



2025 Summer Program Parental Agreement

I have been given a copy of the Clawson Child Care Center Policy and Procedure Handbook.

I have read the Clawson Child Care Center Policy and Procedure Handbook and understand and agree to adhere to and follow the policies and procedures therein.

I have read and understand the discipline policies of the Clawson Child Care Center as explained in the Clawson Child Care Handbook. I agree to allow only the policies stated therein to be used in disciplining my child.

I understand that I may be asked to withdraw my child if any of the following should occur:

- ✓ The center is unable to provide services to meet the needs of the child(ren).
- ✓ The quality of care provided to the other children is jeopardized.
- ✓ There are, in the opinion of the District, irreconcilable differences concerning the center's policies between the parents and the center.
- ✓ I do not adhere to the policies found within the Clawson Child Care Center Handbook.

I understand that the Clawson Child Care Center reserves the right to terminate and/or deny re-enrollment for failure to adhere to the procedures and policies.

START DATE: 6/16/2025 Other _____

Parent/Guardian Signature

Date

For Office Use Only

- Child Information Card Complete
- Payment Agreement & Parental Agreement
- Reg. Fee & First Week Payment
- Permission Slips (*Good Health Statement, Field Trips & First Aid, Movies and Video Games*)
- Sunscreen Form

**Clawson Child Care Center
Summer Program 2025
Application and Payment Agreement**

Grade during the 24-25 School Year		
<input type="checkbox"/> TK	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 1 st Grade
<input type="checkbox"/> 2 nd Grade	<input type="checkbox"/> 3 rd Grade	<input type="checkbox"/> 4 th Grade
<input type="checkbox"/> 5 th Grade		
(Grade Child Just Completed)		

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: Home/Cell: _____

Mom's Email _____ Dad's Email _____

Mother's Name: _____ Work/Cell Phone: _____

Father's Name : _____ Work/Cell Phone: _____

Child Lives With: Mother Father Both Grandparents Other

Person Responsible for Payment: Mother Father Both Other

Does your child have any medical conditions or receive Special Education Services of which our staff should be made aware? Yes No If Yes, Please explain _____

Each child will receive a Summer T-shirt to wear on Field Trips. Please indicate the size t-shirt your child wears: S (6-8) M (10-12) L (14-16) XL (16+) S (Adult) M (Adult) L (Adult)

Summer Registration Fee: \$85.00 Per Child Non-Resident \$90.00 Per Child

(if your child attends Clawson Public Schools you're considered a resident)

TK-5 th Grade		TK-5 th Grade	
Full-Time (3-5 Days)		Full-Time Non-Resident (3-5 Days)	
<input type="checkbox"/> \$240.00	Sibling Discount <input type="checkbox"/> \$216.00	<input type="checkbox"/> \$260.00	Sibling Discount <input type="checkbox"/> \$234.00
Occasional Care (\$80 per day)		Occasional Care Non-Resident (\$90 Per day)	
<input type="checkbox"/> \$80.00	No Sibling discount	<input type="checkbox"/> \$90.00	No Sibling discount

PLEASE CHECK DAYS AND WEEKS ATTENDING

- MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
- 6/16/25-6/20/25 07/21/25-07/25/25
 6/23/25-6/27/25 07/28/25-08/01/25
 6/30/25-7/02/25 08/04/25-08/08/25
 07/07/25-07/11/25 8/11/25-8/15/25
 07/14/25-07/18/25 8/18/25-8/22/25

**7/3 & 7/4 Closed for 4th of July Holiday
8/25-8/29 Closed for Building Maintenance**

I have chosen and committed to the weeks that my child will attend during the summer. I understand that payments are due at the beginning of each week and failure to pay for any committed week (attended or not) will result in termination of enrollment.

Parent/Guardian Signature _____ Date _____

WHAT DO I OWE?	
Reg Fee \$85/90 Per Child	\$
Weekly Rate Child 1	\$
Weekly Rate Child 2	\$
Weekly Rate Child 3	\$
Total Due	&

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.

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
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

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

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.

CLAWSON CHILDCARE CENTER 2025 SUMMER PROGRAM PERMISSION SLIPS

GOOD HEALTH STATEMENT

I verify that my child, _____, is in good health and that I assume responsibility for my child's state of health while at the Clawson Childcare Center, with the understanding that I will be notified immediately when anything unforeseen regarding my child's health occurs, and with the understanding that I notify the Clawson Childcare Center when my child's health status changes.

The following restrictions apply to my child:

No Restrictions

Restrictions, please explain _____

PERMISSION SLIP TO ATTEND FIELD TRIPS AND ADMINISTER FIRST AID

My child, _____, has my permission to participate in the planned activities and field trips during the 2025 Summer Program at Clawson Child Care Center.

I also acknowledge that I will be given a calendar that shows dates and times of field trips. I understand that I must have my child at the center by the specified time. I also understand that bus transportation will be provided by the district for all field trips (except walking field trips.)

I hereby give permission for first aid to be administered when deemed appropriate. In case of severe emergency, I give my permission for my child to be transported to the nearest hospital.

In the event that I am unable to be reached at any of the numbers on the child information card, please contact:

Name: _____

Phone: _____

MOVIE and VIDEO GAME VIEWING PERMISSION SLIP

The following movie ratings are ok for my child to view :

G

PG

PG-13 (only grades 3-5 and parents will be notified in advance of viewing)

Only video games rated E will be permitted on public gaming systems use at the Clawson Childcare Center. Games rated M are prohibited from the Clawson Childcare Center.

ALL MOVIES ARE REVIEWED FOR CONTENT ON WWW.SCREENIT.COM

CLAWSON CHILDCARE CENTER RESERVES THE RIGHT TO PROHIBIT ANY MOVIE OR VIDEO GAME FROM BEING VIEWED (THIS INCLUDES MOVIES VIEWED ON PERSONAL GAMING OR DVD SYSTEMS)

I understand that the signature provided is for all of the above permission slips.

Parent Signature: _____

Date: _____

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK
Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

CENTER MUST CHECK ONE

The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.

The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.

I have read the above statement issued by Clawson Early Childhood Center
Name of Child Care Center

Child(ren)'s Name(s):	
--------------------------	--

Parent Name _____

Parent Signature _____ Date _____

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MEDICATION PERMISSION AND INSTRUCTIONS
CHILD CARE HOMES AND CENTERS
 Department of Licensing and Regulatory Affairs
 Child Care Licensing Bureau

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY PARENT

I give my permission for Clwason Childcare Center to give or apply the medication
 (Caregiver, Facility)

Sunscreen, to my child _____, as follows:
 (Specify, prescribed medication/over the counter product) (Child's Name)

DIRECTIONS:

1. Date to Begin Giving Medication <u>6/16/25</u>	2. Date to Stop Medication <u>8/15/25</u>
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

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