

Receipt# \_\_\_\_\_

Please Circle One:

New Family (1st time registering)

Returning Family (registered last year)

Student(s) Name	Date of Birth	Grade	Teacher

Days Attending: (Circle those that apply)

Monday      Tuesday      Wednesday      Thursday      Friday

A.M      P.M.      Both

**Additional days attending information:**

**Parent/Guardian Information**

Mother's Name \_\_\_\_\_ email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Father's Name \_\_\_\_\_ email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

**Swipe Card Requests:** Please list the name and relationship to child, of the person(s) who is requesting a swipe card. Limit 2 per family. Please remember you are responsible for any lost, stolen, and/or damaged cards and applicable fees.

1. \_\_\_\_\_

2. \_\_\_\_\_

In the case of accident or serious illness, I request Kids Club contact me. If no contact can be made, I hereby authorize Kids Club staff contact the physician below. If the physician cannot be contacted, Kids Club staff may make whatever arrangements that seem necessary. I agree to assume financial responsibility for these emergency referrals including but not limited to hospital and ambulances.

List any allergies or health concerns:

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company and Card Info \_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contacts Name, Relationship, and Phone:**

In an emergency, parents will be contacted first. If they cannot be contacted, the people listed below will be called in the order the names are listed until someone is reached. Please list people who live nearby who can come to pick your child up if they are sick or there is an unexpected school closing.

Name	Relationship to Child	Phone Number
1.		
2.		
3.		

**DISCLOSURES OF DIRECTORY INFORMATION**

Kids Club may disclose appropriately designated "directory information" without written consent, unless the parent advises Almont Community Schools to the contrary by filling out, signing and returning the opt-out form to Almont Community Schools. (Ref. District Policy 8330 – Almont District Website.) The primary purpose is to allow Kids Club to include this type of information in school publications and/or social media posts. Please see Almont Community Schools Student Parent Handbook for more information.

**PARENT NOTIFICATION OF THE LICENSING NOTEBOOK REQUIREMENT**

**Child Care Organizations Act, 1973 Public Act 116**

All child care centers must maintain a licensing notebook which includes all licensing reports, special investigation reports and all related corrective action plans (CAP). the notebook must include all report 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 tools

The notebook will be available to parents for review during regular business hours.

Licensing inspection and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

I have read the above statement issued by ALMONT KIDS CLUB.

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

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