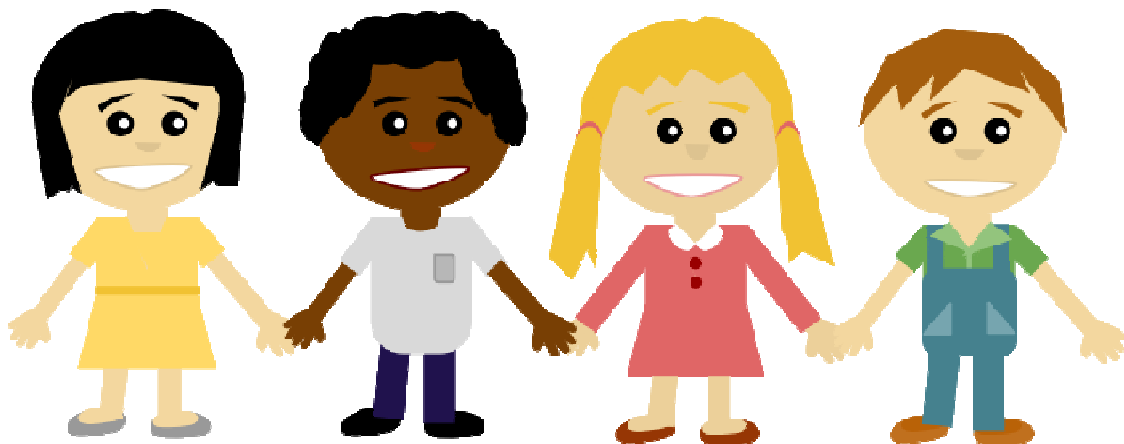


**Before & After School Child Care Program  
GOOD TIME FRIENDS / ECC Wrap-around  
*Enrollment Application***



**Before & After School Child Care Program  
GOOD TIME FRIENDS / ECC Wrap-around  
*Enrollment Application***

**Evergreen Elementary  
10690 Learning Lane  
Allendale, MI 49401**

**Phone: (616) 892-5579  
Fax: (616) 892-5798  
[lutzjan@apsfalcons.net](mailto:lutzjan@apsfalcons.net)  
[scheduleonly@apsfalcons.net](mailto:scheduleonly@apsfalcons.net)**

**Allendale Early Childhood Center  
10455 Timberline  
Allendale, MI 49401**

**Phone: (616) 892-5580  
Fax: (616) 892-3477  
[koekkoekdaw@apsfalcons.net](mailto:koekkoekdaw@apsfalcons.net)  
[wapscheduleonly@apsfalcons.net](mailto:wapscheduleonly@apsfalcons.net)**

**Before & After School Child Care Program  
GOOD TIME FRIENDS / ECC Wrap-around  
Enrollment Application**

**Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Bus Number:** \_\_\_\_\_

**Child #1 Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **School:** ECC EG SV OW **Teacher/Grade:** \_\_\_\_\_

**Child #2 Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **School:** ECC EG SV OW **Teacher/Grade:** \_\_\_\_\_

**Child #3 Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **School:** ECC EG SV OW **Teacher/Grade:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

***Please list two (2) emergency contacts. Children may be released to these people.***

**Emergency Contact Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

# 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	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. 7-18) Previous edition 6-17 may be used.

See Reverse Side

<b>Emergency Contact &amp; Release of Child:</b> 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.	(     )		(     )		
<b>Release of Child Only:</b> 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.	(     )		

<b>Parent/Legal Guardian Initials:</b>
_____ I give permission to <u>Good Time Friends / ECC Wrap-around</u> , licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b>	
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 Citation.	

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

## 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 **Good Time Friends / ECC Wrap-around** .  
Name of Child Care Center

Child(ren)'s Name(s) \_\_\_\_\_

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

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

LARA is an equal opportunity employer/program.



## Family Educational Rights and Privacy Act (FERPA) Directory Information Opt-In/Out Form

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that **Allendale Public Schools (APS)**, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Allendale Public Schools may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow Allendale Public Schools to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; Degrees, honors and awards received
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the Allendale Public Schools that they do not want their student's information disclosed without their prior written consent.

**Please note: APS does NOT create or publish student directories or other documents as pursuant to FERPA law.**

Allendale Public Schools has designated the following information as directory information:

- |  |   |
|--|---|
| -Student's name  | -Participation in officially recognized activities and sports   |
| -Address   | -Weight and height of members of athletic teams   |
| -Telephone number  | -Degrees, honors and awards received  |
| -Email Address   | -STUDENT YEARBOOK   |
| -Photograph/video (e.g. web site & news releases)                    | -Student ID number is necessary to identify school information and is not available as an opt-out option. |
| -Date of birth   | (A student's SSN is not and cannot be used for any purpose)   |
| -Grade level   |   |
| -Dates of Attendance (e.g. report cards and high school transcripts) |   |

STUDENT'S NAME \_\_\_\_\_  
(Please Print)

1) Please select one of the options for Directory Information below. A parent/guardian's signature is required.

\_\_\_\_\_ Yes, I give permission to Allendale Public Schools to disclose my child's directory information as described above.

\_\_\_\_\_ No, I do not want my child's directory information disclosed. ***I understand that my child's name will NOT appear in the APS yearbook, and any honors or awards my child may receive will NOT appear on any APS recognition lists, newsletters or other printed materials.***

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

2) Please select one of the options for publishing student photographs and/or videos. A parent/guardian's signature is required.

\_\_\_\_\_ Yes, I give permission to Allendale Public Schools to use my child's picture and name on the district web site, in newsletters, student yearbook, and district promotional materials.

\_\_\_\_\_ No, I do not want my child's picture and name published as described above.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**Before & After School Child Care Program  
GOOD TIME FRIENDS / ECC Wrap-around  
Enrollment Application**

**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.

**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

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

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**Before & After School Child Care Program**  
**GOOD TIME FRIENDS / ECC Wrap-around**  
***Enrollment Application***

**Good Time Friends**

**WEEKLY SCHEDULE**

**Child's Name:** \_\_\_\_\_ **Week of:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning/AM					
Afternoon/PM					

**Child's Name:** \_\_\_\_\_ **Week of:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning/AM					
Afternoon/PM					

**Child's Name:** \_\_\_\_\_ **Week of:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning/AM					
Afternoon/PM					

**Child's Name:** \_\_\_\_\_ **Week of:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning/AM					
Afternoon/PM					

**Child's Name:** \_\_\_\_\_ **Week of:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning/AM					
Afternoon/PM					