GSRP

Woodlawn Preschool
COME GROW WITH US!

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

_____ Birth Certificate

_____ Income Verification

_____ Proof of Address

_____ ELV Code Provided to Parent

_____ CACFP Documents (2 forms)

_____ Contract

_____ Registration Fee Received

_____ DHHS Provider Form

_____ DHHS Enrollment Form

Woodlawn Preschool
COME GROW WITH US!

1175 W. Territorial Rd, Battle Creek, MI 49015 &
765 Upton Ave, Springfield, MI 49037
Phone: 269-963-7334 Fax: 269-964-8487
Email: admin.woodlawnpreschool@gmail.com

2025-26

REGISTRATION FORM Monday – Friday, 7 am – 6 pm

Child's Name: _____ Start Date: _____

Schedule: _____ Drop Off/Pick Up Time: _____

Weekly Tuition: _____

Before Care: _____

After Care: _____

Friday Care: _____

-Tuition Assistance: _____ Type: _____

Amount Due: _____ (Weekly)

Waddler Program: 12 – 36 months of age; Monday – Friday, 8 am – 3 pm ($220 weekly)

Preschool Program: 3 – 4 years of age; Monday – Friday, 8 am – 3 pm ($200 weekly)

GSRP Program: 4 years of age by September 1st; Monday – Thursday, 8 am – 3 pm

Friday Care: 7 – 5:30 pm; $60 (weekly)
Before Care: 7 – 8 am; $20 (weekly)
After Care: 3 – 6 pm, $60 (weekly)

Registration Fee of $60 is a one-time, non-refundable charge that is due with the registration form for each child and guarantees a spot in the class for your child. A 2-week notice is required to end services. You will be charged for the 2 weeks if you fail to provide the 2-week notice.

Tuition is billed weekly and you will receive invoices by email. Payment is due each week by Friday before the week of care. If tuition is not paid by the close of business day on Monday, a $20 late fee will be assessed. There will not be credit given for any day(s) that your child does not attend according to their normal weekly schedule. Late pick-up fees will be charged at $4/hr.

I understand that Woodlawn Preschool is closed for the following periods of time: Labor Day, the week of Thanksgiving, Christmas Break, Marin Luther King Day, the week of Spring Break, and Memorial Day. See calendar for exact dates. There may also be Professional Development days for staff in which the center will also be closed.

I have read and understand the current enrollment rates, specifically the payments, vacations, holidays, closed days, late pick-up fees, and the notice to end services.

All who have financial responsibilities must sign below. In the event there are scholarships/assistance applied to the tuition, it is your responsibility to pay any portion that is not covered. In addition, if the scholarships/assistance lessens or is no longer available, the remaining or complete tuition will be your responsibility.

Parent/Guardian Signature: _____ Date: _____

Email Address: _____

Parent/Guardian Name (Printed): _____

Preschool
COME GROW WITH US!

CSRP

Woodlawn Preschool
1175 W Territorial Road
Battle Creek, MI 49015
269-963-7334

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):

Regular schedule listed

GSRP Monday - Thursday, 8 - 3pm (NO DHHS Billing during this time)

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 1775 W Southfield Road, Battle Creek, MI 49015 269-963-7581

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		
	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

Adult/Parent/Guardian's Phone Number

Signature of Adult/Parent/Guardian

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.intake@usda.gov

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:

https://www.usda.gov/sites/default/files/documents/USDA-DiscCom%20Complaint-Form-0508-0002-508-11-30-17Fax2Mail.pdf

MICHIGAN

Return this completed form to: Woodlawn Preschool 1175 W Territorial Road, Battle Creek, MI 49015 [illegible]

Household Income Eligibility Statement – Child Care Institutions

Part 1 – Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR)

If any member of your household receives FAP, FIP, or FDPIR, provide the name and case number for the person who receives the benefits.

