

CERTIFICATE OF GOOD HEALTH



The **State of Michigan**, our licensing agency, requires a current health appraisal form to be on file for each student. We have received an exemption from that rule because we enroll only students from the local school. In its place, we are asking you to complete this form.

Child's Name: _____ Date of Birth _____

Is your child having any of the problems listed below? *	YES	NO
1. Allergies or reactions (for example, food, medication, or other)		
2. Hay Fever		
3. Asthma		
4. Eczema or frequent skin rashes		
5. Convulsions/Seizures		
6. Heart Trouble		
7. Diabetes		
8. Frequent colds, sore throats, earaches (4 or more per year)		
9. Trouble passing urine or bowel movements		
10. Shortness of breath		
11. Speech problems		
12. Menstrual problems		
13. Dental problems: date of last examination		
14. Reactions to food, medication or other that has not been diagnosed by a Doctor as an allergy If so what caused the reaction:		
15. Other		
Please explain any problem identified above:		
* Additional paperwork may be required including a medical action plan signed by child's physician before care can begin.		
Does your child take any medications regularly?		
If yes, what medication?		
Reason for Medication:		

I hereby certify that my child is in good health and that his/her immunizations are current. I will assume responsibility for my child's health while at the childcare center.

Signature of Parent of Guardian: _____ Date: _____

Child's Name: _____ Age: _____

Lake Shore - SACC Summer Camp Meal/ Snack Agreement:

I understand that the Lake Shore SACC Summer Camp Program does not provide breakfast, lunch or a morning snack. The Summer Camp program will provide a snack each afternoon. By signing, I am verifying that I will send ready-to-eat nutritional food with my child that will serve as all or part of his or her breakfast, lunch or morning snack.

Signature of Parent/Legal Guardian: _____ Date: _____



Pg - Movie Permission:

On occasion, a carefully selected PG movie will be shown. I understand and give permission for my child to watch carefully selected PG rated movies while in the Lake Shore SACC Summer Camp Program.

Parent/Legal Guardian Signature: _____ Date: _____

Permission to Photograph Form:

Child's Name: _____

I hereby give my irrevocable permission for the child named above to be video-taped/ photographed for the purposes of showing Lake Shore School Age Child Care Summer Camp activities.

Signature Parent/Legal Guardian: _____ Date: _____



Field Trip Consent:

As the parent or legal guardian I grant permission for my child to attend the field trips planned for the **School Age Child Care Summer Camp Program**. Parents and children will be notified of each field trip, date and destination prior to the date of the trip. I understand that school personnel will use reasonable care and diligence in their supervision of this activity. Beyond that, I release Lake Shore Public Schools, and its employees and agents, from all liability for injuries sustained during the course of this activity. I further agree to hold Lake Shore Public Schools, its employees and agents, harmless from all damages or costs incurred as a result of any damages incurred or caused by my child.

If I cannot be contacted, the school is authorized to take appropriate action on behalf of my child in the case of a medical emergency. I agree that I will be responsible for any costs related to treatment as determined to be necessary by a physician.

Parent/Legal Guardian Signature _____ Date: _____

No child will be permitted to attend a field trip unless this form is signed and returned to the School Age Child Care Summer Camp Center. This field trip form will be valid for the 2017 Summer Camp.

Parent Agreement

I have read the Lake Shore Public Schools School Age Child Care Summer Camp Program brochure and agree to abide by the procedures outlined in the brochure. I understand that failure to abide by the procedures in the brochure may result in the dismissal of my child (children) from the program.

I understand that I must keep all necessary paperwork as required by the State of Michigan and or Lake Shore Public Schools SACC Summer Camp program current and up to date. I understand that my weekly schedule and tuition is due in advance by the due dates included in each activity packet. Failure to provide a schedule or pay tuition as outlined in the program brochure may result in a termination of services.

DUE TO FIXED OPERATING EXPENSES, THERE WILL BE NO ADJUSTMENT OF TUITION DUE TO ABSENCES, REFUNDS, OR CREDITS. MAKE-UP DAYS WILL NOT BE GRANTED.

Parent/Legal Guardian Signature: _____ Date: _____



Sunscreen - I give permission for my child to use the sunscreen that I have provided as needed during his/her time at camp.

Parent/ Legal Guarding Signature _____ Date: _____

LAKE SHORE PUBLIC SCHOOLS SACC PROGRAM
Uniform Parental Medical Consent, Release and Assumption of Risk Form

Student's Name: _____ Summer Camp 2017

As used herein: "**FIELD TRIP SPONSORS**", shall include the Lake Shore Public Schools, attending faculty members, adult chaperons and licensees, and "**UNDERSIGNED**" shall be the father and/or mother, or the guardian, or the student if eighteen years or older.

The **UNDERSIGNED** understand that during the field trip in which the student is participating under the direction of the **FIELD TRIP SPONSORS**, certain risks and dangers may occur, including but not limited to hazards of accidents or illness, the forces of nature, and travel by airplane, automobile, bus, train or other conveyance.

