GREATER MIDLAND
NORTH
FAMILY CENTER

# Camp checklist

- ○ Child Information Record
- ○ 32N Child Enrollment Form
- ○ Permission slip signatures (6 signatures required)
- ○ School age health appraisal
- ○ Get to know you sheet
- ○ Code of Conduct signature required
- ○ Parent notification of Licensing Notebook signature required
- ○ Medication permission and instructions (if applicable)
- ○ Calendar filled out for the month
- ○ Deposit for camp, $165.00

Forms will be given if requested are:

- ○ DHHS/sliding fee forms
- ○ Custody arrangements

# 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.) | |

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.

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

# 32n Out-of-School Time Enrollment Form 2025-2026

MiLEAP
Michigan Department of Lifelong Education, Advancement, and Potential

**Program Site Location:** _____ **School Name:** _____

**Student Name:** _____ **D.O.B. :** _____ **Gender:** ☐Male ☐Female ☐Nonbinary

**Address:** _____
Number & Street, Apartment Number City State Zip

**Primary Phone :** (_____)_____

**Student's Primary Language:** ☐English ☐Spanish ☐Other:_____ **T-Shirt Size:** _____ ☐ Youth ☐ Adult

**Student Grade:**_____ **Teacher's Name:**_____ **Teacher's Email:**_____

**Student Race/Ethnicity (Check all that apply):**
- ☐ American Indian/ Native Alaskan
- ☐ Asian
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Middle Eastern/North African
- ☐ Native Hawaiian/ Pacific Islander
- ☐ White
- ☐ Other: _____
- ☐ Prefer not to say

Before School Program
- ☐ Yes
- ☐ No

Afterschool Program
- ☐ Walk
- ☐ Bus (if applicable)
- ☐ Pick Up

Are siblings enrolled? ☐ Yes ☐ No If so, at which school/program? _____

Names of Siblings: _____

## Parent 1/Legal Guardian

**Name:** _____

**Email:** _____

Same Address as Child? ____Yes ____No (If no, please provide)

**Address:** _____
**Name & Street, Apartment Number**

_____
**City** **State** **Zip**

**Phone Number:** _____
**Cell** **Work**

**Authorized to Pick-up? ____Yes ____ NO**

## Parent 2/Legal Guardian

**Name:** _____

**Email:** _____

Same as Address as Child? ____Yes ____No (If no, please provide)

**Address:** _____
**Name & Street, Apartment Number**

_____
**City** **State** **Zip**

**Phone Number:** _____
**Cell** **Work**

**Authorized to Pick-up? ____Yes ____ NO**

**INTERNAL USE ONLY:**

**Date of Admission:** _____ **Date of Discharge:** _____

*"This before school, afterschool, and summer program is made possible by a grant awarded by MiLEAP under 32n OST Grants Program."*

GREATER MIDLAND
NORTH
FAMILY CENTER

**SWIMMING PERMISSION FOR SCHOOL AGE CHILDREN (5 TO 12 YEARS)**

I give permission for my child _____ (child's name) to swim with the Greater Midland North Family Center Operation Fun Program.

Parent/Guardian Signature_____Date_____

**SUNSCREEN PERMISSION FOR SCHOOL AGE CHILDREN (5 TO 12 YEARS)**

I give permission to the Greater Midland North Family Center to apply sunscreen to (child's name) _____.

Parents/Guardians Signature_____Date_____

**FIELD TRIPS PERMISSION**

I give permission for my child _____to participate in field trips with Greater Midland North Family Center

Field trips could require walking off campus, taking public transportation off campus and participating in activities off the campus of North Family Center

Parent/Guardian Signature_____Date_____

**CONSENT TO USE NAME, PHOTOGRAPH AND CREATED WORKS**

I, understand, being over 18 years, give permission for the name, photograph and/or created works of my child _____to be published by the media. This may include publications used by Greater Midland North Family Center to promote its programs and services.

Parent/Guardian Signature_____Date_____

**PARENT HANDBOOK**

I, _____received and reviewed a copy of the Greater Midland North Family Center Parent Camp Handbook.

Parent/Guardian Signature_____Date_____

**CONSENT TO USE BUG SPRAY FOR AGE CHILDREN (5 TO 12 YEARS)**

I give permission to the Greater Midland North Family Center to apply bug spray to (child's name) _____.

Parents/Guardians Signature_____Date_____

# Greater Midland North Family Center
# School Age Health Appraisal

My Child _____, is physically able to participate in all activities at Greater Midland North Family Center Operation Fun Program.

