



Regular

WOODLAWN PRESCHOOL Child File Check List

Child's Name:

___ Information Record

___ Handbook Signature Page

___ Written Information Packet Documentation

___ Licensing Notebook

___ Photo Release

___ Camera Information

___ Health Appraisal / Physical

___ Immunizations

___ ELV Code Provided to Parent

___ CACFP Documents (2 forms)

___ Contract

___ Registration Fee Received

___ DHHS Provider Form

___ DHHS Enrollment Form

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)			
Address (Number and Street, Building/Apartment Number)		City	State
Parent/Legal Guardian's Name		Primary Phone () ()	Child's Date of Birth
Home Address (if not child's address)		Parent/Legal Guardian's Name (Optional)	Zip Code
City		Home Address (if not child's address)	Primary Phone () ()
State		City	2 nd Phone (if applicable) () ()
Zip Code		State	Zip Code
Email Address (optional)		Email Address (optional)	
Employer Name		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.)			

CCL-3731 (Rev. 6/7/2024) Previous editions 7-18, 4-21, & 3-22 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.	() ()
5.	() ()	6.	() ()

Parent/Legal Guardian Initials:

_____ I give permission to _____ Woodlawn Preschool, 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

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Enrollment Agreement – Child Development and Care (CDC) Program

In addition to an enrollment agreement, licensed providers are required to keep daily time and attendance records that document each child's *actual* daily care begin and end time and include a daily parent certification (signature or initials). See the Child Development and Care Handbook for time and attendance requirements at www.michigan.gov/childcare.

Provider or Program Name: Woodlawn Preschool Provider ID: 3939975

Child's Name: _____

Total Number of Authorized Hours from CDC - Form DHS-198 (If known) : _____

- If the child has more than one provider, CDC subsidy payment cannot exceed maximum authorized hours for all providers.

Effective Date of this Schedule: _____

Child's Enrollment (the days and times agreed upon between the parent and provider). Use both boxes per day if there are multiple daily in/out times such as before and after school.

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Begin Time AM/PM					
End Time AM/PM					

Agreed total enrolled hours for this provider: _____

Comments (i.e., Explain if varying schedules are needed):

I expect to have more than one provider assigned to my child: Yes _____ No _____

Parent Acknowledgements:

- The above enrolled schedule is correct and if the enrolled schedule changes, a new Enrollment Agreement should be completed.
- If more than one provider is assigned to a child, one or both providers may not receive full payment. It is also possible that one provider will receive no payment and the parent may be responsible for payment.
- I may be responsible for any child care charges not paid by the Department.
- A new Enrollment Agreement must be completed if an enrolled schedule change extends beyond two weeks.

Parent/Substitute Parent Signature _____

Date _____

Return this completed form to: WOODLAWN PRESCHOOL 1175 W Territorial Road, Battle Creek, MI 49015

Participant Enrollment Form

Instructions:

1. List full name of participant enrolled in care
2. Circle the typical days each participant is in care
3. List times each participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino*
6. Select one or more racial designations of each participant using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White*
7. Sign and date the form and return to your care center

Participant's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon Tues Wed Thu Fri Sat Sun	Breakfast AM Snack Lunch PM Snack Supper Evening Snack			
	Mon Tues Wed Thu Fri Sat Sun	Breakfast AM Snack Lunch PM Snack Supper Evening Snack			
	Mon Tues Wed Thu Fri Sat Sun	Breakfast AM Snack Lunch PM Snack Supper Evening Snack			

* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

Adult/Parent/Guardian's Address	Signature of Adult/Parent/Guardian
Adult/Parent/Guardian's Phone Number	Date Signed

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: USDA Program Discrimination Complaint Form, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intrkr@usda.gov. This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

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 _____

Name of Child Care Center

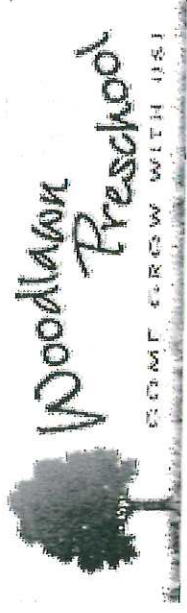
Child(ren)'s Name(s):	
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Parent Name _____

Parent Signature _____

Date _____

LARA is an equal opportunity employer/program.
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GETTING TO KNOW YOU AND YOUR CHILD

Parents,

Please take a moment to complete the following information. We find this a valuable tool in helping us get to know and understand your child.

Child's full name: _____

Child's nickname: _____

Name you would like us to use at school: _____

Where the names and ages of other children in your family?

Do you have any pets? If yes, please list kind and their names

What are your child's interests and favorite activities:

Personality traits of your child: _____

Child's least favorite activity: _____

Fears: _____

Any allergies/asthma or medical conditions we need to be aware of:

Does your child need an occasional bathroom reminder? _____

Unique/Special Needs: _____

Special talents or interests you would like to share: _____



PHOTO RELEASE FORM

I hereby grant permission to Woodlawn Preschool to use my photograph and/or likeness in any and all of its publications, including but not limited to brochures, websites, social media platforms, and other promotional materials.

I understand that these images may be used for marketing, publicity, or educational purposes and may be distributed to the public through print or digital means.

Child's Name

Parent Name

Parent Signature

Date

WRITTEN INFORMATION PACKET DOCUMENTATION
Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

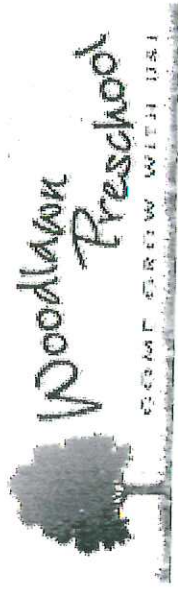
Child(ren)'s Name(s) (Last, First)	Facility's Name and License Number Woodlawn Preschool (WL1) - DC130016361 Woodlawn Preschool (WL2) - DC130366895
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A written information packet has been provided at the time of enrollment. The packet included all the following information (R 400.8146 (1-2)):

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open, and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook. (CENTER MUST CHECK ONE)
 - The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, 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.
- Other

I certify that I received all of the above items.

Parent/Guardian Signature	Date
<p>Note: A single CCL-4340 form may be used for all children in the same family.</p> <p>LARA is an equal opportunity employer/program.</p>	



REMINDER

PLEASE REMEMBER THE FOLLOWING

- Breakfast is served from 8 – 9 am
- No outside food is to be brought in
- Electronics are not allowed
- Bring sun screen & complete permission form
- We may walk to the park, please make sure your child has appropriate walking shoes

WHY DO YOU PLAY SO MUCH?

Have you been wondering why your child always seems to be playing instead of working in our classroom?

It's because play **IS** the work of a child!

Research has shown that play is the most effective way to teach preschoolers.

Here's some of the things we are learning:

- Social Skills like sharing and self-control
- Fine Motor Skills to prepare us for holding writing tools
- Gross Motor Skills like coordination and balance
- Creative Expression and taking pride in our work
- Literacy Skills like book care and recognizing familiar words
- Math Skills like counting, sorting and comparing
- Science Skills like constructing, experimenting, and observing

Please feel free to ask any questions you might have about our curriculum

Rest assured - your child **IS** Learning **AND** having fun!