Name: ______________________________ **Case Number:** ______________________________

Part 2 – Household Information

First and Last Names of All Household Members, Related and Unrelated	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	How Often? (x) Annually	Monthly	2x Month	Bi-Weekly	Weekly	Amount of Welfare, Child Support, or Alimony	How Often? (x) Annually	Monthly	2x Month	Bi-Weekly	Weekly	Amount of All Other Income (indicate source and amount)	How Often? (x) Annually	Monthly	2x Month	Bi-Weekly	Weekly

Part 3 – All Households: Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will receive federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature: ______________________ **Print Name:** ______________________ **Date:** ______________

Last four digits of Social Security Number: XXX-XX-______ ______I do not have a Social Security Number

For Institution Use Only:

For Institution Use Only

Total Household Members:	Total Income: $	____ Annually ____ Monthly ____ 2x Month	____ Bi-Weekly ____ Weekly	APPROVED CATEGORY Categorical Eligibility (A/Free): Foster FIP FAP FDPIR Other Household Children: A (Free) B (Reduced) C (Paid)
Institution Official Signature: ______________________	Approval Date: ____________			

This form is valid for 12 months from the date of institution signature. Approval date and institution signature are required.

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

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 ( )

Home Address (if not child's address) | 2nd Phone (if applicable) ( )

City | State | Zip Code

Email Address (optional)

Employer Name | Work Phone ( )

Parent/Legal Guardian's Name (Optional) | Primary Phone ( )

Home Address (if not child's address) | 2nd Phone (if applicable) ( )

City | State | Zip Code

Email Address (optional)

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? Yes ☐ No ☐ If yes, explain:
(Attach additional sheets, if necessary.)

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 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.)

2.	( )	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.

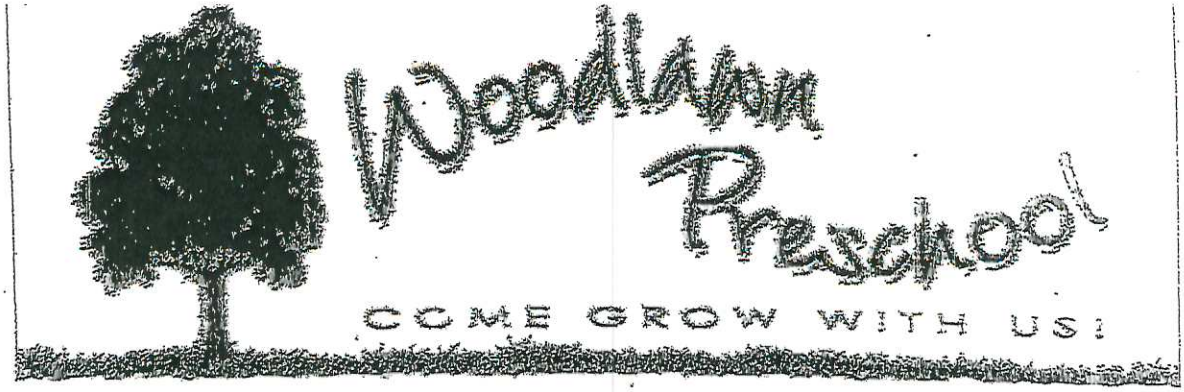
Signature of Parent or Guardian | Date Signed

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.

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used



Dear Parents/ Guardian,
Welcome to Woodlawn Preschool! The last few school years we have had some confusion about DHS subsidies, and we wish to clarify our billing procedures.

Parents using DHS subsidy to pay for preschool/childcare services will be given a 3-week grave period, while we await DHS authorization for payment. Most DHS approvals are granted within three weeks. If the subsidy is not approved within three weeks, it will be the parents/ Guardian's responsibility to contact their case worker regarding approval. After four weeks payment will be required to continue services or services will be suspended pending approval or payment.

When authorization is received credit will be applied to the childcare account. Any remaining balance will be the responsibility of the parent/guardian. Hours billed will be for the scheduled childcare. Woodlawn Preschool is not a drop in facility. If your child misses' days of class, DHS will be billed absent hours.

The hours scheduled need to match DHS approved hours, if your schedule exceeds the maximum allowed for DHS hours (90 hours), Payment will need to be made for hours over 90. (Example DHS approved for 60 hours bi-weekly, but child is signed up for M-F 7 hours per day, which is 70 hours bi-weekly. Parents/Guardian would be responsible for the 10 hours over 60). Not bringing your child in for a day will not result in you being billed less. The schedule must be changed in the office, otherwise you will be billed absent hours for days missed.

If payment is not received in the first week after DHS authorization is received, the child's schedule will be adjusted by the office, and a written copy of the new schedule will be provided to you.
Schedule changes can be made at any time in the office.

Thank you,

Woodlawn Preschool.

I understand the DHS billing Procedure.