Exceptions may include:

_____

_____

_____

_____

_____

_____ _____ _____

Parent Signature Parent's Printed Name Date

I certify that my child's immunization records/or waivers are up to date and currently on file with _____

GREATER MIDLAND
NORTH
FAMILY CENTER

Please spend a few minutes filling out this questionnaire so we can get to know your child.

Child's Name: _____

Nickname(s): _____

Siblings: (names and ages)

_____

_____

Pets: _____

Favorite Foods: _____

Least Favorite Foods: _____

Favorite
Activities/Interests: _____

_____

_____

Fears:

_____

_____

Does your child have any special needs, emotional or physical, that our staff should be aware of so that we can best serve your child?

Any recommendations as to how you handle your child's special needs?
(Use other side of paper if necessary to explain)

Thank you for taking the time to teach us about your child.

GREATER MIDLAND
NORTH
FAMILY CENTER

Code of Conduct

- Common courtesy (Please, thank you, no thank you, etc.)
- Always be kind (show respect for others feelings, bodies, belongings at all times)
- No name calling
- No bullying
- No fighting
- Keep hands, feet, fingers and toes to oneself
- When inside (not in the gym) use walking feet
- Obscene/inappropriate language, gestures and/or behavior will not be tolerated
- Children must remain in supervised area. Children must ask to leave supervised area or be accompanied by staff member. Ask before leaving to use restroom, getting personal items etc.
- Everyone is responsible for cleaning their own mess. We put away what we get out and help others.

If the above rules are not observed the following could occur.

- Child will be redirected
- Child will be spoken to one on one by staff
- Child can be provided with an alternative activity when reasonable and/or provided a cool off period
- Parents/guardians will be informed
- Severity of behavior could result in the child being sent home for the day, temporary suspension or permanent suspension
- Severity of behavior could result in skipping some/all of the above steps and contacting parents/guardians immediately for pick-up of suspension

Our team will take all reasonable measures before making the decision to separate a child from our program.

I _____Parent/Guardian_____

Have read and understand the behavior expectations for my child while participating in Greater Midland North Family Center's Summer School Age Program.

Signature _____Date_____

Essential Agreement

I understand and agree to follow the rules. Child Name_____

# PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

**Michigan Department of Licensing and Regulatory Affairs**

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website 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.

# MEDICATION PERMISSION AND INSTRUCTIONS
## CHILD CARE HOMES AND CENTERS
### Department of Licensing and Regulatory Affairs
### Child Care Licensing Bureau

If you are giving or applying any medication to a child in care, the following must be completed by the parent for each medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY PARENT

I give my permission for _____ to give or apply the medication
(Caregiver, Facility)

_____, to my child _____, as follows:
(Specify, prescribed medication/over the counter product) (Child's Name)

DIRECTIONS:

| | |
|---|---|
| 1. Date to Begin Giving Medication | 2. Date to Stop Medication |
| 3. Times Medication is to be Given | 4. Amount (dosage) of Medication Each Time Given |
| 5. Storage of Medication | |
| 6. Other Directions, If Any | |
| Signature of Parent | Date |

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

| DATE | TIME | AMOUNT GIVEN | CAREGIVER'S NAME | CAREGIVER'S SIGNATURE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing. | | | | |

LARA is an equal opportunity employer/program.

Child's name_____

# Operation Fun Program June 1st through June 26th, 2026

| Mon | Tue | Wed | Thu | Fri |
|---|---|---|---|---|
| **1**<br>Drop off time:<br><br>Pick up time: | **2**<br>Drop off time:<br><br>Pick up time | **3**<br>Drop off time:<br><br>Pick up time: | **4**<br>Drop off time:<br><br>Pick up time: | **5**<br>Drop off time:<br><br>Pick up time: |
| **8**<br>Drop off time:<br><br>Pick up time: | **9**<br>Drop off time:<br><br>Pick up time: | **10**<br>Drop off time:<br><br>Pick up time: | **11**<br>Drop off time:<br><br>Pick up time: | **12**<br>Drop off time:<br><br>Pick up time: |
| **15**<br>Drop off time:<br><br>Pick up time: | **16**<br>Drop off time:<br><br>Pick up time: | **17**<br>Drop off time:<br><br>Pick up time: | **18**<br>Drop off time:<br><br>Pick up time: | **19**<br>Drop off time:<br><br>Pick up time: |
| **22**<br>Drop off time:<br><br>Pick up time: | **23**<br>Drop off time:<br><br>Pick up time: | **24**<br>Drop off time:<br><br>Pick up time: | **25**<br>Drop off time:<br><br>Pick up time: | **26**<br>Drop off time:<br><br>Pick up time: |
| **NOTES:** | | | | |