

LAMPHERE LEARNING LADDER

31201 Dorchester, Madison Heights, Michigan 48071-1099

Telephone: (248) 589-3753 • FAX: (248) 589-2120

learning-ladder.lamphereschools.org • #wearelamphere



Dear Parents,

Thank you for the interest you have expressed in Lamphere Learning Ladder. Enclosed you will find information regarding our tuition preschool programs, as well as registration forms. Parents are welcome to visit the Learning Ladder program in the building in which attendance is planned. An appointment can be arranged with the Learning Ladder Director for your visit.

All forms in this packet must be fully filled out, with the exception of the health appraisal, in order to register.

For all new preschoolers, a copy of your child's birth certificate must be turned in at registration.

The green health appraisal form and a copy of your child's immunization records/ waiver must be submitted by June 1st. Licensing requirements by the State of Michigan require that all preschoolers have a health appraisal form filled out and signed by your child's physician every two years. If this is your child's 2nd year in our program please verify with the office that their health appraisal is still valid.

If your child has allergies or will need to take medication while in the classroom, please ask for the Permission for Prescribed Medication & Medical Waiver forms, when you register your child. This form must be filled out and signed by you and your child's doctor before your child can attend the program.

In addition to these tuition-based programs Lamphere also offers free 4-year-old preschool (GSRP). For more information on our free 4-year-old preschool programs please visit <https://learning-ladder.lamphereschools.org/> or call our office.

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

Sincerely,

Nicole Crousore
Director

Lamphere Learning Ladder Tuition 3 & 4 Year Old Preschool Program Choice
2024/2025 School Year

For tuition based care: Students must be **3** on or before December 1st 2024 and be potty trained. For **NEW** students the non-refundable registration fee **and** half of the first month of tuition is due at registration and must be paid in Cash, Check or Money order. Change will not be given back if paid by cash but will be applied towards the next billing cycle. The registration fee is \$35.00 for the first child; \$15.00 for each additional child in the family. **CURRENT** students must pay the registration fee. Tuition rates are listed on the next page. Turning in this packet does not guarantee you a spot in the program. You will be notified via email when you are officially registered for the program.

For all programs class size is limited, please return your forms and fees as soon as possible.

Is your child currently enrolled in our programs? ☐No ☐Yes Current school_____

Child's Name:_____ Birthdate:_____

Parent's Name:_____ Email:_____

Address:_____ Phone #:_____

Please Check off which option applies to you:

- ☐ I live in Lamphere School District
- ☐ I am a Lamphere School District Employee
- ☐ I live out of district (I understand tuition rates will be 20% higher)
- ☐ I have an older child enrolled in Lamphere Schools through school of choice
- ☐ I don't know if I am in district or not

The following are the preschool options available at our centers for the 2024/2025 school year. Please check the school and program option you are registering for. If your first choice is full and you are willing to consider another option, please write 2nd choice next to that option. Tuition rates are listed on the following page.

<input type="checkbox"/> Lessenger: 30150 Campbell Rd. Days of the week: <input type="checkbox"/> M-F <input type="checkbox"/> T/TH <input type="checkbox"/> M/W/F <input type="checkbox"/> Half Day Preschool 8:30am-11:30am <input type="checkbox"/> Preschool- School Hours 8:30am-3:30pm <input type="checkbox"/> Preschool with Childcare 6:30am-6pm Drop off time:_____ Pick up time:_____	<input type="checkbox"/> Edmonson: 621 E. Katherine Days of the week: <input type="checkbox"/> M-F <input type="checkbox"/> T/TH <input type="checkbox"/> M/W/F <input type="checkbox"/> Half Day Preschool 8:30am-11:30am <input type="checkbox"/> Preschool- school hours 8:30am-3:30pm <input type="checkbox"/> Preschool with Childcare 6:30am-6pm Drop off time:_____ Pick up time:_____
<input type="checkbox"/> Hiller: 400 E. Lasalle <u>Monday through Friday only</u> <input type="checkbox"/> Preschool- School Hours 8:30am-3:30pm <input type="checkbox"/> Preschool with Childcare 6:30am-6pm Drop off time:_____ Pick up time:_____	<input type="checkbox"/> Simonds: 30000 Rose Ave. <u>Monday through Friday only</u> <input type="checkbox"/> Half Day Preschool 8:30am-11:30am <input type="checkbox"/> Preschool with Childcare 6:30am-6pm Drop off time:_____ Pick up time:_____

Lamphere Learning Ladder Tuition Rates 2024/2025

Registration Fee is \$35.00 / \$15.00 for each additional child in the same family. Half of the first month of tuition is due at time of registration for new families enrolling.

