Dear Parents/Guardians:

Due to the COVID-19 virus, The Learning Ladder is offering a mail in registration for families who have not yet enrolled their child for the upcoming 2020-2021 school year.

Please fill out and complete all of the information before returning your packet. If you are enrolling a toddler or preschooler, along with the enrollment forms, a copy of the child’s birth certificate and most recent immunization record must be included. Our office is closed temporarily so you will need to mail your packet to our office. Before mailing your packet check to make sure you included the following:

- All information filled out
- All signature and dates are filled
- Include a copy of Birth Certificate if enrolling a Toddler or Preschooler
- Include a copy of the most recent immunization record if enrolling a Toddler or Preschooler.
- 2 weeks tuition plus the registration fee (money order or check made out to The Lamphere Schools)

It is important to know that by turning in this packet it does not guarantee a spot. We go on a first come first serve basis. If a classroom or school you request is full we will be contacting you.

After you fill out your forms please mail them to the address below:

The Learning Ladder  
31201 Dorchester  
Madison Heights, Michigan 48071  
Attention: Tina Pickering

Thank you,  
Jan Figurski  
Learning Ladder Director
Dear Parents,

Thank you for the interest you have expressed in the Lamphere Toddler Program. Enclosed you will find information regarding our programs, as well as registration forms. Parents are welcome to visit the Toddler program. Please visit at the time of day your child will attend to see activities offered at that time. If you prefer, an appointment can be arranged with the Learning Ladder director for your visit.

The following forms need to be completed for us to process your child’s enrollment:

- Child Information Card (both sides completely filled out)
- Program Choice Form
- Parent Contract
- Payment Agreement
- Lamphere Schools Enrollment Record
- Food & Diaper Agreement
- Media Release Form
- Parent Notification of Licensing Notebook
- Child Abuse & Neglect Form
- Health Appraisal Form
- Getting to Know You Form

Due to licensing requirements by the State of Michigan, all toddlers are required to have a health appraisal form filled out and signed by your child’s physician. This must be done yearly. The Green Health Appraisal form must be completed by your child’s physician and turned in before the first day of attendance in the toddler program.

A copy of your child’s birth certificate and immunization record are also required at the time of registration.

Non-refundable registration fee of $35.00 and two weeks tuition are required with all new enrollments in the Toddler program. Additional children in your family will receive a 10% discount on their tuition. These registration & tuition fees are non-refundable. The Toddler class size is limited and these fees guarantee that a spot will be held for your child.

Please direct your questions about registration to the Learning Ladder office at 248 589 3753. We look forward to your involvement in the Lamphere Toddler program.

Sincerely,

Jan Figurski
Director
CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - 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:

<table>
<thead>
<tr>
<th>Date of Admission</th>
<th>Date of Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Date of Birth</td>
<td></td>
</tr>
</tbody>
</table>

Name of Child (Last, First, Middle Initial)  
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  

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.)

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.

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.
These forms are for new enrollments in the Lamphere Toddler Program. The Toddler program is for children ages 16 months-3 years old.

Please fill out the attached forms and return to the Learning Ladder Office located in the Lamphere Schools Early Childhood Center, 31201 Dorchester, Madison Heights, MI 48071.

Non-refundable registration fee is $35.00 for first child, $15.00 for each additional child in family. Two weeks advance tuition is also required with all new registrations. Additional children in the same family will receive a 10% discount on their tuition. Tuition rates are given for Lamphere residents only. Non-residents tuition rate will be 20% higher. Checks should be made out to Lamphere Schools.

Please return forms as soon as possible, class size is limited and filled on first come, first served basis. Copy of child’s birth certificate & immunization record are also required for registration.

Child’s Name _____________________________________ Age ________ Birth Date ________________

Parent’s Name ________________________________________________________________________

Address ________________________________________________ Phone ________________________

Arrival Time ________________________________ Pick-up Time _______________________________

Please check off which applies to you:

- [ ] I live in Lamphere School District
- [ ] I work in the Lamphere School District.
- [ ] I live out of district (I understand tuition rates will be 20% higher)
- [ ] I have an older sibling enrolled in Lamphere Schools through School of Choice
- [ ] I do not know if I am in district or not

The Toddler Program is open Monday-Friday from 6:30am-6:00pm.

