

Paradigm Care & Enrichment Center Registration Forms

CHILD BASIC INFORMATION

Child's First Name	Middle Name	Last Name	Age yrs/mos.	Birthdate mm/dd/yyyy
Address		City	State	Zip
Application Date		Expected Start Date		
Schedule:				
Mon	Tues	Wed	Thurs	Fri
: to :	: to :	: to :	: to :	: to :
Class: <input type="checkbox"/> Infant (6wks-walking) <input type="checkbox"/> Mobile Toddlers (walking -2)				
<input type="checkbox"/> Young Bridger (2-2 ½ years) <input type="checkbox"/> Old Bridger (2 ½ until preschool)				
(Had to be 3 on or before September 1 st of current school year): <input type="checkbox"/> 3 Year Old Preschool Full Days <input type="checkbox"/> 3 Year Old AM Preschool T/R 9-11:30AM				
(Had to be 4 on or before September 1 st of current school year): <input type="checkbox"/> 4 Year Old Preschool Full Days <input type="checkbox"/> 4 Year Old AM Preschool M/W/F 9-11:30AM				

PARENT 1/GUARDIAN INFORMATION

First Name	Last Name	Home#	Cell #
Address		City	State
Driver's License Number		State	
Place of Employment			
Work Address		City	State
Work Phone		Work Hours	Title
How did you hear about us?		OFFICE USE: KeyCard#	PIN#

PARENT 2/GUARDIAN INFORMATION

First Name	Last Name	Home#	Cell #
Address		City	State
Driver's License Number		State	
Place of Employment			
Work Address		City	State
Work Phone		Work Hours	Title
How did you hear about us?		OFFICE USE: KeyCard#	PIN#

CHILD MEDICAL INFORMATION

Allergies: Yes No Comment: _____

Please attach Doctor's written diagnosis of allergy

(____)

Doctor's Name

Office Name

Phone Number

(____)

Dentist's Name

Office Name

Phone Number

Insurance Company

Policy Number

Primary Insured

Regular Medications

Child Suffers from: Diaper Rash Headaches Earaches Stomachaches
Other _____

How do you want us to treat these conditions when they occur? (any prescription or over the counter medication, diaper or topical creams require a specific written permission per state licensing form that we have on hand.)

Over the counter medication not dosed for your child's age requires a doctor's written dosing and administration instructions.

Medications are **only dispensed at 1:00PM and 3:00PM** daily _____

AUTHORIZATION FOR MEDICAL TREATMENT

We, _____ and _____ parents and or legal guardians of _____ authorize for emergency purposes the named child be transported by ambulance if necessary and consent to any necessary examination, medical treatment, or anesthetic from a licensed first responder, physician, or surgeon.

List any special medical history, medication, or medication allergies for your child.

AUTHORIZATION

Parents and Legal Guardians Signatures (ALL)

Date

For emergency purposes we may evacuate the premises. A text alert from REMIND will go out to all parents who have signed up for text alerts. (Directions for REMIND will be given to your on your child's first day. All parents are required to sign up for REMIND)

Our emergency evacuation site is McDonalds in Waterford and the Funeral Home next door in Canton.

Parents and Legal Guardians Signatures (ALL)

Date

PARENT INFORMATION

Parents are: Married Separated Divorced Single Living Together Widowed

Names of Parent(s)/Guardian(s) with legal custody: _____

EMERGENCY CONTACTS (Not Including Parents)

Please list the people (**OTHER THAN PARENTS**) who can be contacted in the event of an emergency if the parents/guardians cannot be reached. Also indicate below anyone other than the parents/guardians who **DOES** have permission to pick your child up. Anyone other than the parents/guardians who picks up your child must present photo identification for your child to be released to them. Parents/guardians may have to show photo ID as well if the teacher has not met you.

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 the contact list below!

