ENROLLMENT CHECKLIST

Our program is licensed to care for children 6 weeks through 12 years of age. We enroll children on a full-time and part-time basis. A minimum enrollment of 2 days is required. Three days a week of enrollment is considered full-time and full time tuition rates will apply. Parents/Guardians must submit the following prior to your child attending:

_____ Enrollment Contract
_____ Child Information Record
_____ Copy of Parent I.D.
_____ Birth Certificate
_____ Child's Immunizations or Waiver from Dept. of Community Health
_____ Child's Physical (With parents signature verifying info is up-to-date)
_____ Parental permission for field trip participation
_____ Annual written permission for routine and non-routine transportation
_____ Parent authorization to administer medication
_____ Parent permission to enroll children 33-36 months into 3-year-old classroom
_____ Parent permission to enroll children 45-48 months into 4-year-old classroom
_____ Parent permission to enroll children 57 months into school-age classroom
_____ Written agreement if parent has agreed to provide food, milk or formula
_____ Consent to photograph
_____ Mid Michigan Child Care Centers Enrollment Form
_____ Signed parent notification of the Licensing Notebook
_____ Documentation of Income
_____ DHS Case Number

Parents/Guardians will receive the following documents once registration is established:
_____ Parent handbook
_____ Tuition rates and payment schedule
_____ Menu
_____ Copy of Covid 19 procedures

- **D.H.S. Clients (Department of Human Services) will need the following:**

_____ Provider's Verification of Child Care Form (form 4035)
_____ Proof of activation letter confirming eligibility
_____ Co pay – (out of pocket expenses if applicable) and enrollment fee

ENROLLMENT CONTRACT

I the parent of _____ have received a copy of the Covid 19 protocol and procedures.

_____ In the event of an emergency, illness, or injury, I do hereby consent to examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a licensed physician.

_____ I fully understand that I will abide by all rules and regulations governing the State of Michigan and Brainiacs Clubhouse CDC Covid 19 protocols and procedures.

_____ I agree to waive all claims against Brainiacs Clubhouse CDC and hold the staff its owners, and agents, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation and or association with Brainiacs Clubhouse CDC.

SCHOOL-AGE PARENTS ONLY:

_____ I object to a physical examination or medical treatment on religious grounds I fully understand that I must disclose all and any Health Conditions (Physical, Mental and/or Social) associated with my child that is diagnosed and/or suspected.

a. My child is in good health with activity restrictions noted.
b. My child's immunizations are up-to-date.
c. I have provided a copy of the immunization record or appropriate waiver to file with the child's school.

I have provided a copy of the immunization record or appropriate waiver to file with the child's school

Childs Name_____

Address_____

City_____ State____ Zip Code_____

Childs Date of Birth_____ Childs Age_____ Childs Gender_____

The charge for the care of _____ will be $_____ per week

beginning on _____ and ending_____. Payment for childcare will be paid

by _____ (name of person or agency) on a weekly / bi-

monthly /monthly (circle one) basis.

The following section is ONLY for families receiving Third Party Funding:

I, _____understand that _____ (name of funding agency) I understand that I am required to pay any late fees in regards to my child being picked–up on time and I am responsible for submitting co-payments per billing statement.

FAMILY CULTURE

1. What is the Primary Language spoken in your household? _____
2. Has your child been diagnosed with a disability or developmental delay? YES ☐ NO ☐ If YES, please explain: _____
3. Who has legal custody of the child? Mother ☐ Father ☐ Foster Care ☐ Legal Guardian ☐ Grandparent ☐

If guardian or foster parent (other than biological parent) please complete:

HOURS OF ENROLLMENT

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Time					
PM Time					

AUTHORIZED PICK-UP

I give Brainiacs Clubhouse permission to release my child to the individuals listed below.

Name _____ Relationship_____
Phone_____ Address _____

Name _____ Relationship_____
Phone_____ Address _____

Name _____ Relationship_____
Phone_____ Address _____

CONSENT TO ENROLL INTO NEXT AGE GROUP

Yes I give / do not give (circle one) Brainiacs Clubhouse permission to enroll my child
Yes Children 33-36 months into 3-year-old classroom
Yes Children 45-48 months into 4-year-old classroom
Yes Children 57 months into school-age classroom

CONSENT TO PHOTOGRAPH

I give / do not give (circle one) Brainiacs Clubhouse permission to photograph my child during daycare hours. I understand that the photos may be used on displays within the daycare, for artwork or possibly on my own daycare web page. Children's full names will never be used on the web page.

SLEEPING ARRANGEMENTS (12mths-36mths)

I, give / do not give (circle one) permission for my child to sleep on a sleeping cot. I am aware that this cot does not have railings, and that the cot will not exceed 6" from the floor.

PLAYGROUND USE / NATURE WALKS

I, give / do not give (circle one) Brainiacs Clubhouse permission to transport my child in nature walks that will not exceed ½ mile of the primary facility.

TRAVEL CONSENT

I give / do not give (circle one) Brainiacs Clubhouse permission to transport my child in a vehicle. It is not our intent to transport children on a daily basis however, should there be a day when enrollment is low we may go out for special outings. I understand that my child will by properly secured in a seat belt or approved child safety seat. I also understand that I have the right to ask proof of insurance and registration.

MEDICATION AUTHORIZATION

I hereby authorize Brainiacs Clubhouse, my childcare provider to use the following products on my child according to the manufacturer or doctor has written instructions. These items are to be provided by the parents and labeled with your child's name.

Tylenol	Yes [ ]	No [ ]
Do you want a phone call prior to giving Tylenol?	Yes [ ]	No [ ]
Advil / Motrin	Yes [ ]	No [ ]
Do you want a phone call prior to giving Advil/ Motrin?	Yes [ ]	No [ ]
First Aid Ointments (Neosporin)	Yes [ ]	No [ ]
Sunscreen	Yes [ ]	No [ ]
Diaper Ointments	Yes [ ]	No [ ]
Orajel or Teething tablets	Yes [ ]	No [ ]
Infant Gas Drops (Mylecon drops)	Yes [ ]	No [ ]

SPECIAL DIETS & ALLERGIES

Please list any and all allergies:_____

Furthermore, I acknowledge that I have read, understand and accept the terms of this agreement with Brainiacs Clubhouse. I understand that this is a legal binding contract entered into with Brainiacs Clubhouse. I also understand that I may request a photocopy of all the pages of this agreement to refer back to as needed.

MOTHER:	**FATHER:**
Print Name: _____	Print Name_____
Address: _____	Address:_____
_____	_____
Telephone#_____	Telephone#_____
Employer: _____	Employer:_____
Work Phone#_____	Work Phone: _____
Parent Signature _____	Parent Signature _____

Accepted by Brainiacs Clubhouse on _____.

Administrator/Director Signature: _____