

Pre-Enrollment Checklist

Name: _____ School: _____ Date: _____

Please bring all items listed below to the Bemis Farms office **before** your child begins school/care. The return of **all** requested items will complete your child's registration process.

As you complete each form, check it off on the list below.

1. _____ Enrollment form (front and back) *Blue B1/ B2 Pre-K; Beige/B-2 Kdg & Ex.C.*
2. _____ Child's Pre-Admission Health History-immunizations (front side of *green* health form) **All** students.
3. _____ Child's Pre-Admission Health Evaluation - Physician's report (Back side of *green* health form) **All** students.
School Age children may complete Statement of Good Health in lieu of Physical.
4. _____ Statement of Good Health - School Age only *Gold*
5. _____ Emergency Card (front and back)
6. _____ Bemis Farms Contract *White/B.F; Pink/Parent*
7. _____ Parental Agreement Form *Pink*
8. _____ Non-Prescription Form *Green*
9. _____ Handbook Release/Waiver Form *Yellow*
10. _____ Photo Permission Release Form *Purple*
11. _____ Family Information Form (computer sign-in) - B-1/Saline only *Salmon*
12. _____ Sunscreen Election Form *Green*

**BEMIS FARMS
ENROLLMENT FORM**

Child's Full Name: _____ Birthdate: _____

Starting Date: _____ Home Phone: _____

Email Address: _____

Days and hours he/she will attend: _____

Home Address: _____

City, State, ZIP: _____

Mother's Name: _____ Father's Name: _____

Child lives with: _____ Both Parents

_____ One Parent (please specify) _____

_____ Shared Custody (Please Describe arrangements)

_____ Other (Please describe) _____

Who will typically drop off your child? _____

Who will typically pick up your child? _____

Who else is authorized to pick up your child? _____

Is anyone **NOT** authorized to pick up your child? _____

HEALTH

Are there any special health needs that we should be aware of?

Any known allergies? Please list. _____

Any frequent/ongoing medicine prescriptions? _____

TOILETING

Can your child be relied upon to indicate his/her own bathroom needs?

_____YES _____NO _____Wears Diapers

Does your child have accidents?

_____YES _____NO _____Not Applicable

SOCIAL RELATIONSHIPS

Please list siblings and ages: _____

Will this be your child's first experience in a group of children? _____YES _____NO

If no, describe other experiences: _____

What are your child's favorite activities? _____

How does your child show his/her feelings? _____

How do you handle discipline at home? _____

How do you comfort your child? _____

What special benefits would you like for your child to gain from his/her experience at Bemis Farms? _____

Is there any other information about your child that you'd like to share with us?

Parent Signature: _____ Date: _____

SECTION III -- PHYSICAL EXAMINATION, INSPECTION, TESTS, AND MEASUREMENTS

EXAMINATIONS AND/OR INSPECTIONS

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

TESTS AND MEASUREMENTS

	Within Normal Limits	Under Care	Referred		Within Normal Limits	Under Care	Referred
Vision Tested? <input type="checkbox"/> Visual Activity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Muscle Imbalance Date _____ <input type="checkbox"/> Other _____ <small>(Specify)</small>				Urinalysis Done? <input type="checkbox"/> Sugar <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Albumin Date _____ <input type="checkbox"/> Microscopic			
Hearing Tested? <input type="checkbox"/> Audiometer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ <small>(Specify)</small> Date _____				Blood Pressure Measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Reading _____			
Hemoglobin/Hemotocrit Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No				Height _____ Weight _____ Other:			
Blood Lead Level Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Result _____				Blood Lead level recommended for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high risk areas should be tested at the same intervals as noted above.			

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS

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Tuberculin Test (if given) Date _____ Type _____ Negative Positive _____ mm.

