

## 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.

<b>For Provider Use Only:</b>		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.)			

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 awilbon@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

Child's Grade \_\_\_\_\_

## 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.**



**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

**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