_____ () _____ () _____ ()
 First Name Last Name Relationship to child Home# Work# Cell#
 This person is allowed to pick up with written or verbal permission from parents that day? Y N

_____ () _____ () _____ ()
 First Name Last Name Relationship to child Home# Work# Cell#
 This person is allowed to pick up with written or verbal permission from parents that day? Y N

_____ () _____ () _____ ()
 First Name Last Name Relationship to child Home# Work# Cell#
 This person is allowed to pick up with written or verbal permission from parents that day? Y N

ALTERNATE PICK UP WAIVER (No note or verbal permission required for release)

We, _____ give permission to _____ to pick up our child, _____,
(Parents/Guardians) (Person Allowed to pick-up) (Child's Name)
 at any time from Paradigm Care & Enrichment Center without a note or a verbal communication from us on any given day. I understand that the above named person may be asked for photo identification each time upon entering the building and have advised him/her to carry it when entering.

 Parents and Legal Guardians Signatures (ALL) Date
 This form must be on file for us to release your child without a note or verbal permission from you each time. Please understand that this is in the best interest and safety of your child. Unfortunately most child abductions happen with a family member and for this reason we are sure that you appreciate our extra security measures when it comes to your child. Without this form we will try calling you, but will not release your child unless we have reached you by phone if someone other than you or the person listed above comes to pick up.

Please list anyone who is NOT allowed to pick-up (If it is a parent we must have a court sealed document)

First Name	Last Name	Relationship to child	Reason:
First Name	Last Name	Relationship to child	Reason:
First Name	Last Name	Relationship to child	Reason:

Facebook Fan Page and Website Permission

Paradigm has a 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, we, being the parents/legal guardians 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, we, being the parents/legal guardians 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. I understand my child's face may be blurred out in a picture that is posted, or my child may be asked to step out of a photo opportunity for our pages.

Parents and Legal Guardians Signatures (ALL)

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! ☺

Permission Slips

PHOTOGRAPHS/VIDEO

We, Parents/Guardians 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 art 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.

Parents and Legal Guardians Signatures (ALL)

Date

BIKE/TRIKE/RIDE ON TOY

We, Parents/Guardians 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.** (Paradigm hosts a St. Jude Children's Research Hospital Trike-A-Thon Fundraiser each May. Your child will ride that day if in 3 or 4 year old preschool and has the opportunity to raise money for St. Jude.)

Parents and Legal Guardians Signatures (ALL)

Date

SUNSCREEN (CHOOSE ONLY ONE)

We, Parents/Guardians of _____ (child's name), hereby give our consent for staff at Paradigm Care & Enrichment Center to apply sunscreen to exposed skin areas before going outside on sunny days as directed by the sunscreen manufacturer. I understand that Michigan State Day Care Licensing laws require I sign a new permission form for this annually and that Paradigm will charge my account a sunscreen fee of \$10.00 the first week of May (5 months May-September which is \$2.00/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-

We, Parents/Guardians of _____ (child's name), do not want Paradigm Care & Enrichment Center to apply sunscreen to the named child 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/skin cancer related to sunburns.

Parents and Legal Guardians Signatures (ALL)

Date

WATERPLAY

We, Parents/Guardians hereby grant permission for _____ (child's name), to participate in water related activities including but not limited to water table sensory play, sprinkler activities, water bottles, and bathing a soiled child if necessary while at Paradigm Care & Enrichment Center. Per state licensing rules, no pools or submergible water play will take place. I understand these activities will be vigilantly monitored at all times.

Parents and Legal Guardians Signatures (ALL)

Date

PLEASE HELP US OUT How did you hear about us:

- TV AD Drive-by Mailing Referral's Name _____
 Internet Search Yellow Pages Other _____

Paradigm Care & Enrichment Center Enrollment Agreement

Child's Full Legal Name _____

Date of Birth _____

Parent 1's Full Legal Name _____

Parent 2's Full Legal Name _____

Please initial each section below then sign and date the last page.

