



# **Before & After School Registration 2019-20 School Year**

Registration has begun for the B&A Program

**Deadline** for starting Wed. August 28th is **Thursday August 8 at 12noon.**

For your **child/children to be enrolled** the following **forms** must be **completed in full** and returned to the Hannah Community Center front desk with the **\$50.00 Registration fee and 1<sup>st</sup> month's tuition per child**

- 1) **Registration Form (one per child)**
- 2) **Child Information Record (one per child)**
- 3) **Licensing Notebook/Child Protection Law/Field trip/Playground Permission/Photo Release**
- 4) **Auto pay Form (one per family-optional)** (*Payments will come out on the last business day of the month prior to the month of care*) IE: Sept. 30<sup>th</sup> for October Tuition

The community center front desk is open: 7:00 am-7:00pm Monday through Friday

*For additional information call or email:*

*Julie Anne Jennings, School Age Coordinator 319-6979 [jjennings@cityofeastlansing.com](mailto:jjennings@cityofeastlansing.com)*

*Bethanie Ross, School Age Specialist 319-6978 [brross@cityofeastlansing.com](mailto:brross@cityofeastlansing.com)*

*Lois Fogarasi, Accounts Manager 319-6949 [lfogarasi@cityofeastlansing.com](mailto:lfogarasi@cityofeastlansing.com)*

*City of East Lansing's Hannah Community Center 819 Abbot Road, East Lansing, MI 48823*

## **Before School Care**

- 7:00 am until school starts (Monday-Friday)
- Children will be engaged in free choice, games, fitness & homework.
- Cost: 1<sup>st</sup> child: \$6.00/day 2<sup>nd</sup> child: \$5.00/day
- Late Start Days: 7:00-10:30am (Cost: 1<sup>st</sup> child \$16.00/day 2<sup>nd</sup> child: \$14.00/day)

## **After School Care**

- After school – 6:00 pm (Monday-Friday)
- Healthy afternoon snack provided
- Children will be engaged in arts & crafts, homework, fitness, outdoors/gym.
- Cost: 1<sup>st</sup> child: \$10.00/day 2<sup>nd</sup> child: \$8.50/day

**Half Day Care** Programs are **NOT open** on the **first day** and **last half day** of school.

- 12:00 – 6:00 pm held on select days and at TBD locations
- Enrollment takes place the month prior to the half day
- Cost: 1<sup>st</sup> child: \$24.00/day 2<sup>nd</sup> child: \$21.00/day

## **Billing**

- On the 15<sup>th</sup> of the month prior to attendance an e-mail is sent to each household with upcoming monthly charges (Auto pay can be set-up on your child's account)
- Balance of invoice is due on the last business day of the month prior of attendance
- Ie: September 15<sup>th</sup> receive a bill for October via e-mail and it is due Sept. 30th



DEPARTMENT OF PARKS, RECREATION & ARTS  
BEFORE & AFTER SCHOOL PROGRAM REGISTRATION

2019-20 School Year

Child's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

Child's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Parent/Guardian 2 Name: \_\_\_\_\_

Home address: \_\_\_\_\_ Home address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home number: \_\_\_\_\_ Home number: \_\_\_\_\_

Work number: \_\_\_\_\_ Work number: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Child Primary Residence is with: Guardian 1 Guardian 2 Both Other: \_\_\_\_\_

Does this child have a sibling in an ELPRA Program? Y or N Name: \_\_\_\_\_

Will another person or agency be responsible for a portion of your child's tuition? Y or N

If yes, please identify: \_\_\_\_\_

Please circle the days you need care:

Before School (open @ 7:00 am) M T W R F B&A Site: \_\_\_\_\_

After School (close @ 6:00 pm) M T W R F Start Date: \_\_\_\_\_

(Note: 2 day minimum per week required)

In return for services rendered on the above weekly schedule, I as a parent or guardian of \_\_\_\_\_, agree to tuition payments according to the procedure, policies, and conditions set forth in the ELPRA B&A Handbook. I have read the handbook, understand it, and agree to abide by all the policies, procedures, and conditions outlined.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

GOOD HEALTH STATEMENT

My child \_\_\_\_\_ is in good health and free from communicable diseases and is fully capable of participating in the daily activities while attending ELPRA programs. I, the parent or guardian, assume responsibility for said child's state of health while enrolled at ELPRA programs; with the understanding that I will be notified immediately should anything unforeseen in this regard occur. My child's immunization record is up to date.