In partial consideration of, and as partial payment for, the right to participate in this field trip and related activities and to utilize the services, including food, as provided, the **UNDERSIGNED** hereby assume all the risks set forth above and hereby hold the **FIELD TRIP SPONSORS** harmless from any and all liability, actions, causes of actions, debts, claims, and demands of every kind and nature whatsoever which arise from or in connection with the above described field trip and related activities. The terms hereof shall serve as a release and assumption of risks for the heirs, executors, administrators and members of the student's family.

In the event emergency medical treatment is required for the student while he is under the control and direction of the **FIELD TRIP SPONSORS** and if consent is a requisite to any such treatment, the **UNDERSIGNED** hereby grant to the **FIELD TRIP SPONSORS** the right to give consent to such treatment for the student on the behalf of the **UNDERSIGNED**. Said consent may be granted or withheld by the **FIELD TRIP SPONSORS** as each of them, in their sole discretion, shall determine. The **UNDERSIGNED** hereby waive any claim which they may have against the **FIELD TRIP SPONSORS** arising from the granting or withholding of the aforesaid consent.

Student's Name: _____ Birthdate: _____

Parent/Guardian Signature: _____

Home Address: _____ Zip: _____

Home Telephone Number: () _____ Work Telephone Number: () _____

Cell Telephone Number's: () _____ () _____

Health Insurance Company's Name: _____

Identifying Policy Numbers: _____

Insurance Company's Telephone Number: _____

Lake Shore Public Schools – School Age Child Care Summer Camp 2017

Child's Name: _____

Parent Notification of the Licensing Notebook

All child care center must maintain a licensing notebook which includes all licensing inspection reports, special investigations reports and all corrective actions plans. The notebook must include all reports issued and corrective action plan develop on or after May 27, 2010, until the license is closed.

This center maintains a licensing notebook of all licensing inspections reports, special investigation reports and all related corrective action plans.

The note book will be available to parents for review during regular business hour.

Licensing inspections and special investigation reports from at least the past two years are available on the Bureau of Children and Adult Licensing website at : wwwlmichigan.gov/michildcare.

I have read the above statement issued by Lake Shore Public School Schools Age Child Care Program.

Parent Signature: _____ Date: _____

Playground Consent

The Michigan Department of Human Services, Bureau of Child Day Care Licensing has established new criteria for playgrounds and playground equipment. A public school (Park) playground is not required to meet all the same playground safety regulations licensed centers are required to meet. Given this information, in order for child who is enrolled din a licensed program within a school approved by Michigan Department of Education to play on equipment the parent must give their consented. If you choose not to give your child permission to play on the equipment they will still be taken outdoors with the other children and will be offered an alternative activity.

Parent Signature: _____ Date: _____

BEHAVIOR EXPECTATIONS

All children participating in summer camp are expected to conduct themselves in a cooperative, safe and respectable manner at all times and in accordance with the behavior guidelines established by the Lake Shore School Board. Every child must be fully potty trained and able to tend to his/her own needs. The summer camp has a 3 step disciple procedure that includes opportunities at every step for the child to correct his/her behavior. Failure to correct behavior issues may result in a termination of services. The disciple procedure steps may be waived if a participant's behavior requires immediate separation of the student from the program. I have read and understand that care may be terminated if my child does not conduct him/herself in a respectful, cooperative and safe manner at all times.

Parent Signature: _____ Date: _____

LAKE SHORE PUBLIC SCHOOLS SCHOOL AGE CHILD CARE ~ CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult 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
Father/Legal Guardian's Name		Home Phone ()	Mother/Legal Guardian's Name		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 (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 Special Instructions (Attach additional sheets, if necessary.)					

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.	()

I give permission to _____, licensed by the Department of Human Services
(Provider's Name)
 to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent or Guardian	Date Signed
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Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

SUMMER CAMP 2017 T-SHIRT FORM

Thank you for registering your child for summer camp with Lake Shore Public Schools! One camp shirt is included with your registration at no cost to you. Please indicate what size you would like for your child's shirt. If you wish to order extra shirts please complete that section of the form and include full payment. Orders received for extra shirts without payment will not be filled. Please keep in mind that campers must wear a camp shirt on field trip days or they may not participate. This form is due by May 22, 2017. Extra shirts are available all summer while supplies last. Thank you!!

Child's name: _____

Check the size you would like for your child. Please use a separate form for each child registered in camp.

_____ child medium (10-12) _____ child large (14-16)

_____ adult small _____ adult medium _____ adult large _____ adult XL

*Limited quantities will fill with youth medium when quantity is depleted.



_____ I would like to **PURCHASE** the following extra shirts for my child at a cost of \$5.00 each. Please indicate the number of shirts in the space provided and include payment.

_____ child medium (10-12) _____ child large (14-16)

_____ adult small _____ adult medium _____ adult large _____ adult XL

Total number of purchased shirts _____ @ \$5.00 for a total amount due of \$ _____

Please enclose the correct amount if paying cash, staff will not have change. Please make checks payable to Lake Shore Public Schools – T-shirt payments can be included in your tuition check.

Office Use Only

Date: _____ Check # _____ Cash _____ Received by _____