



Allendale Public Schools

Good Time Friends Enrollment Forms

**10690 Learning Lane
Allendale, MI 49401**

Phone: (616) 892-5579

Fax: (616) 892-5798

Enrollment Form

Date: _____

Child's Name:	Date of Birth	Teacher	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent's Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail address: _____

Name of Class: Good Time Friends

Begin Date & Time: _____

Registration fee of \$30 per child: _____

Days of the Week				
M	T	W	Th	F
AM	PM	OTHER _____		
(Please circle one)				
Bus Number _____				

Child Information Card

Michigan Department of Social Services

Name of Child (Last, First, Middle Initial)		Name of Parents		
Allergies, if any		Address (Number and Street)		
Child's Date of Birth	Home Phone Number ()	City	State	Zip
1. Parent's Location When Child's in Care (Employer, School, etc.)		Hours of Employment	Phone Number ()	
Address (Number and Street)		City	State	Zip
2. Parent's Location When Child's in Care (Employer, School, etc.)		Hours of Employment	Phone Number ()	
Address (Number and Street)		City	State	Zip

Person Other Than Parent To Be Notified In Emergency Situation When Parent Is Not Available

Name	Phone Number ()		
Address (Number and Street)	City	State	Zip

Names of Person Other Than Parent To Whom Child May Be Released

1.	3.
2.	4.

I hereby give permission to _____
(Child Care Provider)
Licensed by the Department of Social Services to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Non-emergency medical treatment or elective surgery is not included in this authorization.

Signature of Parent or Guardian:	Date Signed	AUTHORITY: Act 116 of P.A. 1973. COMPLETION: Required. PENALTY: Rule Violation Citation.
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Space for Notarization (If Required by Local medical Facility)

Name of Child's Physician or Health Clinic	Office Hours	Phone Number ()	
Address (Number and Street)	City	State	Zip Code
Hospital Preferred for Emergency Treatment	Health Insurance Policy Name and Number		
Field Trips			
I hereby give my permission to _____ for my child to be transported in a vehicle and/or (Provider's Name) participate in field trips.			
Signature of Parent or Guardian			Date Signed

DSS-3731 (Rev. 7-90)
religion,

The Department of Social Services will not discriminate against any individual or group because of race, sex, age, national origin, color, marital status, handicap or political beliefs.

Permission Slip

Allendale Public Schools has my permission to use my son / daughter's photograph in any of the school's newspapers, yearbook, and brochures.

Yes to all of the above
 No to all

Yes to all but _____

Child / Student's Name

Date

Parent's Signature

Internet Photo/Name Release

Occasionally, Allendale Public Schools uses pictures and/or names of students on its web page. In general, pictures may be included of individuals or groups for teacher pages and/or sports pages.

In keeping with the Federal Guidelines of COPPA (Children's Online Privacy Protection Act), Allendale Public Schools requires written parental permission to use individual or group photos of their children (and/or their children's names) through the 8th grade on its web pages. This permission must be granted each school year.

****I / we grant permission for Allendale Public Schools to use photos (with or without the child's name) of my child on their web pages on the World Wide Web.**

Child's name: _____ Grade: _____

_____ Child's photo and name may be used

_____ Child's photo and name may not be used

_____ Child's photo without name may be used

_____ Child's name may be used

Signature: _____ Date: _____



Dear Parent,

Thank you for enrolling your child in the before / after school program “Good Time Friends”. To help with your weekly billings from the Good Time Friends, we participate in the Meijer Community Rewards program. This program was developed to meet the growing need for schools and other groups to raise funds without actually selling a product. It’s really quite simple. When you make a purchase at Meijers, your reward card is scanned at the checkout. A percentage of the purchase totals are rewarded to the organization of your choice – and we are hoping it will be Allendale Public Schools. Every couple of months a check for the total reward amount is mailed to us here at Allendale Public Schools. Out of that check, 75% of your own personal amount will be applied to your child’s Good Time Friends balance. The remaining 25% will be used toward classroom supplies. There is also a tuition waiver (see attached) for you to sign and return to us. For more information on Meijer Rewards, you can go to www.meijer.com/rewards. You can also stop at any Meijer courtesy desk and pick up a Meijer Rewards pamphlet.

Our 6-digit organization code for Allendale Public Schools Good Time Friends is 951460.

If you have any questions, please feel free to give us a call, or stop in to see us. We may be reached at 892-5579.

Meijer Community Rewards Tuition Waiver

Parents Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Child's Name: _____

Year Expected to attend programs related to Allendale Public Schools: _____

I / We _____ wish to participate in the Meijer Community Rewards tuition accrual program with Allendale Public Schools. By participating in this program, I / We understand and fully agree to the following:

1. Tuition accruals will only carry forward for a period of two (2) years. All accruals not used after two (2) years will be forfeited to Wee One's Preschool and / or The Good Time Friends.
2. Tuition accruals cannot be transferred, sold, traded, or gifted to another individual. Tuition accruals in your account must be used for a child of whom you are the legal parent or guardian.
3. All tuition accruals will be forfeited to Allendale Public Schools if I / we decide to enroll my child in a different program.
4. I / We will never profit in the form of monies being distributed to me for using the Meijer Community Rewards program. I / We have the ability to earn up to one hundred (100%) of the tuition and enrollment fees from this program. Any other charges are not included in the Meijer Community Rewards program. Any monies over the amount of my child's tuition / charges will be forfeited to Wee One's Preschool and / or The Good Time Friends.
5. If Allendale Public Schools Preschool / Good Time Friends are no longer an ongoing concern, I understand that I lose all monies in my tuition accrual account.
6. All monies earned by Meijer Rewards will be applied to my account 2 times per year – at the end of August and December.
7. Allendale Public Schools will place seventy-five (75%) of the Meijer Rewards into your individual tuition accrual account. Allendale Public Schools will retain twenty-five (25%) of the Meijer Rewards to go towards the purchasing of supplies for Wee One's Preschool and/or The Good Time Friends.

Parent / Guardian Signature

Date

**“Good Time Friends”
Certification of Good Health**

The Family Independence Agency requires that before/after school programs maintain a signed statement that children enrolled in the program are in general good health and that their immunization records are on file in the appropriate school.

If your child is in good health, please sign and date below.

Student's Name

Parent's Signature

Date

My child is in good health but has the following medical conditions: (list medical problems such as allergies, asthma, etc.)