SECTION IV -- RECOMMENDATIONS

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other action? Yes No
 If yes, please explain:

--	--

Should the student's activity be restricted because of any physical defect or illness? Yes No If yes, check below and explain degree of restriction:

Classroom Playground Gymnasium Swimming Pool Competitive Sports Camp Other

--	--

Examiner's Signature _____ Date _____ Examiner's Name (print or type) _____ Degree or License _____

Number & Street _____ City _____ Zip _____ Telephone _____

SECTION V -- DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ teeth and make the following recommendations as for treatment:

Child's Name _____

--	--

 Dentist's Signature Date

COMMENTS

To: Parent/Guardian
Re: Health of School Age Children

To be in accordance with the new state licensing rules for Child Care Centers we will be requiring the following information. We will need to have a signed statement on file by the parent or legal guardian that your child is in good health. Please fill out the bottom of this form and return it to the office.

Date: _____

Name of Child: _____

Please initial after each statement.

_____ I confirm that my child's immunizations are up-to-date.

_____ I confirm that my child's immunization record or appropriate waiver is on file with my child's school.

_____ I confirm that my child is in good health with any restrictions written below.

Restrictions (if any): _____

Parent's Signature

Date

**CHILD INFORMATION RECORD
STATE OF MICHIGAN**
Department of Human Services
Bureau of Children and Adult Licensing

Date of Admission		Allergies					
Date of Discharge							
Name of Child (Last, First, Middle Initial)				Address (Number and Street, Building/Apartment Number)			
Child's Date of Birth		Home Phone ()		City		State	Zip Code
Father/Legal Guardian's Name		Home Phone		Mother/Legal Guardian's Name		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		
Employer/School Name				Employer/School Name			
Address (Employer/School)				Address (Employer/School)			
City	State	Zip Code	City	State	Zip Code		
Employer/School Phone		Daily Work/School Times		Employer/School Phone ()		Daily Work/School Times	
Name(s) of Person other than Parent or Legal Guardian to whom child may be released							

BCAL-3731 (Rev. 3-08) Previous edition may be used.

See Reverse Side

I give permission to _____, licensed by the Department of Human Services (Provider's Name)			
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.			
Signature of Parent or Guardian			Date Signed
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()	
Address of Child's Physician or Health Clinic		Name of Health Insurance Carrier	
Hospital Preferred for Emergency Treatment		Health Insurance Policy Number	
Special Needs:		Date of Last DTaP (Diphtheria, tetanus, pertussis) Shot	
Name of Local Person to be Notified in an Emergency When Parents Not Available		Local Address of Emergency Person	
Home and/or Cell Phone ()	Work Number ()	City, State	Zip code
Special Instructions:			
Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.			AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.

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Bemis Farms Preschool & Daycare
Child Care Contract 2008-2009

We _____ agree to enroll our child, _____, in the Bemis Farms Child Care Program licensed by the State of Michigan in the name of Bemis Farms, Inc. We agree that our registration fee of \$60.00 per child or \$90.00 per family is due annually upon receipt of the Bemis Farms Contract and is nonrefundable. The registration fee is a commitment between parents and Bemis Farms to ensure child care for the coming school year and is due upon completion of this contract.

We have received and read the program policies developed by Bemis Farms, Inc. and agree to comply with all of the rules, policies, and responsibilities stated therein. Bemis Farms, Inc. has reserved the right to modify the rules, and policies at its sole discretion with 30 days written notice. Such notice requirements shall not be applicable in the event of emergencies or licensing mandates.

Child care services will begin at 7:00 A.M. and end at 6:00 P.M. on the following days of the week: Monday through Friday, with the following exceptions when the center will be closed; Labor Day 2008, Thanksgiving & and the Friday after 2008, Winter Holiday Dec 24th at 1pm, Dec 25, 2008 - Jan 1, 2009, Memorial Day 2009, Independence Day 2009 and Friday September 4, 2009 for a teacher in-service day and act of God days.

We agree to pay the provider the amount listed on the 2008-2009 tuition sheet. This fee includes daily breakfast, lunch and two snacks. We agree to pay the full monthly rate regardless of absences. We agree to pay for all major holidays and staff in-service days that fall on our child's regularly scheduled day, regardless if the center is closed. We understand that Bemis Farms, Inc. reserves the right to adjust the fixed daily child care rate with 30 days written notice. In the event that collection efforts are needed to collect any balance due, I/We agree to pay reasonable attorney fees and collection costs associated within.