I have enrolled my child in the following program:

<input type="checkbox"/> Infant - 6 weeks old-walking (Weekly=\$214.00 Daily=\$61.00 or the current rate)
<input type="checkbox"/> Mobile Toddlers - walking-2 years old (Weekly=\$214.00 Daily=\$61.00 or the current rate)
<input type="checkbox"/> Young Bridger - 2-2 ½ years old (Weekly=\$214.00 Daily=\$61.00 or the current rate)
<input type="checkbox"/> Old Bridger - 2 ½ until eligible for preschool during current school year (Weekly=\$202.00 Daily=\$58.00 or the current rate)
(Had to be 3 on or before September 1 st of current school year):
<input type="checkbox"/> 3 Year Old Preschool Full Days (Weekly=\$182.00 Daily=\$56.00 or the current rate)
<input type="checkbox"/> 3 Year Old Preschool T/R AM from 9:00-11:30AM (Weekly=\$50.00 or the current rate)
(Had to be 4 on or before September 1 st of current school year)
<input type="checkbox"/> 4 Year Old Preschool Full Days (Weekly=\$177.00 Daily=\$54.00 or the current rate)
<input type="checkbox"/> 4 Year Old Preschool M/W/F from 9:00-11:30AM (Weekly=\$69.00 or the current rate)

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____
 ____:____ to ____:____ ____:____ to ____:____ ____:____ to ____:____ ____:____ to ____:____ ____:____ to ____:____

My security deposit equal to 2 weeks of my tuition rate is \$

My weekly tuition is \$ (or the current rate) and is due on _____ DAYS (my child's first scheduled day in attendance each week by 11AM even if my child will be absent due to vacation or illness.

I understand that Tuition Rates may change with reasonable notice as required by the program.

Initials (ALL)

TUITION DUE:

Weekly tuition is due on your child's first scheduled day of attendance by 11AM. Payments made after 11AM will have a \$10 per day late fee applied until all tuition including late fees have been settled. Checks may be placed in the payment mailbox located in the lobby or cash is accepted in the office. You may also pay by Visa or MasterCard. If your child will be absent please call in a credit card payment by phone during office hours. Parents receiving FIA Reimbursement from the state or other third-party reimbursement are responsible for paying any portion that is not covered by FIA or the third-party agency.

Initials (ALL)

TUITION CLOSINGS:

There will be no discounts or refunds for absences due to illness, holidays/vacations days, staff development days, inclement weather closings, building problems, natural or man-made disasters. Paradigm is closed the following Holidays: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day, Christmas Eve at Noon, Christmas Day, New Year's Eve at Noon. Paradigm may close for staff development with a two weeks' notice provided to parents. Paradigm's intention is to remain open to provide services every weekday of the year excluding Holidays, however inclement weather, natural or man-made disaster or a building issues may force the center to close or delay opening. I agree that if the center is closed I will be responsible for tuition and no discounts or refunds will be given. If there is a delayed opening I will receive a text alert via REMIND and will not arrive before that time.

Initials (ALL)

TUITION VACATIONS/ABSENCES:

I understand that weekly tuition includes breakfast if my child is at PCEC by 7:45AM, a mid-morning snack, lunch, and an afternoon snack. (1 snack only for AM preschool only students) Paradigm Care & Enrichment Center will require all parents obligate themselves to their entire tuition on a weekly basis. Should you decide to keep your child home for any reason, you will be required to pay your tuition in full for the period of the absence as part of this signed agreement with us. Your child cannot reenter the center without this payment in full. ATTORNEY FEES AND COST FOR COLLECTIONS: Parent herein agrees that in the event Paradigm Care & Enrichment Center is forced to take action to collect any amount of unpaid tuition, then, and in that event the parents will be responsible and hereby agrees to reimburse Paradigm Care & Enrichment Center for any and all attorney's fees, filing fees, and/or cost associated with any collection efforts made by Paradigm Care & Enrichment Center whether individually or through legal counsel or collections, against the parents/guardians.

