



Discovery Preschool Registration Forms

Early Learning education in our Discovery Preschool is available at Croswell Children's Center for young children 12 months/walking through 5 years. The hours of operation are 6:30a.m. to 5:30p.m. Monday through Friday and follow the Romeo Community Schools district calendar. There are several weeks that the programs may be closed (Thanksgiving, winter break, mid-winter or spring break). Care may be available during those breaks, if staff are available and parents will be notified. Tuition is not charged for snow days, professional development days, holidays, or district breaks. Croswell offers a summer program that can be for 6-8 weeks, depending on the district school calendar. Registration for summer occurs in April.

Romeo Community Schools Discovery Preschool program and caregivers are qualified by the State of Michigan to teach young children. Each program uses the High Scope Curriculum and Michigan Department of Education Standards to guide their observations, assessments and planning. The Discovery Preschool programs are designed to provide a safe and nurturing environment while promoting the physical, social, emotional and intellectual development of young children. We strive to create a responsive, relaxed, positive and intellectually stimulating atmosphere. Certain regular periods of each day emphasize opportunities for self-initiation and types of play and other time periods offer teacher-directed group activities. Other routines in a daily schedule are snack time, clean-up time, lunch/ rest time, etc. The Early Childhood Services programs consider every segment of the day to be important in the total program, each offering the children unique opportunities for growth and learning. **A \$50.00 non-refundable registration fee + 1 week tuition must accompany this form.**

Programs Offered:

Discovery Toddlers- 12 months & walking to 2 ½ years old

Preschool Prep- 2 ½ years to 3 years old. Can be in the process of toilet training

Discovery 3 & Discovery 4- Children have to be 3 or 4 by September 1st.

They must be toilet trained to start either program.

Croswell Early Childhood Center

175 Croswell Street

Romeo, Michigan 48065



Weekly Rates

Days	2	3	4	5
Toddlers	\$130	\$165	\$200	\$230
Preschool Prep Half Days (8-1)	\$80	\$100	\$120	\$135
Preschool Prep Full Days	\$125	\$160	\$195	\$225
Discovery 3 & 4 Half Days (8-1)	\$75	\$95	\$115	\$130
Discovery 3 & 4 Full Days	\$115	\$150	\$185	\$215

Registration Information

Parent/Legal Guardian _____ Phone _____

Parent/Legal Guardian _____ Phone _____

Child's Name: _____ Birthdate: _____ Program: _____

Child's Name: _____ Birthdate: _____ Program: _____

Child's Name: _____ Birthdate: _____ Program: _____

Address, City, Zip code _____

Email: _____ Email: _____

Parent signature: _____ Date: _____



Daily Schedule

Child's Name: _____ Program: _____

Child's Name: _____ Program: _____

Child's Name: _____ Program: _____

Child/ren scheduled below (days and times):

6:30a-5:30p	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Arrival Time					
Departure Time					

Tuition due each week is:

Child: _____ is \$ _____ Child: _____ is \$ _____

Child: _____ is \$ _____ Weekly: \$ _____

Your schedule is considered a commitment regardless of attendance. No credits will be given for cancellations.

Parent Signature: _____ Date: _____

Office Staff: _____ Date: _____

FOOD, BEVERAGE, DIAPERS, WIPES

I _____ will be responsible for providing a nutritious lunch, beverages, diapers and wipes (if necessary) for my child/ren.

Parent Signature _____ Date _____



All About Me (1 for each child)

Child's Name _____ Birthdate _____

Nickname or name that you would like your child to learn to write: _____

Child lives with:

Both parents _____ Mom _____ Dad _____ Joint _____ Other _____

Custody Arrangements: Yes ___ No ___ *FOC legal document may need to be required

Siblings/ages: _____

Pets? _____ Things your child like to do: _____

Has your child been a part of other child programs before Crosswell (childcare, nursery programs, church programs, play groups, etc). Yes No Type: _____

List any special medical, physical, or emotional needs that the teachers need to be aware of?

Is your child toilet trained? Yes No

Do you feel your child's speech is clear? Yes No

Can other adults besides the parent/legal guardian understand when he or she speaks?