We understand that the center has a policy for new enrolling families in which they must pay a month's tuition to reserve their child's space in the program. We understand that this amount is separate from the registration fee. We understand that this amount is derived from the amount of scheduled days in the month your child will be starting and multiplied by the tuition rate. We understand that this amount will be applied towards the first month's tuition. Along with this fee we must also turn in a signed child care contract. It is understood that this month's tuition is non-refundable unless a two-week written notice is given in writing, that is either mailed or hand delivered. We also understand that the registration fee is non-refundable even if a written notice is given.

We understand that the center has a policy that lets a child withdraw from Bemis Farms for a set period time of without losing their space in the program. This leave must be longer than a month but not to exceed twelve weeks. The fees paid to hold the space in the program are non-refundable. I also understand that if I choose to not pay the reserve fee, then my child's spot will not be guaranteed upon my return to Bemis Farms, and I will have to reregister which includes paying the registration fee. I understand that the fees are based on the regular tuition rate for the days in attendance and that for the remaining days being held 15% will be calculated from the normal tuition rate.

Preschool

5 Days - 2 Days attendance & 15% Fee on 3 other days 4 Days - 2 Days attendance & 15% on 2 days
3 Days - 1 Day attendance & 15% Fee on 2 other days 2 Days- 1 Day attendance & 15% on 1 other day

Infant/Toddler

5 Days - 3 Days attendance & 15% Fee on 2 other days 4 Days - 2 Days attendance & 15% on 2 days
3 Days - 1 Day attendance & 15% Fee on 2 other days 2 Days - 1 Day attendance & 15% on 1 day

We further agree that the child care fees are to be paid in full on the fifteenth of the month prior to the month in which services are to be rendered. We also agree to pay any applicable late payment penalties and late pick up fees established in the parent policy manual.

We acknowledge that Bemis Farms, Inc. will release _____ to only those persons authorized on the child's emergency card. We further acknowledge agreement with provider's standard procedure used for the release of children in special circumstances.

Finally, we agree that either party may terminate this agreement with **two weeks written notice**. In the event we do not provide two weeks written notice of withdrawal, we agree to pay Bemis Farms, Inc. an amount equal to two weeks of child care fees. We also acknowledge that Bemis Farms, Inc. may terminate this agreement without notice if _____ 's continued participation in the program creates a direct threat to the safety of _____, other children, or Bemis Farms, Inc. staff.

If any provision of this contract, rules, and responsibilities are held invalid or unenforceable, it should be ineffective only to the extent of the invalidity, without affecting or impairing the validity or enforceability of the remainder of the provision or the remaining provisions and intent of this contract. This contract constitutes the entire agreement among the parties to it and supersedes any prior understandings or agreements. Each party acknowledges and states that no representation, inducement, or condition not set forth in this contract has been made or relied upon by either party.

This contract shall be governed by the laws of the State of Michigan.

Father/Guardian Signature _____ Date Signed _____

Mother/Guardian Signature _____ Date Signed _____

Provider's Signature _____ Date Signed _____

Bemis Farms
Preschool and Day Care
Parental Agreement Form

Please check "Yes" or "No" to the following statements, sign your name and return.

- | | YES | NO |
|--|-------|-------|
| • I have received the Parent Handbook. | _____ | _____ |
| • I have been informed of and understand the policies, procedures, and goals of the program. | _____ | _____ |
| • I am aware that I will be informed of specifics through a monthly newsletter (all) and daily notes (preschool only) | _____ | _____ |
| • I have returned a health form stating the date of my child's latest immunizations and current physical. | _____ | _____ |
| • If the response to the above is "NO", I will submit the health form within two weeks. | _____ | _____ |
| • I agree that it is the responsibility of both the staff of Bemis Farms and I/we as parent(s) to keep an open line of communication between us. | _____ | _____ |
| • I understand that parents will be asked to evaluate the Program in the spring. | _____ | _____ |
| • I understand there will be two written evaluations of my child during the program year and two parent/teacher conferences. (preschool only) | _____ | _____ |
| • I understand my responsibility to pay tuition payments in a timely manner as outlined in the contract. | _____ | _____ |

