



2026 Summer Program

Parental Agreement

I have been given a copy of the Clawson Child Care Center Policy and Procedure Handbook (Can be found on website).

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: ☐ 6/15/2026 ☐ 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 2026
Application and Payment Agreement**

Grade during the 25-26 School Year

- ☐ TK ☐ Kindergarten ☐ 1st Grade
☐ 2nd Grade ☐ 3rd Grade ☐ 4th Grade
☐ 5th 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)

Paperwork received after May 29th will not receive a T-shirt!

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"/> \$250.00	Sibling Discount <input type="checkbox"/> \$225.00	<input type="checkbox"/> \$280.00	Sibling Discount <input type="checkbox"/> \$252.00
Occasional Care (\$85 per day)		Occasional Care Non-Resident (\$95 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
- ☐ 6/15/26-6/19/26 ☐ 07/20/26-07/24/26
☐ 6/22/26-6/26/26 ☐ 07/27/26-07/31/26
☐ 6/29/26-7/03/26 ☐ 08/03/26-08/07/26
☐ 07/06/26-07/10/26 ☐ 8/10/26-8/14/26
☐ 07/13/26-07/17/26 ☐ 8/17/26-8/21/26

7/2 & 7/3 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 Lifelong Education, Learning, and Potential - 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		Primary Phone ()	Parent/Legal Guardian's Name (Optional)		Primary Phone ()
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)		2 nd Phone (if applicable) ()
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/or Special Instructions? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)					

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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.	()
5.	()	6.	()

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Lifelong Education, Advancement, and Potential, 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

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CLAWSON CHILDCARE CENTER 2026 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 2026 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.

☐ 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 _____

LARA is an equal opportunity employer/program.

MEDICATION PERMISSION AND INSTRUCTIONS
CHILD CARE HOMES AND CENTERS

Michigan Department of Lifelong Education, Advancement and Potential
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 _____ to give or apply the medication
for _____
(Child care staff member)

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

DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
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 CHILD CARE STAFF MEMBER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CHILD CARE STAFF MEMBER	CHILD CARE STAFF MEMBER SIGNATURE

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