Initials (ALL)

SECURITY DEPOSIT

We understand that a Security Deposit of two weeks tuition will be due upon signing and execution of this agreement. The security deposit will be applied towards paying my child's last two weeks of tuition if we provide sufficient two full school weeks' notice in writing on a MONDAY using Paradigm's Withdraw/Change of Schedule Form. We understand that if my Security Deposit does not cover our last two weeks of tuition we will be responsible for paying the balance. Security deposits are non-refundable when a spot has been held for a student who does not begin attendance with Paradigm Care & Enrichment Center after signing this agreement. Security deposits adjust to match any schedule or tuition rate changes for our child while in attendance. Parents receiving FIA Reimbursement from FIA via the state of Michigan shall have their Security Deposit waived because the final two weeks will be reported and thus paid.

Initials (ALL)

RETURNED CHECK FEE:

A \$25 returned check fee will be charged to my account for Non-Sufficient Funds charges. I may be required to pay in cash or by credit card or money order thereafter.

Initials (ALL)

WITHDRAW/SCHEDULE CHANGE

A mandatory **2 full school weeks' notice in writing** on Paradigm's Withdraw/Change of Schedule Form is required in order to make any schedule changes for my child including withdraw. All schedule changes are subject to approval by the Directors. If your child needs to attend on a day they are not normally scheduled, you must contact a Director to see if there is room for your child for the additional days. Your account will be charged for additional days. For staffing reasons, we are not able to swap days you have schedule for non-scheduled days but if ratios allow, we can add days. Withdrawal forms are located in the lobby and cubby areas.

Initials (ALL)

LATE PICK-UP

There will be a \$1.00 per minute late pick up fee for each child you have enrolled if your child(ren) is in attendance after our 6:00PM closing time. The time visible on the sign in/out clock in the lobby upon your exit from the building is what you will be responsible for paying in cash to the teacher for babysitting my child(ren) past closing time. The same fees apply for parents picking up morning preschoolers after preschool ends at 11:30AM or afternoon preschoolers after 3:00PM. This charge is to be paid at the time of pick up. I further agree that if I fail to pick up my child for more than 30 minutes past the 6:00PM closing time or have not contacted the school within 30 minutes of closing time, police or local authorities will be called.

Initials (ALL)

ITEMS REQUIRED

We will be required to provide formula, baby food, baby cereal, diapers, wipes, a tight fitting crib sheet, a child blanket for a cot, and if we desire pillow no bigger than a travel size pillow with a removable pillowcase, extra clothing including socks and underwear in a Ziploc bag, and indoor shoes that remain on site. PLEASE LABEL EVERYTHING!

Initials (ALL)

NO FOOD ENTERING BUILDING

With the exception of baby food for our infant room, Paradigm supplies all snacks and meals. We have children with severe allergies enrolled in our program that we have to keep safe. For this reason with the exception of baby food, or food brought in for doctor diagnosed food allergies **NO FOOD should enter our building at any time.** A crumb dropped on the floor could be life threatening to a child with allergies. Breakfast foods should be finished in the car before entering the building and not carried in and finished inside the building, including the lobby.

Initials (ALL)

SUNSCREEN

We will be required to sign an annual Sunscreen Permission/Waiver Form per state licensing. If we do not waive sunscreen application for our child, We will be required to pay a \$10.00 sunscreen fee the first week of May which includes May-September and possibly again in the summer for my child. (Infants parents must sign permission but fees will not apply until the child is one year of age) These fees will be applied to my account the first week of May and possibly again during the sunny season as needed.

Initials (ALL)

HEALTH APPRAISAL/IMMUNIZATIONS

Per state licensing our child must have a Health Appraisal Form signed by a doctor annually until our child is 30 months old, then a Health Appraisal form is required signed by the doctor every two years in attendance. Immunization must be kept up to date in the MCIR database or a Certified Waiver from the Health Department must be on file for a child to remain in attendance. We agree to keep our child home if he/she could have a communicable disease, and pick our child up from school within one hour should symptoms of a communicable disease arise while in attendance. We must report all communicable diseases that have been diagnosed by a doctor to the school so they can be reported to staff and confidentially to all other parents.

