

His Little Lambs Childcare and Latchkey

St. Paul Lutheran Church and School
4941 Center Street, Millington, Michigan
989.871.4581 Ext. 5

Hours 6am-6pm Monday-Friday

Childcare Rate: \$36.00 per day/\$28.13per day for (second or more child/ren) (6 or more hours)

Latchkey Rate: \$4.50 per hour/\$3.36 per hour (second or more child/ren) (Less than 6 hours)

Enrollment Requirements for Childcare ONLY: (All papers needed by the first day of attendance)

Childcare Registration Form	Birth Certificate
Registration fee of \$25	Immunization Record
Licensing Notebook Acknowledgement Form	Health Insurance Card
Child Emergency Form	Signed Payment Policy
Health Appraisal Form (This requires parent and Doctor signature)	

Enrollment Requirements for Latchkey ONLY: (All papers needed by the first day of attendance)

Latchkey Registration Form	Registration fee of \$25
Licensing Notebook Acknowledgement Form	Signed Payment Policy
Child Emergency Form	

St. Paul Lutheran His Little Lambs Latchkey Registration

Child's Name: _____ Social Security # _____

Nickname (if any): _____ Sex: M _____ F _____

Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Date of Birth: _____ Place of Birth: _____

Father's Name: _____ State of Birth _____ Marital Status: _____

Father's Social Security Number (required): _____

Father's Address (if different than child): _____

Father's Home Phone: _____ Work phone: _____ Cell: _____

Mother's Name: _____ State of Birth: _____ Marital Status: _____

Mother's Social Security Number (required): _____

Mother's Address (if different than child): _____

Mother's Home Phone: _____ Work phone: _____ Cell: _____

Current Email Address: _____

4 Digit Code for Parent Portal _____

Please check yes or no to each question below

____ Yes ____ No I fully understand my child may not arrive prior to 6AM and must be picked up no later than 6PM.

____ Yes ____ No My child is in good health and has no health restrictions.

____ Yes ____ No My child is in good health but has restrictions.

EXPLAIN: _____

____ Yes ____ No Allergies EXPLAIN: _____

____ Yes ____ No My child takes medicine for their allergies.

List Allergy Medication needed: _____

____ Yes ____ No My child's immunizations are up to date.

____ Yes ____ No My child's immunization record or waiver is on file with the child's school.

*******SEE REVERSE SIDE*******

Please list two other emergency contacts and their phone numbers

Name: _____ Phone # _____

Name: _____ Phone# _____

Persons authorized to pick up the child (besides parents): _____

Persons who may NOT pick up the child: _____

Are there any situations that might affect your child's mental or physical attitude or behavior? (i.e. divorce, death, adoptions, illness, etc.)

List any special food or eating instructions: _____

To what types of discipline does your child best respond: _____

Is there any other information that you feel will help in our care of your most precious gift, your child?

From time to time we would like to take photos of students participating in a variety of activities. We would like to feel free to publish them in the school or church newsletter or display them around the school. For us to do that, we need to have your permission in writing. If you would be willing to allow us to do this, please sign below. If you do not give your child permission, they will need to be left out of photographs. I give permission to St. Paul Lutheran School, Millington, MI to photograph my child(ren) and to use the photograph in school or church publications or in local or area newspapers or in school promotional project during the school year as deemed appropriate by the St. Paul staff. This includes still photography as well as video _____ Initial for photos.

By signing below, I/we agree to be financially responsible for the cost of Latchkey for my child(ren). Presently that cost is \$4.50 per hour/\$36.00 daily rate for one child and \$3.37 per hour/\$28.13 daily rate for additional children in the same family. I/We understand that failure to meet this requirement could result in the removal of the child(ren) from childcare and possible legal action. I/We understand that any costs and/or fees required to enforce this contract will be my/our responsibility. Any check presented with non-sufficient funds will be assessed an initial charge of \$25.00 in addition to any and all other fees.

I/We have received and read the St. Paul Lutheran His Little Lambs Childcare/Latchkey Handbook.

Signature _____ Relationship _____ Date _____

Signature _____ Relationship _____ Date _____

CHILD INFORMATION RECORD

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	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.)			

CCL-3731 (Rev. 4/27/2021) Previous edition 7-18 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.

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 MISLITIE LOUMBS DC790072353
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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

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

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Sign up for important updates from Mrs. Christina and Ms. Alyssa.

Get information for St Paul Lutheran School right on your phone—not on handouts.

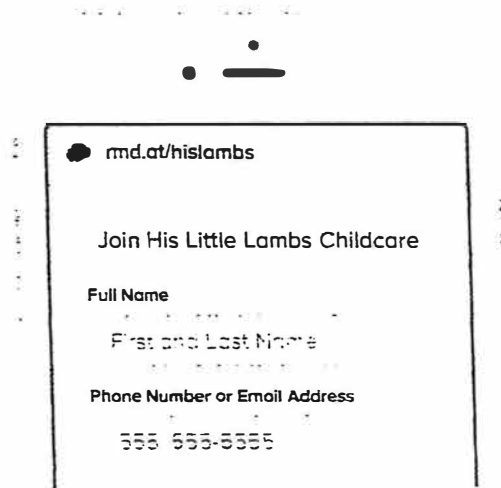
Pick a way to receive messages for His Little Lambs Childcare:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/hislambs

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



B If you don't have a smartphone, get text notifications.

Text the message @hislambs to the number 81010.

If you're having trouble with 81010, try texting @hislombs to (941) 900-3727.

** Standard text message rates apply.*



Don't have a mobile phone? Go to rmd.at/hislambs on a desktop computer to sign up for email notifications.