Please choose the program that best fits your needs:

**TODDLER CHILDCARE** (for ages 16 months-3 years)

- [ ] 4.  2 days  (Tuesday & Thursday) $96.00
- [ ] 5.  3 days  (Monday, Wednesday & Friday) $144.00
- [ ] 6.  5 days  (Monday-Friday) $220.00

Parents must supply disposable diapers, baby wipes, sippy cups & a nutritious lunch for their toddlers. A snack will be provided for toddlers in the morning & afternoon.

Revised 01-2020
LAMphere Learning Ladder Payment Agreement

Print Students Name       School Attending

Tuition is billed in advance for four week periods. You will receive a monthly invoice mailed to your home. Payment is due in FULL by the DUE DATE on your invoice.

Payment Options: You may leave a check for tuition in the mailbox at your child’s Learning Ladder class room. Cash is only accepted at the Learning Ladder office. You can pay with a credit card online through a link included on your invoice. Please make out checks to Lamphere Schools.

Cash Payment will only be accepted at the Learning Ladder Office located at 31201 Dorchester, Madison Heights. If paying with cash, please bring the correct amount as we do not have change in the office.

Attention: ALL families that receive child-care assistance through the Dept. of Human Services. If DHS has approved you for assistance with your childcare bills, please understand that they are only paying for the actual time that your child is in attendance for childcare. Learning Ladder bills a flat rate. For example; if your child only attends 1 hour per day and you are registered for a 3 hour time frame, DHS will only pay us for the one hour. It is then your responsibility to pay for the remaining 2 hours that you signed up for.

Failure to make a payment on your child’s account by the due date will result in a late fee of $15.00 being assessed for balances up to $200.00 / $25.00 late fee for balances of more than $200.00.

Attendance will be denied to any student on the Monday of each new billing period if there is a previous balance showing on your account.

There will be a fee of $25.00 for any check returned to us by the bank. If a parent has a check returned, they will be required to pay all future payments with a money order, certified check or cash.

The last invoice for the school year will be a 5-7 week invoice depending on the last day of the school year. The last invoice must be paid in FULL by the third Friday in May. Failure to pay by this due date will result in the student being excluded the following Monday.

Please call the Learning Ladder office immediately if extenuating circumstances prevent you from paying tuition in accordance with the payment policy.

I have read the Payment Agreement and fully understand all the policies pertaining to payment of my child’s account.

________________________________________
Print Full Name

__________________________________________  _____________________
Parent Signature       Date
STUDENT DIRECTORY INFORMATION

Under the [Family Educational Rights and Privacy Act (FERPA)], schools may share **Student Directory Information** with district sponsored publications and media releases such as newsprint articles in the local paper, inclusion in the student yearbook, performance and athletic programs, on the district website and social media etc.

Directory information which can be shared include a student’s name, address, telephone listing, post-high school career or school plans, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, type of awards received, the most recent school attended by the student, honor rolls, scholarships, date of graduation and, school photographs or videos of students participating in school activities, events, or programs.

As directory information can be made public without the consent of parents, if you do not want such information to be released, then you must communicate your wishes regarding release of directory information for this student by responding to the directory type permissions presented below:

<table>
<thead>
<tr>
<th>Category / Event / Program</th>
<th>Approved</th>
<th>Disapproved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity, Show &amp; Performance Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity/Event Photo/Video</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Athletic Participation and Club Rosters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awards Received/Honor Roll</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birthday or Student of the Month Notices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bulletin Board Postings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current School Enrollment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Attendance at Lamphere Schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dates of Graduation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field Trip Lists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yearbook (Photo &amp; Name)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post High School Plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scholarship Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Phone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your signature below indicates your review and understanding of the release of Student Directory Information. Lamphere Schools will comply with choices indicated above.

Student Name

Parent/Guardian Name

Parent/Guardian Signature

Date:
All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

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

- The notebook will be available to parents for review during regular business hours.

- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at www.michigan.gov/michildcare.

I have read the above statement issued by Lamphere Learning Ladder.

Child(ren)’s Name(s) __________________________________________________________

________________________________________________________________________

Parent Name ______________________________________________________________

Parent Signature ____________________________ Date __________________________

LARA is an equal opportunity employer/program.
Child Abuse & Neglect Awareness Statement

Because all Learning Ladder Parents come in to our classrooms to sign their children in and out of the program, we are required to have this paper on file.