Initials (ALL)

KEYCARDS

KeyCards should only be used by the person they are issued to and never given to a person who will be picking up your child for you. This is for your child's safety. KeyCards can be damaged by heat such as going through the dryer or being left in a hot car. They can also be damaged by contact with a magnet. Lost or damaged KeyCards can be replaced for \$5.00. It is important that you remember to bring your KeyCard with you daily. Teachers may be unable to leave their class to release the door for you. KeyCards must be turned in upon withdraw from our program.

Initials (ALL)

NON-COMPETE

We understand that Paradigm Care & Enrichment Center has a Non-Compete Clause for its employees. Parents may not employ Paradigm Care & Enrichment Center employees during any hours of Paradigm Care & Enrichment Center's hours of operation or within two years of their termination or resignation of employment.

Initials (ALL)

PHOTOGRAPHS

We give Paradigm Care & Enrichment Center permission to photograph and video tape our child during special events/in-house field trips and for special projects at Paradigm Care & Enrichment Center. We understand that these pictures/videos are for entertainment, craft/art projects in class, and learning related purposes, as well as promotions and marketing for Paradigm Care & Enrichment Center. These items may be distributed to potential clients, community members, or aired on television.

We understand that we are allowed to photograph or video tape while we are on Paradigm Care & Enrichment Center's premises. We shall use any photos or videos we take on premises for lawful private home use and will not publish to social media including FaceBook etc., sell or publically display these items.

Initials (ALL)

STATE DAY CARE LICENSING/ PARADIGM POLICIES

We will cooperate with the policies that are set by the State of Michigan Department of Human Services Bureau of Children and Adult Licensing as well as policies that are set by Paradigm Care & Enrichment Center as outlined in the Parent Handbook or provided to me through other communications. PCEC maintains a licensing notebook of all inspection reports, special investigation reports and all related corrective action plans. This notebook is 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 Children and Adult Licensing website at www.mich.gov/childcare

Initials (ALL)

ENROLLMENT

We understand that the completion and execution of our agreement forms and any payments made to the center is not a guarantee of enrollment or continued enrollment at Paradigm Care & enrichment Center. Our child may be refused enrollment or may be dis-enrolled at any time, with or without notice when it is believed at the sole discretion of Paradigm Care & Enrichment Center that refusing or discontinuing enrollment is in the best interest of our child, the staff, the center, or other children in Paradigm's care.

Initials (ALL)

DAILY SIGN IN/OUT

We agree to sign our child in and out every day on the computer in the lobby at Paradigm or on the paper sign in/out sheet provided. We understand that our child is not allowed to sign him/herself in or out on the computer, nor will we allow a school age sibling to use the sign in/out computer. We understand that we are required to enter Paradigm upon drop off and pick up and that we must escort our child to and from the designated classrooms or to my vehicle. Once we are in the building at pick-up time our child must stay with us and not wander the building while we are speaking with a teacher or other parents.

Initials (ALL)

PARENT/CHILD INFORMATION

We agree that it is our responsibility to provide Paradigm Care & Enrichment Center with any changes to our or our child's personal information. This includes, but is not limited to place or work, hours of work, phone number of work, home and cell phone numbers, addresses, child's medical conditions, authorized pick-up persons, we understand that the center is not responsible for errors or claims resulting in my failure to provide updated personal or child information in writing.

Initials (ALL)

MEDICATION

We understand that Paradigm Care & Enrichment Center is not obligated or required to administer over the counter or prescription medication. If medication is to be administered during the day we must fill out the proper MEDICATION FORM. We understand medication must come to school in it's original packaging complete with dosing instructions. We understand that if **over the counter medication does not give dosing for our child's age on the package, we must provide written instructions form a licensed physician.** We understand that we must strictly follow these policies regarding the administration of medication and that Paradigm Care & Enrichment Center may refuse to administer medication at any time without notice at the discretion of the center.