Does your child have any health problems or restrictions that might affect there participation in the program such as allergies, asthma, or developmental issues? If so, please explain on the back of this form. YES NO

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

.....  
**OFFICE USE ONLY:**

Date received: \_\_\_\_\_ Registration Fee: \_\_\_\_\_ Emergency Card: \_\_\_\_\_ Method: \_\_\_\_\_ Initials \_\_\_\_\_

Please make checks payable to: City of East Lansing

## 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. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

See Reverse Side

<b>Emergency Contact &amp; Release of Child:</b> 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.	( )	( )
<b>Release of Child Only:</b> 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. ( )

<b>Parent/Legal Guardian Initials:</b>  _____ I give permission to <u>City of East Lansing's B&amp;A Program</u> , licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care.
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<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b>	
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	

# **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](http://www.michigan.gov/michildcare)

I have read the above statement issued by the City of East Lansing's Before and Afterschool Programs.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **CHILD PROTECTION LAW**

ELPRA staff members are mandated by the State of Michigan to report any suspicion of child abuse or neglect. Due to the nature of the abusive or neglectful situations, staff members are not required to discuss their suspicion with the parent prior to filing a report. Our staff will report such suspected cases of abuse or neglect and will assist in the investigative process to the extent requested by State officials. Staff members will not discuss their suspicions with anyone other than ELPRA employees, school district employees, or State officials acting within their professional capacities.

## **FIELD TRIP/ PLAYGROUND PERMISSION**

I hereby give my permission to: The City of East Lansing Before and After School Program for my child \_\_\_\_\_ to be transported by bus and/or participate in field trips. \* Parent Initials \_\_\_\_\_

I give permission for my child to use the playground structures, and understand that they are maintained and licensed through the East Lansing Public Schools, and meet playground safety act guidelines.  
\* Parent Initials \_\_\_\_\_

## **PHOTO RELEASE**

I hereby give my permission for my child's photograph to be used by the City of East Lansing for the purpose of public display or publication. I discharge the City of East Lansing and the photographer representing this organization for any and all claims, actions, or demands arising out of or in connection with the use of said photograph, including, without limitation, any and all claims for invasion of privacy and libel.

I represent that my child is under the age of 18, and, as the child's parent, I am acting on their behalf by authorizing this release.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

Witness \_\_\_\_\_





## Department of Parks & Recreation

# Health Care Policy

### Hand Washing Steps

1. Make sure there is a clean single-use towel available.
2. Turn on the water to a comfortable 60-120 degrees.
3. Moisten hands with water and apply liquid soap.
4. Rub hands together vigorously until a soapy lather appears and continue for at least 10 seconds.
5. Rub areas between fingers, around nails beads, under the fingers, jewelry and back of hands.
6. Rinse hands until they are free of soap and dirt.
7. Leave water on when drying hands wit clean single-sue disposable paper towel.
8. Use paper towel to turn off water and throw paper towel into trash.

Children will wash their hands before eating.

All staff will wash their hands before handling food and after handling any body fluids.

### Handling Child's body Fluids

1. Gloves are to be worn when dealing with child's body fluids.
2. Any disposable materials are to be disposed in a tied bag and taken to the dumpster.
3. Any toys or non-disposable materials must be cleaned and sanitized.
4. After dealing with body fluids children and staff are to wash their hands following the steps above.

### Cleaning and Sanitizing Procedure

The following steps must be followed for cleaning and sanitizing:

1. Wash the surface or article vigorously with soap and water.
2. Rinse the surface with clean water
3. Submerge, wipe or spray the surface or the article with a sanitizing solution
4. Let the article or surface air dry

NOTE: Launderings bedding, dress-up clothes, stuffed animals, etc. in Hot water and detergent cleans and sanitizes the item.

### Health Related Resources

Name	Phone Number
Ingham County Health Department	881-4300
Poison Control	(800) 222-1222
Office of Young Children	887-4319
Sparrow Health Systems	364-4120
Capital Area Child & Family	882-4000
Ingham Medical Society	336-9019
WIC Program Ingham County	887-4326