



1401 Malcolm Street  
 Waterford, Michigan 48327  
 Telephone (248)363-9800  
 Fax (248)363-0992  
 www.paradigmchildcare.com

# Registration Form

Child's Full Name (first, middle, last): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address IF DIFFERENT FROM CHILD'S: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ ext.: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Hours: \_\_\_\_\_ Business City/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ (If there is no firewall we will send the lunch menu monthly. Hotmail accounts will not work)

Father's Full Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address IF DIFFERENT FROM CHILD'S: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ ext.: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Hours: \_\_\_\_\_ Business City/Zip: \_\_\_\_\_

Parents are:

Married  Living together  Separated  Divorced  Widowed  Single Parent/Guardian who has Legal Custody: \_\_\_\_\_

Other Household Members:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

I am interested in having my child attend the following days:  M  T  W  R  F

My Child's Age is \_\_\_\_\_ years and \_\_\_\_\_ months. From the hours of \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_

- I'm interested in this class:
- Infant (6weeks-walking)  Mobile Toddler (walking-2)
  - Young Bridger (2-2.5year olds)  Old Bridger (2.5-3year olds)  3yr. old preschool
  - 3 yr. old preschool with day care  4yr. old preschool  4 yr. old preschool with day care
  - Kindergarten with day care  Kindergarten The Date We would like to start is \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about us? \_\_\_\_\_

## PARENT HANDBOOK POLICIES ACKNOWLEDGMENT

I have read the Parent Handbook and I fully understand and agree to the following policies stated in the handbook:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Philosophy</li> <li><input type="checkbox"/> Extra Curricular Activities</li> <li><input type="checkbox"/> Curriculum</li> <li><input type="checkbox"/> Hiring Procedures</li> <li><input type="checkbox"/> Health of Personnel</li> <li><input type="checkbox"/> Cleaning Procedures</li> <li><input type="checkbox"/> Health Policy</li> <li><input type="checkbox"/> Medications</li> <li><input type="checkbox"/> Emergency Policies</li> <li><input type="checkbox"/> Potty Training</li> <li><input type="checkbox"/> Referral Benefit</li> <li><input type="checkbox"/> Nap/Quiet Time</li> <li><input type="checkbox"/> Behavior Management Policy</li> <li><input type="checkbox"/> Registration &amp; Deposits</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Tuition and Payment Fees</li> <li><input type="checkbox"/> Holidays/Sick Days/Vacation Days</li> <li><input type="checkbox"/> Arrival and Departure</li> <li><input type="checkbox"/> Meals and Snacks</li> <li><input type="checkbox"/> Supplies</li> <li><input type="checkbox"/> Business Hours</li> <li><input type="checkbox"/> Withdrawal Policy</li> <li><input type="checkbox"/> Policy Revisions</li> </ul> |
|---|--|

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature (signature indicates all items are checked)



**Child Pick-Up and Emergency Contact Information**

Child's Name \_\_\_\_\_

Please list the people (**OTHER THAN PARENTS**) who can be contacted in the event of an emergency if the parents or guardian can not be reached. Also indicate below anyone other than the parent who **DOES** have permission to pick your child up. Anyone other than the regular person who picks up your child must present photo identification for your child to be released to them. Please send a note or call before one of the listed persons picks your child up, without this your child will not be released even if they are on your contact list!



Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ HWCell(\_\_\_\_) \_\_\_\_\_ HWCell(\_\_\_\_) \_\_\_\_\_

This person is allowed to pick up with written or verbal permission from parents that day YN

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ HWCell(\_\_\_\_) \_\_\_\_\_ HWCell(\_\_\_\_) \_\_\_\_\_

This person is allowed to pick up with written or verbal permission from parents that day YN

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ HWCell(\_\_\_\_) \_\_\_\_\_ HWCell(\_\_\_\_) \_\_\_\_\_

This person is allowed to pick up with written or verbal permission from parents that day YN

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ HWCell(\_\_\_\_) \_\_\_\_\_ HWCell(\_\_\_\_) \_\_\_\_\_

This person is allowed to pick up with written or verbal permission from parents that day YN

Please list the people below who **DO NOT** have permission to pick your child up. Please list the reason or talk with a director to explain the situation.