- Tuition Rates below are given for Lamphere District Residents.
- Tuition for out of district will be 20% higher.
- School of Choice families will receive in district rates.
- 10% Discount for each additional child in family.

<u>Half Day Preschool</u>	(3-5 year olds)	8:30 a.m. -11:30 a.m.
	<u>Monthly Rate</u>	<u>20% Higher (out of district)</u>
2 Days (T & Th)	\$161.72	\$194.06
3 Days (M, W & F)	\$203.70	\$244.44
5 Days (M-F)	\$304.00	\$364.80

<u>School Day Preschool</u>	(3-5 yr olds)	8:30 a.m.-3:30 p.m.
	<u>Monthly Rate</u>	<u>20% Higher</u>
2 Days (T & TH)	\$260.33	\$312.40
3 Days (M, W & F)	\$366.67	\$440.00
5 Days (M-F)	\$532.00	\$638.40

<u>Full Day Preschool With Childcare</u>	(3-5 yr olds)	(6:30 a.m.-6:00 p.m.)
	<u>Monthly Rate</u>	<u>20% Higher</u>
2 Days (T & TH)	\$430.67	\$516.80
3 Days (M, W & F)	\$600.67	\$720.80
5 Days (M-F)	\$869.56	\$1043.47

LAMHERE LEARNING LADDER PARENT CONTRACT

Child's Name _____ School _____

1. I understand that I am enrolling my child for the duration of the school year 2024/2025.
2. I understand that a responsible adult (18 or older) must sign my child in or out each time he/she attends Learning Ladder.
3. I understand the following policies in regards to vacation credits:
 - Half-day Preschool students:** Children who attend **half-day preschool only** will not receive vacation credits, because preschool will not be held during Lamphere School District breaks (Holiday Break, Mid Winter Break, Spring Break & No School Days).
 - Full-day Preschool students:** 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, 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 of your normal daily tuition on your invoice.
 - School-Age Care:** Students will **not** receive vacation credits. If your child **does not** attend during the Lamphere School District's Breaks (Mid-Winter, Spring Break & No School Days) you will not be charged. If your child **does** attend during Mid-Winter Break, Spring Break & NO School Days, you will be charged a fee for the additional full days of attendance.
4. Tuition is billed in advance for four-week periods. Payment is due in **FULL** upon date stated on monthly invoice. Failure to make a payment on your child's account by the due date on your invoice 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.
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 only attends 1 hour per day and you are registered for the 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.
6. 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.
7. **Learning Ladder opens at 6:30am and closes at 6:00pm for Full-day Preschool and School-Age Care. A fee of \$7.50 every 15 minutes will be charged for late pick-ups after 6:00pm or drop-offs before 6:30am.**
8. **Half-day Preschool is open from 8:30-11:30am.** A fee of **\$7.50 every 15 minutes** will be charged for late pick-ups from Half-day Preschool.
9. 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. Credit card payments can be made online with a link from your invoice.**
10. I understand there will be an additional charge for school-age care if they attend early-release, full or half days, as shown on the Tuition Rate Schedule.

