

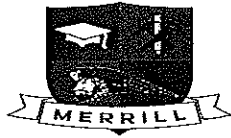
## Merrill Community Child Development Center

Name of Child: \_\_\_\_\_

List of documents to be handed in/completed before the first day of school:

### SUMMER CAMPS:

1. \_\_\_\_\_ MCCDC Enrollment Form
2. \_\_\_\_\_ Registration Fee
3. \_\_\_\_\_ Child Information Record (CIR)
4. \_\_\_\_\_ Photo Release
5. \_\_\_\_\_ School-Age Health Record Form



**Merrill Community Child Development Center**  
**ENROLLMENT FORM-SUMMER CAMPS**  
**2020-2021**

Student's Legal Name: \_\_\_\_\_  
Last First Middle

Student is to be called \_\_\_\_\_ Social Security \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_  
(P.O. Box, Street)

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (State)

Ethnicity \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail Address \_\_\_\_\_

**\*\*THIS PROGRAM IS OFFERED TO SCHOOL AGE CHILDREN. PLEASE CHECK THE APPROPRIATE SESSIONS YOU WANT YOUR CHILD TO ATTEND.**

**The before school program fee is \$5.50 and after school fee is \$7.50. Your child may use one or both of these programs. The center opens at 6:00am. and closes at 6:00pm.**

**Transportation is provided between MCCDC and the elementary school for these programs.**

I want my child to attend the before and/or after school program on the following days:

Monday before \_\_\_\_\_ Tuesday before \_\_\_\_\_ Wednesday before \_\_\_\_\_  
Monday after \_\_\_\_\_ Tuesday after \_\_\_\_\_ Wednesday after \_\_\_\_\_

Thursday before \_\_\_\_\_ Friday before \_\_\_\_\_  
Thursday after \_\_\_\_\_ Friday after \_\_\_\_\_

Drop off time will be: \_\_\_\_\_ Pick up time will be: \_\_\_\_\_



## 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:
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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 Address (if not child's address)		Cell Phone (     )		Home Phone (     )	
City		State		Zip Code	
City		State		Zip Code	
Email Address (optional)			Email Address		
Employer Name		Work Phone (     )		Employer Name	
Work Phone (     )		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. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

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:**

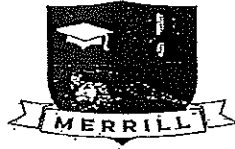
\_\_\_\_\_ I give permission to \_\_\_\_\_, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

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	

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## PERMISSION TO PHOTOGRAPH

I, \_\_\_\_\_ give permission to for the Merrill Community

(Parent or Guardian's Name)

Child Development Center Program to photograph my child \_\_\_\_\_

For the following purposes.

Still Photographs: To display in center's scrapbook or Bulletin boards; shown to current and perspective clients      Yes      No

Display on information boards for community events      Yes      No

Display photos for internet advertising: website, Facebook, Regional Resource Center Referrals      Yes      No

Videos: Videos used for community events and center functions      Yes      No

I understand that it is my responsibility to update this form in the event that I no longer wish to Authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

**Note:** Understand that due to privacy policies, parents/guardians are allowed to post/upload pictures of ONLY their child(ren) Please do not post/upload pictures of other children that attend Merrill Community Child Development Center.

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Parent/Guardian Signature:

Date:

MERRILL COMMUNITY CHILD CARE CENTER  
SUMMER CAMP  
WALKING FIELD TRIPS & SPECIAL EVENTS FORM



My child, \_\_\_\_\_ has permission to attend the walking field trips/and special events for Summer Camps. I understand my child will be walking around the school area/village with camp and teachers on those days.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





## Merrill Community Child Development Center School-age Health Record

My child \_\_\_\_\_ is in good physical health.

Please check the following health statements that are true:

\_\_\_\_\_ My child is in good physical health without restrictions.

\_\_\_\_\_ My child has no activity restrictions.

\_\_\_\_\_ My child's immunizations are up-to-date.

\_\_\_\_\_ My child's immunization record or waiver is on file at  
his/her elementary school.

The above statements are true and accurate to the best of my knowledge.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_