Parent/Guardian signature: _____

Woodlawn Preschool

This letter is to inform you that we have cameras in every classroom and also outside of the school. They can be monitored from the office personnel at anytime. If you have any questions about this please feel free to reach out to the director as he can answer all of your questions.

X _____

Parent Signature

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 DC130016361

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

Note: A single CCL-4340 form may be used for all children in the same family.

LARA is an equal opportunity employer/program.

Family Needs Survey

(Revised, 1998)

Child's Name: _____ Person Completing Survey: _____

Date Completed: ___/___/___ Relationship to Child: _____

Dear Parent:

Many families of young children have needs for information or support. If you wish, our staff are very willing to discuss these needs with you and work with you to identify resources that might be helpful.

Listed below are some needs commonly expressed by families. It would be helpful to us if you would check in the columns on the right any topics you would like to discuss. At the end there is a place for you to describe other topics not included in the list.

If you choose to complete this form, the information you provide will be kept confidential. If you would prefer not to complete the survey at this time, you may keep it for your records.

TOPICS	Would you like to discuss this topic with a staff person from our program? No	Not Sure	Yes
Information			
1. How children grow and develop			
2. How to play or talk with my child			
3. How to teach my child			
4. How to handle my child's behavior			
5. Information about any condition or disability my child might have			
6. Information about services that are presently available for my child			
7. Information about the services my child might receive in the future			
Family & Social Support			
1. Talking with someone in my family about concerns			
2. Having friends to talk to			
3. Finding more time for myself			
4. Helping my spouse accept any condition our child might have			
5. Helping our family discuss problems and reach solutions			
6. Helping our family support each other during difficult times			
7. Deciding who will do household chores, child care, and other family tasks			
8. Deciding on and doing family recreational activities			
Financial			
1. Paying for expenses such as food, housing, medical care, clothing, or transportation			
2. Getting any special equipment my child needs			
3. Paying for therapy, day care, or other services my child needs			
4. Counseling or help in getting a job			
5. Paying for babysitting or respite care			
6. Paying for toys that my child needs			

Family Needs Survey: Donald B. Bailey, Jr. & Rune J. Simeonsson, FPG Child Development Institute, The University of North Carolina at Chapel Hill.

Getting to Know You

Parents,

Please take a moment to complete the following information. You may add more sheets if needed. We find this a valuable tool in helping us get to know and understand your child.

- Child's Full Name/Nickname
- Name you would like us to use at school?
- What are the names and ages of other children in your family?
- Any family pets and what are 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 condition we need to be aware of?
- Does your child need an occasional bathroom reminder?
- Unique/Special Needs-
- Special talents or interest you have and could share?

4/9/2019

Why DO YOU play SO MUCh?

Dear Families,

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!

It is Woodlawn Preschool's Policy (For children under 3 years old) that a parent or another appointed adult provide transporation to and from field trips that require children to travel away from the facility in a vehicle. Furthermore, a parent or appointed adult must remain on the field trip to supervise the child. Staff cannot be responsible for the supervision of the child while on field trips.

Our Guidance Approach...

We approach discipline in a positive manner. Understanding the developmental needs of the preschool child is of utmost importance. Staff discipline strategies include:

- Communication the behavioral expectations to the child
- Supporting EACH child in gaining self-control
- Demonstrate appropriate behavior.
- Reinforce appropriate behavior through verbal and non-verbale communication.
- We encourage children to make appropriate choices for their behavior.
- Preparing children ahead of time for schedule changes
- Modeling respect and appreciation for individual differences in people.

To correct misbehavior, staff discipline strategies include:

- Think first about the developmental needs of the child. Consider why this is happening. Is the child feeling ill, tired, hungry? Chances are great that there is a rational explanation for a child's misbehavior.
- Communicate a description of what you see; Example: "I see that you are very angry, id be mad too if this happened to me. What can we do about it?" The teacher does not focus on why it happened, but instead helps the child feel confident in finding the solution.
- Not all children can develop their own solutions. The staff facilitates a child's growth by offering them a couple of solutions choices. It is necessary for adults to follow through and model calmness in handling both major and minor situations.
- Redirect the child to another activity until they're ready to go back to the original activity.

Admission & Withdraw Policy:

I have read and understand the policy as written on page 2 of the parent handbook. The withdraw policy requires a TWO-WEEK notice- see page 3.