Initials (ALL)

ILLNESS

We will be notified should our child become ill during the day and one of us will pick up our child within one hour of such notification. If our child becomes ill with a contagious disease that has been diagnosed by a licensed physician, we will notify the center. We understand that our child will not be permitted to return until fever/symptom free without fever-reducer medication for 24 hours or unless we provide written instructions from a licensed physician stating that our child is **no longer contagious** and may return to school. We will follow Paradigm's health policy set by Oakland County Health Department which is provided in the Parent Handbook (found at www.paradigmchildcare.com) for exclusion from school.

Initials (ALL)

PERSONAL ITEMS

We will clearly label all of our child's tems such as clothing, backpacks, blankets, sheets, and other personal items with his/her name or initials. We understand that Paradigm Care & Enrichment Center is not responsible for lost or damaged personal items. Toys, candy, money, balloons and toy weapons of any kind are prohibited and should be left at home. Paradigm Care & Enrichment Center cannot be responsible for these items if brought into the center and reserves the right to remove any item deemed as a distraction to learning or as harmful. Children 4 and older may be permitted to bring an electronic device with headphones for rest time. Paradigm Care & Enrichment Center is not responsible for lost or damaged electronic devises.

Initials (ALL)

RELEASE OF CHILD TO NON-PARENT/NON-GUARDIAN

We understand that if someone other than ourselves will be picking up our child we will provide a note that day or give verbal permission over the phone. Paradigm Care & Enrichment requires all authorized people other than parents picking up a child to show a valid driver's license. Paradigm Care & Enrichment Center has the right to refuse release to an authorized non-parent/guardian or to myself who fails to use the sign in/out policy or who appears in the discretion of the staff unable to safely transport my child. We understand that no person under the age of 18 including siblings or other family members may pick up my child from the center. Police or local authorities will be called if any person picking up appears un-safe or who is observed to not have the proper child safety restraints in their vehicle

Initials (ALL)

SAFETY

Our staff emphasizes safety at all times. Because the attendees will be engaged in active play you must initial this damage waiver in order for your child to attend and participate at Paradigm Care & Enrichment Center. We understand that our child's Health Appraisal Form signed by a physician means that our child's health is in well condition to attend and participate in all activities at Paradigm Care & enrichment Center. We understand and agree that while all reasonable safety precautions are taken there is a risk of injury to our child. We agree that Paradigm Care & Enrichment Center and its members shall not be liable to our child or us for any claims, demands, injuries, damages, or actions arising due to injury to student's persons or property arising out of or in connection with the use by our child of the services, facilities, and premises of Paradigm Care & Enrichment Center. We and our child hereby hold Paradigm Care & Enrichment Center its officers, owners, agents and employees harmless from all claims which may be brought against them by student or on student's behalf for any such injuries or claims.

Initials (ALL)

INSPECTIONS AND CHILDREN COMMUNICATION AND CHILD RECORD

We understand that Michigan Child Day Care Licensing, Child Protective Services or Social Services has the authority to interview staff, and children or to inspect our facility or to audit child records or facility records at any time without prior notice or consent from Paradigm Care & Enrichment Center or myself.

Initials (ALL)

NAP/REST TIME

Per the State of Michigan Child Day Care Licensing Rules, there is a required rest/nap period each day. Some children will sleep other may not sleep but will need to remain on a cot to rest with a quiet activity such as books. It is a quiet time in the building so that those who require a nap have the opportunity to sleep without noise. Each child is assigned his/her own cot for the duration of enrollment and should bring a small blanket and if desired, a travel sized pillow with a removable pillow-case. Items will be sent home at the end of each week to be laundered and should be returned to school the following week.

Initials (ALL)

BIRTHDAYS

Paradigm loves to celebrate birthdays! If you would like to send a treat for your child's birthday please contact his/her teacher one week in advance. Cupcakes are prohibited at Paradigm Care & Enrichment Center. (The kids really don't like them, and they are very messy) A nutritious food is encouraged that has been purchased by a licensed food provider is a must. We are a NUT-FREE school.