This is to attest in good faith that I have not been convicted of a crime with the exception of minor traffic violations, nor have I been charged for any substantiated abuse/neglect of children/adults.

I have been informed in the following three areas as it pertains to the abuse and neglect of children.

1. I am aware that abuse and neglect of children is against the law.
2. I am aware of the policies of the Lamphere Schools on child abuse and neglect.
3. I am aware that I am mandated to report any child abuse or neglect.

__________________________________  ______________________
Parent  Signature      Date
Lamphere Toddler Program

I give permission to the Toddler Staff of Lamphere Schools Learning Ladder to apply diaper cream (non-prescription) to my child as needed during diaper changes. I understand I will provide the diaper cream as needed.

___________________________________  _____________________
Parent Signature      Date

I give permission to the Toddler Staff of Lamphere Schools Learning Ladder to apply sunscreen lotion to my child before going outside to play. I understand I will provide the sunscreen lotion as needed.

___________________________________  _____________________
Parent Signature      Date
Lamphere Toddler Program

Food Agreement

For Toddlers
Parents must supply disposable diapers, baby wipes, sippy cups and a nutritious lunch. A snack will be provided for toddlers in the morning and afternoon.

All food must meet nutritional guidelines.

___________________________________  _____________________
Parent Signature      Date
Lamphere Schools Toddler Parent Contract

Child's Name ______________________________________

1. I understand that I am enrolling my child for the duration of the school year 2020/2021.

2. I understand that a responsible adult (18 or older) must sign my child in or out each time he/she attends the Lamphere Toddler Program.

3. I understand the following policies in regards to vacation credits:

   Lamphere School District Employees: will not receive vacation credits, because their children will not be charged for days during the Lamphere School District breaks (Holiday Break, Mid-Winter Break, Spring Break, NO School Days, and SNOW days). If you should happen to need additional childcare on any of these days, such as staff professional development days, you will receive an additional charge.

   Families that are not employed by Lamphere Schools: will receive two weeks (of your child's schedule) vacation credit per school year. Credits for vacation will be issued at the END of the school year on the last invoice. No half day vacation credits will be issued. Vacation credit will be forfeited if a student is withdrawn before the end of the scheduled session. If your child does not attend Lamphere District Mid-Winter Break, Spring Break, No School Days, or SNOW days, you will not be charged and these days will be applied towards your vacation credits. If your child does attend you will receive an additional charge.

4. Tuition is billed in advance for four-week periods. Payment is due in FULL upon receipt of invoice. Failure to make a payment on your child’s account by the due date on your invoice will result in a late fee being assessed of $15.00 for balances up to $200.00 / $25.00 late fee for balances of more than $200.00. ATTENDANCE WILL BE DENIED TO ANY STUDENT ON THE MONDAY OF EACH NEW BILLING PERIOD IF THERE IS A PREVIOUS BALANCE. Call the Learning Ladder office immediately if extenuating circumstances prevent you from paying tuition in accordance with this policy.

5. If Dept. of Human Services (DHS) has approved you for assistance with your childcare bills, please understand that they are only paying for the actual time your child is in attendance for childcare. Learning Ladder bills a flat rate. For example; if your child attends only 6 hours per day and you are registered for the full day care DHS will only pay for the 6 hours. It is then your responsibility to pay for the remaining hours that DHS does not pay for.

6. The Lamphere Toddler program opens at 6:30am and closes at 6:00pm. A fee of $7.50 per 15 minutes, or portion thereof, will be charged for late pick-ups after 6:00pm or drop-offs before 6:30am.

7. There will be a fee of $25.00 for any check returned by the bank, due to the cost of additional processing. If a parent has a check returned, they will be required to pay all future payments with cash, money order or certified check (see returned check policy in handbook). Cash is accepted at the Learning Ladder office ONLY.

8. I understand if I have more than one child enrolled in Learning Ladder I will receive a 10% discount on weekly tuition only.

9. I understand that tuition rates are given for Lamphere residents, non-residents tuition rates will be 20% higher.

10. I understand that two weeks tuition will be charged from the date of withdrawal if a two weeks written notice is not given in advance of withdrawal. I understand if I withdraw prior to the last day of the program I will forfeit all vacation credit.

11. In the event of short term illnesses or other absences (such as medical appointments, etc.), I will notify the center and I understand that there will be no reduction of tuition. The expense of operating the program is on going and a place is held for your child, therefore, we must charge for days children do not attend.