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Reason : \_\_\_\_\_

\_\_\_\_\_

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Reason : \_\_\_\_\_

\_\_\_\_\_





# Emergency Information

Child's Name \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

Medicines Allergic To: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Other Health Conditions: \_\_\_\_\_

Child Suffers From:

\_\_\_\_ Headaches    \_\_\_\_ Earaches    \_\_\_\_ Stomach Aches    \_\_\_\_ Diaper Rash

\_\_\_\_ Other: \_\_\_\_\_

How do you want use to treat these conditions when they occur (any prescription or over the counter medication or diaper creams require a specific written permission form that we have on hand. Medications are only dispensed at 1:00PM and 3:00PM daily) \_\_\_\_\_

**The following items must also be turned in with your child's registration forms in order for your child to begin school at Paradigm Care & Enrichment Center: *PLEASE CHECK OFF & SIGN.***

\_\_\_\_ Official Immunization Records must be complete on the MCIR Database for your child to attend Paradigm. We can unofficially key in paper records. Please check with your child's health care provider to ensure that your child's immunizations are up to date on the MCIR Database, which is where we will access them.

\_\_\_\_ The Health Appraisal form in this packet signed and dated by your child's physician. These can be faxed to Paradigm at (248)363-0992 from the doctor's office within the first 20 days of enrollment.

\_\_\_\_ The completed Parent Handbook Acknowledgment Page (included in this packet)

\_\_\_\_ Emergency medical Permission Form

\_\_\_\_ Pictures/Videos Permission Form

\_\_\_\_ Bike and Tricycle Day Permission Form

\_\_\_\_ Sunscreen Permission Form

\_\_\_\_ Water play Permission Form

\_\_\_\_ I understand my child will have to have an annual health appraisal form signed by the doctor each fall.

\_\_\_\_ I understand that I will be required to fill out new emergency cards each fall.

I have provided all of the above mentioned paperwork prior to my child attending school.

**Signature** (signature indicates all items are checked)

**Date**





## Emergency Medical Treatment Permission Form

I, \_\_\_\_\_ (parent/guardian), hereby grant my consent for \_\_\_\_\_ (child's name) to be given emergency treatment by a staff member at Paradigm Care & Enrichment Center. I also give my permission for my child to be transported by car or ambulance to an emergency center for treatment. I agree to hold Paradigm Care & Enrichment Center and its employees harmless.

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

## Permission For Pictures & Videos

I, \_\_\_\_\_ (parent/guardian) hereby grant permission for \_\_\_\_\_ (child's name), to be photographed and videotaped during special events and for special projects, while at Paradigm Care & Enrichment Center. I understand that these pictures and videos are for entertainment and craft/learning related purposes as well as promotions of Paradigm Care & Enrichment Center and may be distributed to potential clients, community members, or aired on public access television.

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

## Bike and Tricycle Permission Form

I, \_\_\_\_\_ (parent/guardian) hereby grant permission for \_\_\_\_\_ (child's name), to ride on his/her bicycle/tricycle/riding toy which I have provided along with a well fitting helmet on a day designated by Paradigm Care & Enrichment Center.

**I understand that my child will only be allowed to participate if I have provided a helmet and my child agrees to wear the helmet.**

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

## Permission to use Sunscreen

I \_\_\_\_\_ (parent/guardian), hereby give my consent for staff at Paradigm Care & Enrichment Center to apply sunscreen to \_\_\_\_\_, to exposed skin areas before going outside on sunny days as directed by the sunscreen manufacturer. I understand that Paradigm will charge my account a sunscreen fee of \$10.00 (5 months May-September which is \$1.80/month) and if there is need to purchase more sunscreen during the summer months my account will be billed again. I agree to pay the sunscreen fees that are charged to my account. This fee will not apply to children who are still in Paradigm's Infant Room.

**-OR-**

I \_\_\_\_\_ (parent/guardian), do not want Paradigm Care & Enrichment Center to apply sunscreen to \_\_\_\_\_ while in attendance. I recognize that sunburns to my child pose a risk of skin damage and skin cancer. I understand that my child will be taken outside on a daily basis weather permitting. I will not hold Paradigm Care & Enrichment Center, it's owners, or staff liable for any skin damage related to sunburns.

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

## Water Play Permission

I, \_\_\_\_\_ (parent/guardian) hereby grant permission for \_\_\_\_\_ (child's name), to participate in water related activities including but not limited to water table sensory play, and sprinkler activities, water bottles, and bathing a soiled child if necessary, while at Paradigm Care & Enrichment Center. I understand these activities will be vigilantly monitored at all times.

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

\_\_\_\_\_  
Student's First Name      Last Name



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## Facebook Fan Page and Website Permission

Paradigm has FACEBOOK FAN page! This is a fun way to post pictures, videos and updates of activities that the children are enjoying during their days at Paradigm for you and our fans to see on both our Facebook Fan page and website. Before posting images, videos, your child or your child's work we need your permission. Please read and sign the form below where shown.