Yes No

Is any language other than English spoken in the home? If so what? _____

How does your child soothe or calm down when upset or angry? _____

How do you want your child to benefit from attending our program?

Parent signature: _____ Date: _____

Teacher Signature: _____ Date: _____



Payment Agreement

Child's Name (print) _____ Program: _____

Child's Name (print) _____ Program: _____

Child's Name (print) _____ Program: _____

Pay in Advance Policy

Registration fee and two weeks tuition is due before enrollment can begin. Parents or legal guardians need to submit a payment based on the schedule of attendance for care or preset tuition amount. Tuition payments are due on or before Friday for the upcoming two weeks.

THERE ARE NO REFUNDS FOR OVERPAYMENT.

1. I understand that the Early Childhood Programs are non-profit self supporting programs
2. I understand that my child's account from the previous school year and or summer must be in good standing or I cannot register my child for any program.
3. I agree to pay the annual registration fee of \$50.00 per child which is non refundable.
4. I agree to pay Romeo Community Schools for my child's tuition each week.
5. I understand that I must pay for my child's scheduled days regardless of attendance including illness and vacation.
6. **I understand that if my child's account is not at a "\$0 balance" and becomes 2 weeks delinquent, my child will be excluded from the program until full payment is made.**
7. I understand my payment option is using Tuition Express through ProCare, this is a pay online system. Paying by credit/debit card is also available in person or over the phone.
8. I understand that if I have joint custody of my child and I share financial responsibility for tuition payments, there will be two separate accounts, one for each parent. Registration fee will be split in half and charged to separate accounts respectfully.
9. I understand that the Discovery Preschool program closes at 5:30pm. and I understand that I will be charged a late fee of \$15.00 per 15 minute increments after 5:30p.m.
10. I understand that I will be charged a \$25.00 NSF fee for returned fees.
11. In the event that collection efforts become necessary, I agree to pay any and all collection costs, reasonable attorney fees, and court costs.
12. I understand the parent that is listed on the Registration Form is considered to be the person responsible for full payment.

Parent/Guardian Signature _____ Date _____



Policy Agreement

Child's Name: _____ Program: _____

Child's Name: _____ Program: _____

Child's Name: _____ Program: _____

Program: **Discovery Preschool**

1. I agree to sign in and or out my child each time I drop off and/or pick up my child.
2. I agree to call the program/site to inform staff whenever my child will be absent. If my child is ill, I will not send my child to his/program/class and will make alternate arrangements.
3. I will complete all enrollment forms and supply other necessary documents. I will keep all information current and up to date.
4. I will read all communications, i.e. newsletters, emails, Procure, and bulletin boards.
5. I agree and assume full responsibility for any damage to person or property caused by my child.
6. I agree that if the behavior or health of my child should necessitate sending him or her home, I or someone on my child information record will IMMEDIATELY pick up my child from his or her program.
7. I understand that if my child has a persistent pattern of negative behavior and interventions have not been successful, I may be asked to remove my child from the program.
8. I understand there may be field trips or special activities which I must sign up for and pay for in advance.
9. My child may be photographed or videotaped while participating in RCS Early Childhood programs. Photographs and or videotapes may be used for program projects, promotion, district websites, or staff training.
10. I have read the RCS Early Childhood Programs handbook which includes program policies, disciplinary procedures, and payment information. I will discuss the rules, regulations, and expectations of the program with my spouse & child, if appropriate.
11. In the event of an emergency, I give permission to RCS Early Childhood programs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. The staff member in charge shall make reasonable attempts to contact me prior to any emergency medical treatment.
12. My child has permission to use Romeo Community Schools playground equipment while participating in the Early Childhood programs. The equipment has been inspected and approved for Discovery preschool programs.
13. I have been informed that we maintain a Child Care Licensing notebook which is available to view during business hours in the front office.
14. I have read, understood and agreed to all of the above. If I have any questions or concerns I will contact the Child Development Director 586.752.0314.

All policies, procedures and staffing related to the Early Childhood Services programs are under the discretion of the Child Development Director.