12. In family situations where there is joint custody of a student, the parent that signs the registration forms will be receiving the invoice. This parent will be responsible for the tuition payment.

13. I give permission for my child to participate in outside play and walks.
14. If a medical emergency arises, Lamphere Learning Ladder staff will first attempt to contact me. If I cannot be reached, the staff will contact the person I have designated on the Child Information Card. If the emergency is such that immediate hospital attention is necessary, appropriate emergency procedure will be followed.

15. I understand that copies of the Lamphere Learning Ladder Parent Handbook are available on the Lamphere Learning Ladder Website. www.lamphereschools.org under Early Childhood Programs.

Lamphere Learning Ladder is required to maintain a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. The notebook will be available to parents to review during regular business hours at your child’s center.

Licensing inspection and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

I have read the Parent Contract and agree to adhere to Lamphere Toddler policies. I give my child permission to participate fully in this program.

_______________________________________________________
Print Parents Full Name

________________________________________________________  _______________________
Parent/Guardian Signature       Date

Rev 10/12/17
DEAR PARENT OR GUARDIAN: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse, and dentist. (BE SURE TO BRING YOUR CHILD’S IMMUNIZATION RECORDS TO THE EXAMINATION.)

PERSONAL

CHILD’S NAME (Last, First, Middle) __________________________
DATE OF BIRTH (mm/dd/yy) ________________
ADDRESS (Number & Street) __________________________ (City) _______ (ZIP Code) _______ MI ________________
TODAY’S DATE (mm/dd/yy) ________________
PARENT/GUARDIAN (Last, First, Middle) __________________________
HOME TELEPHONE NUMBER ( ) __________________________
WORK TELEPHONE NUMBER ( ) __________________________

SECTION I - HEALTH HISTORY

I. Is your child having any of the problems listed below?
☐ ☐ ☐ 1 Allergies or Reactions (for example, food, medication or other) __________________________
☐ ☐ ☐ 2 Hay Fever, Asthma, or Wheezing __________________________
☐ ☐ ☐ 3 Eczema or Frequent Skin Rashes __________________________
☐ ☐ ☐ 4 Convulsions/Seizures __________________________
☐ ☐ ☐ 5 Heart Trouble __________________________
☐ ☐ ☐ 6 Diabetes __________________________
☐ ☐ ☐ 7 Frequent Colds, Sore Throats, Earaches (4 or more per year) __________________________
☐ ☐ ☐ 8 Trouble with Passing Urine or Bowel Movements __________________________
☐ ☐ ☐ 9 Shortness of Breath __________________________
☐ ☐ ☐ 10 Speech Problems __________________________
☐ ☐ ☐ 11 Menstrual Problems __________________________
☐ ☐ ☐ 12 Dental Problems: Date of Last Exam ________________
☐ ☐ ☐ Other (please describe): __________________________

II. Does your child take any medication(s) regularly? __________________________
Reason for Medication __________________________
☐ ☐ ☐ Was the health history reviewed by a health professional? ☐ ☐ ☐ Yes ☐ ☐ ☐ No __________________________
Examiner’s Initials: __________________________

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

<table>
<thead>
<tr>
<th>No.</th>
<th>Test results:</th>
<th>Normal Reference Under Care</th>
<th>Yes</th>
<th>Was child tested for:</th>
<th>Test results:</th>
<th>Normal Reference Under Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>VISION</td>
<td>Visual Acuity</td>
<td>☐</td>
<td>HEIGHT &amp; WEIGHT</td>
<td>Height</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td></td>
<td>Muscle Imbalance</td>
<td>☐</td>
<td>Other:</td>
<td></td>
<td></td>
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<tr>
<td>☐</td>
<td></td>
<td>Other:</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>☐</td>
<td>HEARING</td>
<td>Audimeter</td>
<td>☐</td>
<td>HEMOGLOBIN / HEMATOCRIT</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td></td>
<td>Other:</td>
<td></td>
<td></td>
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<tr>
<td>☐</td>
<td>URINALYSIS</td>
<td>Sugar</td>
<td>☐</td>
<td>BLOOD PRESSURE</td>
<td>Reading:</td>
<td></td>
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<td>☐</td>
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<td>Albumin</td>
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<td>☐</td>
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<td>Microscopic</td>
<td></td>
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<tr>
<td>☐</td>
<td>BLOOD LEAD LEVEL</td>
<td>Level _______ ug/dl</td>
<td>☐</td>
<td>TUBERCULIN</td>
<td>Type:</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td></td>
<td>Date: / /</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.