11. I understand if I have more than one child enrolled in Learning Ladder I will receive a 10% discount on weekly tuition only. Additional charges for half days and days of no school will not be discounted.
12. I understand that tuition rates are given for Lamphere residents, ***non-residents tuition rates will be 20% higher.***
13. 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 school I will forfeit all vacation credit.
14. In the event of short term illnesses or other absences (such as scouts, music lessons, 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 ongoing and a place is held for your child, therefore, we must charge for days children do not attend.
15. ***Parents of students that come to the center after school MUST notify the center if their child will be absent. Staff is required to locate a child that does not come at dismissal time. It takes several minutes to call and locate a missing child. If a child is missing, Staff will start calling contacts listed on the child's emergency card. If your child is still not accounted for, Learning Ladder Staff will contact the Madison Heights Police. For the safety of the child this policy will be strictly enforced.***
16. 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.
17. I give permission for my child to participate in outside play and walks.
18. If a medical emergency arises, Lamphere Learning Ladder staff will first attempt to contact me. If I cannot be reached, 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.
19. I understand that the Learning Ladder Parent Handbook is now available online @ www.lamphereschools.org under Lamphere Learning Ladder Programs.
20. Lamphere Learning Ladder is required to maintain a **licensing notebook** of all licensing inspection reports, special investigation reports and all related action plans. The notebook will be available to parents for review during regular business hours at your child's center.
21. 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 Learning Ladder policies. I give my child permission to participate fully in this program.

Print Full Name

Parent/Guardian Signature

Date

LAMPHERE LEARNING LADDER PAYMENT AGREEMENT

Print Students Name

School Attending

Tuition is billed in advance monthly. You will receive a monthly invoice by email. Payment is due in FULL by the DUE DATE on your invoice.

Checks, cash, money orders and credit cards are accepted for payment. You can make credit card payments online with a link from your invoice or at www.myprocare.com Payments made with a credit card may be subject to a 2.7% surcharge fee. You may leave a check for tuition in the mailbox at your child's Learning Ladder room.

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 10 calendar days after the due date 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, cash or credit card.

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 Information

Legal Last Name (include Jr., II, etc.) _____ First Name _____ Full Middle Name _____
Address _____ City _____ State _____ Zip _____

Is this student Hispanic/Latino? ☐ Yes ☐ No

What is the student's race? (Check all that apply) ☐ American Indian/Alaskan Native ☐ Asian
☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White

Was child born outside of the United States? Yes ☐ No ☐

First date entered US school ____/____/____

Previous School

School Name _____ School District _____
Address _____ City _____ State _____ Zip _____

Last grade completed ____ Has your child attended pre-school? ☐ Yes ☐ No If yes, where? _____

Was your child in a Special Education Program? _____ If so, do you have an IEP? _____

Has your child ever attended Lamphere Schools? ☐ Yes ☐ No If yes, which school? _____

Residency

- ☐ Fixed residence (parent/guardian owns, mortgages, or rents a house, apartment, or trailer).
☐ Transitional residence (motel, hotel, camp ground, shelter, car, or public space; sharing the house of others due to housing loss; foster placement).

Parent/Guardian Information - Only parent or court guardian may enroll student

Parent/Guardians with whom student resides (please include last name if different from student)

Mother/ Female Guardian

Father/ Male Guardian

Name _____

Name _____

Marital Status _____ Date of Birth _____

Marital Status _____ Date of Birth _____

Phone Number _____

Phone Number _____

Pre-Enrollment Email _____

Pre-Enrollment Email _____

Parent Living Elsewhere Information

Name _____ Relationship to Student _____

Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone # _____

E-mail _____ Language Spoken _____

Other Children Information - List other children in family

	Last Name	First Name	Gender	Birthday	Grade	Enrolled in Lamphere Schools?
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information set in this form changes. Failure to so inform the district will subject the student to termination of enrollment in the Lamphere Schools District.

Signature of Parent/Guardian enrolling student _____

Today's Date _____

Getting to Know Your Child
2023/2024 School Year



Child's Name: _____ Child's Birthdate: _____

In order to get to know your child better please answer the following questions.

1. Does your child have any allergies? If yes, please explain:
YES NO
2. Does your child take any medications regularly? If yes, please list them and the times given and the reason why.
YES NO
3. Has your child had any medical problems or have they been hospitalized in the last several months? If yes, please explain:
YES NO
4. Do you have any concerns about your child's vision or hearing? If yes, please explain: Please include if either parent has a family history of hearing/vision impairments.
YES NO
5. Do you think your child talks like other children their age? If no, please explain:
YES NO
6. Can you understand most of what your child says? Can other people understand most of what your child says? If no, please explain:
YES NO
7. Does your child attend any type of therapy or counseling? If yes, please explain:
YES NO