Parent Signature _____ Date: _____



Child Ratios/ Parent Handbook

Child's Name: _____ Birthdate: _____

Child's Name: _____ Birthdate: _____

Child's Name: _____ Birthdate: _____

(please initial in the correct line below, if your child is between 2.9 years and 3 years old; or 45 months and 48 months and you agree with these statements)

_____ If my child is 33 months, I am ok with having my child in the 3 year old Discovery preschool class and be included in the 1:10 ratio (2.6 - 3 years is 1:8 adult to child ratio)

_____ If my child is 45 months, I am ok with having my child in the 4 year old Discovery preschool class and be included in the 1:12 ratio (3 yrs is 1:10 adult to child ratio)

SACC Programs

Child's Name: _____ Birth Date: _____

_____ If my child is 57 months old, and in a Kindergarten classroom, that is apart of an elementary school, I am allowing my child to be part of the group size of 1:18 (4 year old ratio is 1 adult to 12 children)

1st Day items:

- | | |
|---|--------------------------------------|
| _____ Nap items (if applicable) | _____ Labeled water bottle |
| _____ Extra set of clothes Fob | _____ Lunch (ice pack if applicable) |
| _____ Option to buy hot lunches from school. \$4.63 | |

Parent Signature: _____ Date: _____

Teacher: _____ Date: _____

Office staff: _____ Date: _____

BRING THIS LAST PAGE SIGNED WITH ALL REGISTRATION PAPERS



Illness Policy

- Croswell Children's Center is an early learning facility, where learning through play occurs throughout their daily experiences of art, music, stories, dramatic play, building blocks, large motor, etc.
- Croswell Children's Center does not provide one on one care as a nanny or babysitter would in someone's home; where a child can sleep or rest if not feeling well.
- Croswell Children's Center expects parents to keep their child/ren home when their child/ren isn't feeling well. Please call the front office to notify your child's absence. The office number is 586.752-0314. Please state the child's name, the teacher's name, and the reason for the absence.
- Croswell Children's Center will send a child home if he/she becomes ill throughout the day based on the symptoms listed. The parents, legal guardians, or emergency contact person will pick up the child and sign the illness form.

Symptoms

- Ø Temperature of 100.4 or higher (child must be fever-free and medicine free for 24 hours until returning)
- Ø Unexplained rash not diagnosed by a physician (doctor's note required to return)
- Ø Severe cold with yellow/green drainage from the nose, along with any other symptom
- Ø Deep consistent cough
- Ø Conjunctivitis: Drainage from one or both eyes, or if either eye is red, itchy, swollen, or watery. This could be the beginning of an eye infection (a doctor's note to return is required)
- Ø Bronchitis: this can begin with hoarseness, cough, and a slight temperature
- Ø Diarrhea: After 2nd diarrhea, the child will be sent home or immediately if the child doesn't have any extra clothes
- Ø Vomiting, due to illness. The child is unable to perform normal tasks of the day
- Ø Contagious or communicable diseases. Examples of these are: measles, chickenpox, mumps, rosella, pink eye, hand, foot, and mouth, strep throat, impetigo, or scarlet fever
- Ø Lice or bed bugs (must be nit-free and checked by office staff or nurse to return to class)
- Ø Child is too tired, lethargic, unusual paleness, or irritable to not be able to partake in regular class activities, please keep your child home

Communicable diseases are contagious to others and must be confirmed by the child's physician in writing before the child care return. The doctor's note must include the child's name, under physician's care, and the child's return date to school.

A child can be sent back home if a doctor's note is not turned in

SICK CHILD PROCEDURE

If the child becomes sick at school the staff will:

- Ø Isolate the child with a staff member in the office
- Ø Immediately call the parent and give specific information concerning the child's health
- Ø With the parent, agree on an immediate course of action
- Ø Care for the child until the parent or designated person arrives to take the child home

Child's Name: _____ Date: _____

Symptoms being sent home: _____

Return to school: _____ Doctor's note needed: Yes No

Parent signature: _____ Date: _____

Teacher signature: _____ Date: _____

Director notified: Yes No Date: _____ Initials _____

Print Name: _____

Signature: _____ Date: _____

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

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		
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		Primary Phone ()	Parent/Legal Guardian's Name (Optional)		Primary Phone ()
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)		2 nd Phone (if applicable) ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
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/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)					

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

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 Citation.	

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