Initials (ALL)

ACCIDENT REPORTS

We understand we will be notified via written accident report of any accidents, or injuries that occur with our child during the day, will sign the form and return it to the office. Illnesses of our child during the day will be reported to one parent via telephone as they occur. Doctor diagnosed illnesses of students or staff will be posted to all families via the sign in/out TimeClock in the lobby.

Initials (ALL)

PEST CONTROL POLICY

Each year Paradigm Care & Enrichment Center may apply pesticides inside or outside of our facility as a preventative measure. If this occurs we will be notified in writing as well as on the sign in/out TimeClock in our lobby at least 48 hours in advance. This notification will include information about the pesticide, including the target pest or purpose, approximate location, and the date of application. Please speak with a Director if you have any questions. For additional information pertaining to pesticide use, you can contact the Michigan Department of Agriculture and Rural Development (MDARD). The MDARD's web site is www.michigan.gov/mdard and a contact phone number for MDARD is 800-292-3939.

Initials (ALL)

PARENT AGREEMENT/USE OF REMIND TEXT ALERTS PARENT AGREEMENT/USE OF REMIND TEXT ALERTS

It is our responsibility to maintain our own personal copy of this agreement as well as our enrollment paperwork. We have read, understand and agree to the policies. No terms of this agreement may be altered or revised, modified or deleted by any person with the exception of Paradigm Care & Enrichment Center with regards to a policy change, and/or a tuition rate change for which we have been notified. When we receive our KeyCards we will be given instructions for signing up for REMIND TEXT ALERTS. We will promptly sign up for our child's class through REMIND so that we can receive Emergency Text Alerts as well as timely reminders for our child's class.

Initials (ALL)

We have reviewed an initialed all policies not limited to this agreement but also stated in the Parent Handbook and those set by the State of Michigan. We will comply with these stated policies. Policies in this contract will replace all other previous documents.

Parents and Legal Guardians Signatures (ALL)

Date

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code)	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code)	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	Birth History:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	If yes, list medications:
			Reason for Medication	
			_____ / /	Was the health history reviewed by a health professional?
			<i>Parent/Guardian Signature</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Examiner's Initials:</i> _____
			Date	

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION	Visual Acuity				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT	Height			
		Date: / /	Muscle Imbalance						Weight				
			Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	Other			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING	Audiometer				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT				
		Date: / /	Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	BLOOD PRESSURE	Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS	Sugar				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN	Type: _____			
		Date: / /	Albumin						Date: / /	Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
			Microscopic										
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL	Level _____ ug/dl				NOTE: Blood lead level required 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 listed above.						
		Date: / /											

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2			1	3
DTaP/DTP/DT/Td	1	4	Influenza (IIV/LAIV)	2	4
	2	5		Meningococcal (MCV4 / MPSV4)	1
	3	6	Human Papillomavirus (HPV4/HPV2)	1	3
Tdap	1		2		
Haemophilus Influenzae type b (HIB)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Polio (IPV/OPV)	1	3		2	
Pneumococcal Conjugate (PCV7/PCV13)	2	4	3		
	1	3	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
Rotavirus (RV1/RV5)	2		*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your child's school or local health department.		
	1	3			
Measles, Mumps, Rubella (MMR)	2		Parent/Guardian refused immunizations: <input type="checkbox"/>		
	1	2	History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____		
Varicella (Chickenpox)	1	2	I certify that the immunization dates are true to the best of my knowledge		
_____			_____ / ____ / ____		
Health Professional's Signature			Title		
			Date		

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ child's name _____'s teeth. As a result of this examination, my recommendation for treatment is: _____

_____ Dentist's Signature _____ Date _____

PHYSICIAN'S SIGNATURE

_____ Examiner's Signature _____ Date _____ Examiner's Name (Print or Type) _____ Degree or License _____

_____ Number & Street _____ City _____ MI _____ ZIP Code _____ Telephone _____

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Departments of Human Services, Education, Community Health, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.