Parent(s) _____ Date _____

Name of Child(ren) _____

Consent for Non-Prescription Medications

Child's Name: _____

I hereby give Bemis Farms Preschool Staff permission to apply any of the following external preparations that are checked, in accordance with the directions for use on the appropriate container:

- Soap
- Baby Wipes
- Non-prescription ointments (ie. Desitin, Vaseline)
- Insect Repellent on neck, arms & legs only
- Sunscreen
- Other (please specify) _____

Signature of Child's Parent _____

Date _____

Bemis Farms
Preschool and Day Care

PARENT HANDBOOK
CHANGE AND WAIVER

I understand that this handbook is the property of Bemis Farms and contains the current policies and procedures of the center. Furthermore, the policies and procedures covered in the Parent Handbook are for the parents and guardians of the children enrolled in the programs of Bemis Farms Preschool and Day Care including all other satellite centers and used for their sole purpose exclusively.

References made to Bemis Farms Preschool and Day Care are intended to incorporate all general policies and procedures made by Bemis Farms, Inc. In some instances, a portion of the handbook may be modified to meet the specialized circumstance of the satellite center, for example: start and end times, school closings, holidays, schedules and any other policies that would be related to one center and not the other, such modifications will be delivered in writing.

In signing this waiver, I understand that I have read the Parent Handbook of Bemis Farms Inc. and that I understand that references made for Bemis Farms Preschool and Day Care are the general policies for all of its Centers and I will adhere to these policies and procedures as documented.

I also understand that I have read this manual and I have been provided with an opportunity to pose questions regarding its contents. I agree to comply with all of the terms and conditions set forth in the Handbook. I also understand that I have no reasonable expectation to believe that these policies and procedures will remain unchanged.

We reserve the unilateral right to add, delete or amend the policies and procedures in this Handbook upon (30) days written notice to parents.

Print Name of Parent/Guardian

Parent/Guardian Signature

Date

Bemis Farms
Preschool and Day Care

PHOTO PERMISSION RELEASE FORM

Dear Parents,

This is a permission slip giving permission to Bemis Farms staff to take photos or videos of your child(ren) for promotion of Bemis Farms Preschool and Day Care. This photo or video would be used to demonstrate the activities, events, curriculum and environment that is experienced at the center.

I do hereby give permission for my child to be photographed, and or video taped while attending Bemis Farms Programs. I further give my permission to Bemis Farms to use the photo or video of my child on the Internet for the purposes of promoting the web site for the Bemis Farms Program.

These photos or videos taken may be used in the classroom, for press releases, advertisement or whatever seems reasonable and acceptable to promote child advocacy. It is our intent to demonstrate the positive environment and representation that has been established by Bemis Farms Preschool and Day Care.

Child's Name

Parent's Signature

Date

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Mother's SS#: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Father's SS#: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

1st Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Child Information - Continued

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

3rd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

4th Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Tuition / Payment Information:

Current Tuition Amount: _____ Weekly Bi-Weekly Monthly Other _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Signature:

Parent's Signature: _____ Date: _____

Thank You!

SUNSCREEN ELECTION FORM

Doctors caution that overexposure to the sun's ultraviolet (UV) rays can result in sunburn and that over time excess UV radiation can permanently damage the skin. Children are more susceptible to harmful UV radiation than adults. One step that can be taken to protect a child from harmful UV radiation is to use a sunscreen whenever the child is outdoors.

The U.S. Center for Disease Control recommends the use of a sunscreen that blocks both UVA and UVB rays and that offers a sun protection factor (SPF) of at least 15. A sunscreen with a higher SPF might be appropriate for some children. You may wish to check with your child's pediatrician in selecting an appropriate sunscreen.

_____ I agree to select an appropriate sunscreen for my child and provide the sunscreen to Bemis Farms. I further consent to employees of Bemis Farms applying sunscreen to exposed areas of my child's skin when he or she will be outdoors.

_____ I consent to have Bemis Farms staff apply Rocky Mountain Sunscreen SPF 30 to exposed areas of my child's skin when he or she will be outdoors.

_____ I do not wish to have sunscreen used on my child. I understand that this decision exposes my child to the risk of sunburn.

Child's Name

Parent's Name Written

Date

Parent's Signature

Date