Essential Findings Deviating from Normal:

Examinations and/or Inspections

Exam Date: / /
### SECTION III - IMMUNIZATIONS

Statements such as “UP-TO-DATE” or “COMPLETE” will not be accepted. Admission to school may be denied on the basis of this information.

**VACCINES (Circle Type)**

<table>
<thead>
<tr>
<th>Vaccine Type</th>
<th>Date Administered (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1 3</td>
</tr>
<tr>
<td>DTap/DTP/DT/Td</td>
<td>1 2</td>
</tr>
<tr>
<td>Haemophilus Influenzae type b (Hib)</td>
<td>1 3</td>
</tr>
<tr>
<td>Polio (IPV/OPV)</td>
<td>1 3</td>
</tr>
<tr>
<td>Pneumococcal Conjugate (PCV7/PCV13)</td>
<td>1 3</td>
</tr>
<tr>
<td>Rotavirus (RV1/RV5)</td>
<td>1 3</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>1 2</td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>1 2</td>
</tr>
<tr>
<td>Hepatitis A (HepA)</td>
<td>1 2</td>
</tr>
<tr>
<td>Influenza (IIV/LAIIV)</td>
<td>1 3</td>
</tr>
<tr>
<td>Meningococcal (MCV4 / MPSV4)</td>
<td>1 2</td>
</tr>
<tr>
<td>Human Papillomavirus (HPV9/HPV4/HPV2)</td>
<td>1 3</td>
</tr>
</tbody>
</table>

*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

**DATE ADMINISTERED**

MM/DD/YYYY

**DATE ADMINISTERED**

MM/DD/YYYY

**Health Professional’s Signature**: 

**Title**: 

**Date**: 

---

### SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

**Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions?** If yes, please explain:

**Should the child’s activity be restricted because of any physical defect or illness?**

- Classroom
- Playground
- Gymnasium
- Swimming Pool
- Competitive Sports
- Other

**Other Recommendations**: 

---

### SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _________________________’s teeth. As a result of this examination, my recommendation for treatment is:

**Dentist’s Signature**: 

**Date**: 

---

### PHYSICIAN’S SIGNATURE

**Examiner’s Signature**: 

**Date**: 

**Examiner’s Name (Print or Type)**: 

**Degree or License**: 

**Number & Street**: 

**City**: 

**MI**: 

**ZIP Code**: 

**Telephone**: 

---

**Information required for:**

**Early On** - Hearing and Vision Status; Diagnosis; Health Status

**Child Care Licensing** - Physical Exam, Restrictions, Immunizations

**Head Start/Early Head Start** - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

***************


Getting to Know Your Child
2020/2021 School Year

Child's Name:       Child's Birthdate:

In order for us to get to know your child better, please answer the following questions:

1. Does your child have any allergies? □ YES □ No If yes, please explain:

2. Does your child take any medications regularly? □ YES □ No If yes, please list, times given and the reason:

3. Has your child had any medical problems or has been hospitalized in the last several months? □ YES □ No If yes, please explain:

4. Do you have any concerns about your child's vision or hearing? □ YES □ No If yes, please explain: Please include if either parent has a family history of hearing/vision impairments

5. Do you think your child talks like other children their age? □ YES □ No If no, please explain:

6. Can you understand most of what your child says? Can other people understand most of what your child says? □ YES □ No If no, please explain:

7. Does your child attend any type of therapy or counseling? □ YES □ No If yes, please explain:

8. Do you speak another language at home? □ YES □ No If yes, please explain:
9. Was your child premature?  □ YES  □ No  If yes, how many weeks:

10. Does your child play with others?  □ YES  □ No

11. Do you have any concerns about your child's behavior?  □ YES  □ No  If yes, please explain:

12. Do you think your child walks, runs, and climbs like other children their age?  □ YES  □ No  If no, please explain:

13. Does your child have siblings?  □ YES  □ No  If yes, please share their names:

14. Does your child live in the Lamphere School District?  □ YES  □ No  If no, which district do you live in:

15. Which school do you plan to send your child to for Kindergarten?

16. Is there anything else you want to share with us about your child?