

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
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.)				

BCAL-3731 (Rev. 7-18) Previous edition 6-17 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.	

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New Genesis Success Academy Enrollment Application

Please print clearly. Sign and return to New Genesis, via fax (269)343-7025 or email adminoffice@newgenesisinc.org

Summer Camp

After School

Coding

Child's Full Name _____

Please circle Shirt Size YS YM YL YXL AS AM AL AXL AXXL Male Female

Insurance and Health Information

Health History

Allergies:

If yes please use comment box

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Food | <input type="checkbox"/> Bee Stings |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Other |

Are Immunizations up to date?

Yes No

Year of last tetanus shot _____

If your child is not fully immunized, you need to sign an Immunization Disclaimer

- | |
|---|
| <input type="checkbox"/> My child does NOT have any conditions |
| <input type="checkbox"/> My child has a history of one of the following |
| <input type="checkbox"/> Wears glasses/contacts <input type="checkbox"/> Bladder control problems |
| <input type="checkbox"/> Asthma/Wheezing <input type="checkbox"/> Heat stroke/exhaustion |
| <input type="checkbox"/> Diabetes <input type="checkbox"/> Fainting/dizziness |
| <input type="checkbox"/> Seizures <input type="checkbox"/> ADHD / ADD |
| <input type="checkbox"/> Headaches <input type="checkbox"/> Other (use comment box) |

Medications (List medications in comment box)

- My child does NOT take medication
- My child takes medication at home only
- My child will need medication during camp hours

Restrictions

- My child does NOT have any restrictions
- My child has restrictions (please use comment box)
- My child will need adaptations (please use comment box)

Health Insurance Co and Policy #

Physician's Name and Address

Physician's Phone #

Comments on Medical Info:

HEALTH STATEMENT

To comply with health and safety guidelines, parent must sign the following document regarding their child's health and immunizations.

Child's Name: _____

My child is in good health and I assume responsibility for his/her health while at the NGSA program. I will notify the office of any recent accident or illness, and any health restrictions, allergies, or medications that my child is taking.

My child's immunizations are up to date.

My child's Immunization record (or waiver) is on attached.

Parent's Signature _____ Date: _____

MEDICAL STATEMENTS

In the event I cannot be reached in an emergency, I authorize the staff of New Genesis Inc. to seek medical treatment for my child as they deem necessary. I understand that whenever possible, a representative of New Genesis Inc. will make a good faith effort to contact me or the listed emergency contacts prior to seeking treatment.

I understand that if I provide a prescription medication to NGSA to dispense to my child during program hours, that medication must be in an original labeled container from the pharmacy and dosage instructions must be provided in writing. I acknowledge that the medication must be turned into the office and not left in my child's possession. The exclusion to this is if my child carries an inhaler or Epi-Pen, however I must still inform the office.

If at any time my child is in need of Tylenol or Benadryl for aches, pains, allergic reaction or fever, NGSA staff may administer it to my child if unable to reach me for authorization. YES NO

Signature of parent/guardian _____

_____ Date

***A COPY OF YOUR CHILD'S IMMUNIZATION RECORD MUST BE PRESENTED AND KEPT ON FILE.**

TRANSPORTATION RELEASE

I authorize NGSAs and its authorized staff to transport my child for off-site activities and events. This includes rented buses, company vans and authorized staff's personal vehicles. I understand that in compliance with the State of Michigan's car seat laws, I must provide a booster seat for my child to attend off-site activities if s/he is not over the age of 8 or taller than 4'9".



Signature of parent/guardian

Date

CONSENT FOR SWIMMING

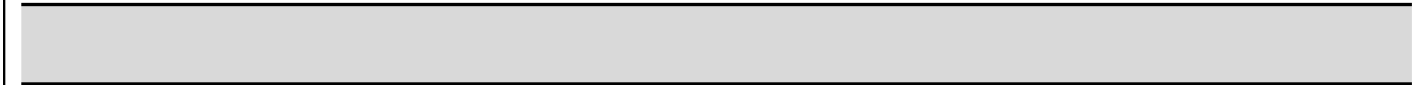
I GIVE MY PERMISSION FOR MY CHILD, _____ to participate in swimming activities. I understand that swimming activities will be conducted at a supervisor pool where lifeguards will be present as well as staff.



Signature of parent/guardian

Date

FINANCIAL INFORMATION FOR PROGRAM & FUNDING USE ONLY



My child receives free lunch _____ or reduced lunch? _____ Number of people living in family home? _____

Race/Ethnicity of Youth (check one): ___ African American ___ Caucasian/White ___ Hispanic
___ Asian ___ Native American ___ Multi-racial

Youth Lives With (check one): ___ Both parents ___ Mother only ___ Father only
___ Mother/Stepfather ___ Father/Stepmother ___ Guardian ___ Foster Home

Family Income Level (check one): ___ Less than \$10,000 ___ \$10,001-\$20,000 ___ \$20,001-\$30,000
___ \$30,001-\$40,000 ___ \$40,001-\$50,000 ___ More than \$50,000

I certify that the above information is accurate and complete to the best of my knowledge. I give New Genesis permission to verify all of the above information. I understand that any incorrect information will result in immediate termination of this request.



Signature of Parent or Guardian

Date

General Release of Liability and Authorization for Treatment

I believe the information that I've provided on this form to be correct to the best of my knowledge. I agree that my child may participate in New Genesis Summer Camp. Furthermore, I recognize that certain unavoidable hazards and risks are an inherent part of any physical activity and I agree to assume the risk of such activities and programs, holding harmless New Genesis Inc. and it's staff members conducting the activities from any and all claims, suits, losses or related causes of action for damages including, but not limited to, such claims that may result from injury or death, accident or otherwise during or arising in any way from the activities.

New Genesis is not responsible for lost, stolen or damaged personal articles. I acknowledge and agree that I have directed my child to act in a responsible manner at all times and I have read and agreed to New Genesis parent handbook. Additionally, I will ensure that my child also understands the program rules that I have been given and will comply with the specific rules and conditions stated.



Signature of parent/guardian

Date

Coronavirus Waiver

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

By participating in programs, services and activities of our Organization, you agree to the following:

On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless **New Genesis Inc.**, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any hosted or programmed event by this organization.



Parent Signature: _____ Date: _____

MEDIA RELEASE

Children are photographed or videotaped at the Center for a variety of uses. Internal uses include children's portfolios, recording activities and events for posters and for photo albums for the Center, staff, students and other children. External uses include news reports on the center by local newspapers or television stations. We also like to have some photographs on our Website. All release of Center photographs and videotapes will be for staff-approved applications only.

I also authorize New Genesis to use any photograph or likeness of my child.



Signature of parent/guardian

Date

ACADEMIC RELEASE

I give my consent and permission for the release of academic and attendance information of my child _____ from (school) _____ to be used by New Genesis for instruction and grant submission data.



Signature of parent/guardian

Date