\_\_\_\_ Yes, I, being the parent/legal guardian of \_\_\_\_\_ do hereby consent to the use of photos, video or audio recordings of myself or of the above listed child for Paradigm Care & Enrichment Center's website or Facebook fan page. I also agree that any writing or other material in connection with Paradigm Care & Enrichment Center (including any correspondence from our family such as letters of recommendation, testimonials or outstanding student work) may be posted. I agree that all such items shall remain the property of Paradigm Care & Enrichment Center, unless otherwise noted. In addition, I waive all claims to compensation or damages based on the use of my or the above named child's image, written work, written correspondence or video/audio, by Paradigm Care & Enrichment Center. I also waive the right to inspect or approve the finished product.

\_\_\_\_ No, I, being the parent/legal guardian of \_\_\_\_\_ do not hereby consent to the use of photos, video/audio recordings, written correspondence or written student work of myself or of the above named child for Paradigm Care & Enrichment Center's website or Facebook fan page.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent

\_\_\_\_\_  
Date

### Conditions of use:

1. Paradigm Care & Enrichment Center will not include full names (which means first **AND** last name) of any child or adult in an image or video, on our websites, or printed publications.
2. Paradigm Care & Enrichment Center will only use the images of children who are suitably dressed.
3. We will not include personal information of the children or adults such as e-mail, postal address, and telephone or fax numbers on our Facebook Fan page, websites or posted pictures.

P.S. Don't forget to "Like" Paradigm Care & Enrichment Center's Facebook Fan Page! ☺

**Paradigm Care & Enrichment Center**  
**Security Deposit Agreement**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parents First and Last Name

\_\_\_\_\_  
Child's First and Last Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Enroll Date

\_\_\_\_\_

I understand that my Security Deposit in the amount of \$\_\_\_\_\_ is non-refundable when my child does not start in attendance at Paradigm Care & Enrichment Center. If my child is in physical attendance at Paradigm Care & Enrichment Center my Security Deposit will be applied towards my child's last 2 full school weeks of enrolment at Paradigm Care & Enrichment Center only when I have given notice in writing 2 full school/calendar weeks in advance. No schedule changes for my child may be made with regards to my tuition amount for those last 2 school weeks. I will be responsible for any outstanding fees I may have once my Security Deposit has been applied to my ledger with proper notice.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2011



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Directors Angela Jones and Michele Cadaret

### Yearly Health Appraisal Form

Dear Parent/Physician,  
Michigan State Licensing Rules for Child Care Centers States the following:

#### R400.5111 Children's Records

#### R400.5111 Children's Records

- (5) Within 30 days of initial attendance, 1 of the following shall be obtained and kept on file and accessible in the center:
- (a) For infants and young toddlers: A physical evaluation performed within the preceding 3 months signed by a licensed physician or his or her designee. Restrictions shall be noted.
  - (b) For older toddlers and pre-school age: A physical evaluation performed within the preceding year signed by a licensed physician or his or her designee. Any restrictions shall be noted.
- (6) Physical evaluations shall be updated as follows:
- (a) Yearly for infants and young toddlers.
  - (b) Every 2 years for older toddlers and pre-school age.
- (7) The center shall assure that if a parent objects to a physical examination or medical treatment on religious grounds, then the parent provides a signed statement annually that the child is in good health and that the parent assumes responsibility for the child's state of health while at the center.

A new physical completed within the proceeding year is needed for children over 2 ½ years old. For children under 2 ½ years old a new physical must be completed within the proceeding 3 months of enrollment.  
This form is need within the fist 30 days of enrollment.

Child's name \_\_\_\_\_ Birth Date \_\_\_\_\_

#### THE FOLLOWING MUST BE FILLED OUT BY THE PHYSICIAN:

Date of Last Annual Physical \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_

The above named child is in good health. \_\_\_\_\_ Yes \_\_\_\_\_ No  
If you answered no, what accommodations must be made for the child? \_\_\_\_\_

The above named child is up to date with immunizations, which are logged into the MCIR database as complete or provisional.

\_\_\_\_\_ Yes \_\_\_\_\_ No **MCIR ID#** \_\_\_\_\_

We prefer that all immunizations are officially logged into MCIR by your child's Health Care Provider. We can log immunizations into the Database at Paradigm if necessary from a paper record which you provide for us.

If you are a Health care provider and have any questions or concerns about the MCIR database, please contact the MCIR help desk at (888)-243-6652

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Physician's office stamp  
(Required for authenticity)

#### OFFICE USE ONLY

- EZ-CARE
- MCIR

Date of Admission		Allergies		<b>CHILD INFORMATION RECORD</b> <b>STATE OF MICHIGAN</b> Department of Human Services Bureau of Children and Adult Licensing							
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. 9-09) Previous editions 3-08, 10-07, & 1-06 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, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, 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.