8. Do you speak another language at home? If yes, explain:

YES NO

9. Was your child premature? If yes, how many weeks?

YES NO

10. How does your child play with others?

11. Do you have any concerns about your child's behavior? If yes, please explain:

YES NO

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

YES NO

13. Does your child have siblings? If yes, please share their names.

YES NO

14. Does your child live in the Lamphere School District? If no, what district do you live in?

YES NO

15. What school do you plan to send your child for kindergarten?

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

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):	
--------------------------	--

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



THE LAMPHERE SCHOOLS

31201 Dorchester, Madison Heights, MI 48071 • Phone: (248) 589-1990 • Fax: (248) 589-2618

Throughout the school year students attend programs, activities, field trips and events along with normal classroom routines that support their education, promote community service or encourage positive behavior.

With the Principal's approval, staff, parents and local media cover these events by taking photographs or video. This may include public print, display or broadcast (including social media, school websites and school yearbooks).

By signing below, you agree that you have been notified of the possibility that your student may be included in photographs or video and authorize the use for public print, display or broadcast.

Please indicate your preferences by checking the appropriate box.

☐

I do give permission for my child's name or photograph to be used for any school related public media, the school's website and yearbook.

☐

I do not give permission for my child's name or photograph to be used for any school related public media, the school's website and yearbook.

Student Name: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

.....

*This form will stay in effect for the duration of enrollment in Lamphere Schools.
If at any time you wish to change this form, please contact your school main office.*



Lamphere Learning Ladder Food Agreement

Child's Name

School

Lamphere Learning Ladder will provide daily nutritious snacks.

All food eaten at the Learning Ladder Program needs to meet nutritional guidelines.

I agree to provide my child with a nutritious lunch and beverage each day there is No School or Half Day they attend Learning Ladder program during lunch time.

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
------------------------------------	------------------------------------

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.

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.)**

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
		()
ADDRESS (Number & Street)	(City)	(ZIP Code)
	MI	
		WORK TELEPHONE NUMBER
		()

Yes	No	Resolved	#	Is your child having any of the problems listed below?	Birth History:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Allergies or Reactions (for example, food, medication or other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	Frequent Colds, Sore Throats, Earaches (4 or more per year)	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Trouble with Passing Urine or Bowel Movements	If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____		
<input type="checkbox"/>	<input type="checkbox"/>		Does your child take any medication(s) regularly?		If yes, list medications:
Reason for Medication					
_____/_____/_____ Parent/Guardian Signature Date					Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials:

Tests and Measurements													
No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION	Visual Acuity				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT	Height			
			Muscle Imbalance							Weight			
		Date: ____/____/____	Other:				<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	Other			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING	Audiometer				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT				
			Other:				<input type="checkbox"/>	<input type="checkbox"/>	BLOOD PRESSURE	Reading: _____			
		Date: ____/____/____											
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS	Sugar				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN	Type: _____			
			Albumin										
		Date: ____/____/____	Microscopic						Date: ____/____/____	Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL	Level _____ ug/dl 				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.						
		Date: ____/____/____											

Essential Findings Deviating from Normal:		Exam Date: / /

SECTION III - IMMUNIZATIONS <small>Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*</small>			
VACCINES (Circle Type)	DATE ADMINISTERED <small>MM/DD/YYYY</small>		
Hepatitis B (HepB)	1	3	
	2		
DTaP/DTP/DT/Td	1	4	
	2	5	
	3	6	
Tdap	1		
Haemophilus Influenzae type b (HIB)	1	3	
	2	4	
Polio (IPV/OPV)	1	3	
	2	4	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	
	2	4	
Rotavirus (RV1/RV5)	1	3	
	2		
Measles, Mumps, Rubella (MMR)	1	2	
Varicella (Chickenpox)	1	2	
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____			
I certify that the immunization dates are true to the best of my knowledge			
_____ Health Professional's Signature		_____ Title	_____ Date

		SECTION IV - RECOMMENDATIONS <small>(Required for Child Care and Head Start/Early Head Start)</small>
No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	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:

<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness?
		If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other

Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)
I have examined _____ child's name _____'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.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

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		Primary Phone ()	Parent/Legal Guardian's Name (Optional)		Primary Phone ()
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)		2 nd Phone (if applicable) ()
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/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> 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.)					
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.	

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