

**Paddock's Early Childhood Center - School Age Childcare
2024-2025 Registration**

Today's Date _____

Starting Date Desired (school begins 8/26/24) _____

Child's Last Name _____ First Name _____ Birth date ____/____/____ M/F _____

Address _____ City _____ Zip Code _____ Grade (fall 2024) _____

Parent/Guardian 1 name _____ Cell phone _____ Work phone _____

Parent/Guardian 1 Job Title _____ Place of Employment _____

Parent/Guardian 2 name _____ Cell phone _____ Work phone _____

Parent/Guardian 2 Job Title _____ Place of Employment _____

Primary Email address _____ Email for billing (if different from primary) _____

Child lives with: parent 1 / parent 2 / both _____

Services desired:

(Families must register for at least two sessions per week.)

____ Breakfast Club@Paddock Grades K-4	6:30 a.m. – 9:00 a.m. \$10.00 (daily rate)*	M T W R F
____ PrimeTime @Paddock Grades K-4	3:30 p.m. – 6:00 p.m. \$11.00 (daily rate)*	M T W R F
____ PrimeTime MMS @ Paddock Grades 5-8	2:30 p.m. – 6:00 p.m. \$11.00 (daily rate)*	M T W R F
____ Breakfast Club and PrimeTime Combo Grades K-8	\$19.00 (daily rate)*	M T W R F

*Rates are subject to change

* Symons students are bussed to and from Paddock

*A family discount of 15% will apply to second or third children enrolled in School Age Care.

Does child have any allergies/medical conditions that staff should be aware of? YES NO

- 1. Return this registration form along with \$45 registration fee (non-refundable).**
2. Return Child Care Contract, Emergency card, Health and Photo forms.
3. Read and sign: I understand the financial policies and procedures and will abide by them.

Parent/Guardian Signature _____ Date _____

Return to: Paddock's Early Childhood Center
707 Marvin
Milan, MI 48160
(734) 439-5118

Make Checks Payable to:
Milan Area Schools

Office use only:
____ deposit ____ forms ____ email ____ e-card ____ attend ____ statement

2024-25
Paddock's Early Childhood Center
CONTRACT FOR SERVICES

As of _____ Paddock's Early Childhood Center agrees to provide preschool/child care services for the following named child(ren):

(Printed Name of Child)

(Date of Birth)

(Printed Name of Child)

(Date of Birth)

(Printed Name of Child)

(Date of Birth)

I have read and agree to all the conditions and provisions contained in the Parent Handbook. I choose to provide all formula and food for my child until such time as my child is able to eat the snack foods provided by Paddock's Early Childhood Center.

1. I AGREE to pay my bill in full by the due date each month, in return for Child Care/Preschool services provided to or reserved for my child.
2. I UNDERSTAND that tuition is billed and paid for one month in advance, and that failure to pay each bill by the due date will result in termination of Child Care/Preschool services. If I do not receive a statement I understand it is my obligation to request a copy. I UNDERSTAND that credit is not given for personal vacations or sick time. Credit is only given for snow days after the first three.
3. If I choose to withdraw my child from Paddock's Early Childhood Center, two week's paid notice is required, in writing. I UNDERSTAND that I am responsible for any charges incurred because I did not provide said notice.
4. I AGREE to the policies outlined in the Parent Handbook. I may request a current copy of the Parent Handbook or view it on the website at www.milanareaschools.org and understand that I may call the Paddock's Early Childhood Center office with questions.
5. I AGREE that all information provided to the staff of Paddock's Early Childhood Center is correct. I will provide complete and current contact information in writing, including changes when necessary.
6. I UNDERSTAND that a notebook containing all current state licensing information, including inspection and investigation reports and any related corrective action plans, is kept at Paddock's Early Childhood Center and can be viewed in the presence of a staff person upon request. Reports covering the last two years can be viewed at www.michigan.gov/michildcare.

I understand and agree to the conditions as outlined above.

Signed

Date

Signed (Program Director) Date

Printed Name

Relationship to Child(ren)

Paddock's Early Childhood Center Child Health Acknowledgement

The staff of Paddock's Early Childhood Center wants to provide the best care for your child. It is important that we have a record of medications, physical limitations and medical issues that might affect a child's growth and development. Please be sure to discuss any health or behavioral concerns with the staff so they can help your child be safe and comfortable with all planned activities.

I acknowledge that my child, _____,
(Child's Name)

is in good health and his/her immunizations are current. I understand and will adhere to the health policies of Paddock's Early Childhood Center. I have discussed any health, behavior, and developmental concerns with the staff of Paddock's Early Childhood Center.

Please list any medications your child takes regularly:

Please describe any physical restrictions, allergies, and behavior or health concerns:

Signed X _____ Date ____ / ____ / ____
(Signature of Parent or Guardian)

Paddock's Early Childhood Center Photo Permission

Paddock's Early Childhood Center recognizes the need to protect students' privacy rights when promoting activities within our school. There are times when we photograph or videotape school activities in an effort to share information with families and the community about our school.

Please check the appropriate boxes below.

- ☐ I give my child permission to be photographed for use in the local newspaper, family newsletters, social media, or advertisements for our school.
- ☐ I do not give my child permission to be photographed.

I have specific concerns or requests:

Child's Name _____

Signed X _____ Date ____ / ____ / ____
(Signature of Parent or Guardian)

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:		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.)					

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 Paddock's Early Childhood Center, 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.	

Field Trip: I hereby give my permission to Paddock's Early Childhood Center for my child to participate in walking and bus field trips.

Signature of Parent or Guardian _____ Date _____