



ROMEO
COMMUNITY
SCHOOLS

Croswell Before/After Care Program

Croswell offers before and after care for children in GSRP and ECSE PM programs from 6:30-8 am and 3-5:30pm, M – Th. There is no Friday care. Before and After Care is available following the district/program calendar. When these programs are in session before/after care is available. When these programs are closed, there is no before/after care or full day care available. The cost is \$5.00 per hour with an annual registration fee of \$50. Children using this program must be fully potty trained and be 4 years old by Sept 1st. Before/After Care is designed to provide a safe and nurturing environment while promoting the physical, social, emotional and intellectual development of young children as an extension of their preschool program. We strive to create a responsive, relaxed, positive and intellectually stimulating atmosphere. Certain regular periods of each afternoon emphasize opportunities for self-initiation and types of play and other time periods offer teacher-directed group activities. 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.

- Registration fee is \$50, non-refundable
- Two weeks tuition must accompany these forms (tuition is \$5.00 an hour)
Payments required weekly by debit or credit card
- Two weeks of nonpayment, and child may/will be disenrolled
- \$15 late fee per 15 minute increments after 5:30pm

Father/Guardian: _____ Phone: _____

Email address: _____

Mother/Guardian: _____ Phone: _____

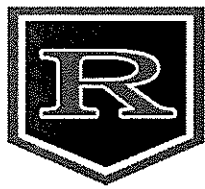
Email address: _____

Child's
Name: _____ Birthdate: _____

Address: _____

Start Date: _____

Parent Signature: _____ Date: _____



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Child Schedule & Weekly Payments

The Romeo Community Schools Early Childhood Services department is looking forward to sharing the care of your child. We realize the importance of the partnership we create as an essential factor in how much your child will gain from this experience. We have enclosed a copy of the Individual Care Plan to summarize information about how best to handle daily routines for your child. It will help us to care for your child in ways that are consistent with your child's home experiences. We recognize that the family is the expert for their child and we want to benefit from your knowledge. Through continued communication with your child's care provider it will be updated as the care patterns change for your child.

Please list your child's attendance below (days and times).

Before Care 6:30-8am	Monday	Tuesday	Wednesday	Thursday
Drop off time				
Teacher Drop off to class line	8 a.m.	8 a.m.	8 a.m.	8 a.m.
After Care 3:00- 5:30p	Monday	Tuesday	Wednesday	Thursday
Drop off from Teacher	3 p.m.	3 p.m.	3 p.m.	3 p.m.
Pick up Time				

Your child's schedule is considered a commitment regardless of attendance and payment.

Your child's weekly hours in attendance are: _____ x\$5.00/hr = Weekly childcare cost is _____.

Food & Beverages (after care only)

_____ will be responsible for providing a nutritious lunch, and beverage for each day my child is in attendance.

Account Clerk Signature: _____ Date: _____

Parent Signature: _____ Date: _____



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All About Me

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 -Visiting

Agreements _____

Siblings and Ages: _____

Any Pets? _____

Does your child have any allergies? _____

Does your child take any regular medication? _____

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

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

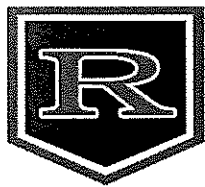
Can other people besides you the parent understand when he or she speaks? Yes _____ No _____

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

How do you hope that your child will benefit from attending our program? _____

Parent

Signature: _____ Date: _____



**ROMEO
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Payment Agreement

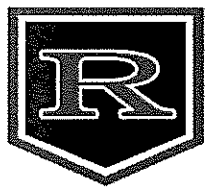
Child's Name: _____ Program: _____

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 RCS Early Childhood Programs are non-profit and self supporting
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 Early Childhood program for my child's tuition per the two week pre-pay system. I understand that I must pay for my child's scheduled days regardless of attendance including illness and vacation.
5. I understand that if my child's account is not at a "\$0 balance" and becomes 2 weeks delinquent, my child can be excluded from the program until full payment is made.
6. I understand my payment options are: online using "click to pay", by phone with a credit or debit card, in the office with credit card or by mailing or dropping off a check to the Early Childhood Services office.
7. 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. I must work out the payment method with the shared party.
8. I understand that the After Care program closes at 5:30 p.m. and I understand that I will be charged a late fee of \$15.00 per 15 minute increments after 5:30 p.m.
9. I understand that I will be charged a \$25.00 NSF fee for returned checks.
10. In the event that collection efforts become necessary, I agree to pay any and all collection costs, reasonable attorney fees, and court costs.
11. I understand the parent that is listed on the Registration Form is considered to be the person responsible for full payment.

Parent Signature: _____ Date: _____



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Policy Agreement

Child's Name: _____ Date: _____

Program: Croswell After Care Program

1. I agree to sign out my child each time I pick up my child. The classroom teacher will sign the child in.
2. I agree to call the office to inform staff whenever my child will be absent. I will not send my child to his/program/class when he/she is ill. I will follow all COVID-19 regulations set in place by Romeo Community Schools.
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, posters 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, my child may be removed from the program
8. My child may be photographed or video recorded while participating in RCS Early Childhood programs. Photographs and or videos may be used for program projects, promotion, district websites, or staff training.
9. 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 child/significant.
10. In the event of an emergency, I give permission to RCS Early Childhood programs to secure emergency medical or emergency surgical treatment for the above named minor child while in care.
11. My child has permission to use Romeo Community Schools playground equipment while participating in the Early Childhood programs, as it has been inspected and approved.
12. I have been informed that we maintain a Child Care Licensing notebook which is available to view during business hours in the front office.
13. 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 Development programs are under the discretion of the Child Development Director.

Parent Signature: _____ Date: _____



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Parent Acknowledgments: Parent Handbook/ Child Ratio

Child's Name: _____ Birthdate: _____

I understand that I have read the Early Childhood Services Parent Handbook by the following
(please initial each section):

	I have read the parent handbook and have turned in the last page signed and dated.
	My child must be 3 by September 1st and fully potty trained to be in this program. I understand that the ratio from teacher to student is 1:10 in the classroom.
	My child must be 4 by September 1st and fully potty trained to be in this program. I understand that the ratio from teacher to student is 1:12 in the classroom.
	Fully potty trained means that your child is wearing underwear and is self-sufficient urinating and having a bowel movement without support.
	I understand that the preschool classroom is not set up with a changing table or diaper station and if school begins and your child is not fully potty trained, your child will not be able to start school and tuition will be prorated and a new start date set.

1st Day items (checklist):

_____ Family portrait (4 x 6 size)
_____ School supplies (if applicable)
_____ Labeled water bottle
_____ Extra set of clothes

Printed Parent/Guardian name: _____

Parent Signature: _____ Date: _____

Teacher: _____ Date: _____

Office staff: _____ Date: _____

A copy of this form can be made for you upon request.



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

☐ Lice or bed bugs (must be knit-free and checked by office staff or nurse to return to class)

☐ 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:

☐ Isolate the child with a staff member in the office

☐ Immediately call the parent and give specific information concerning the child's health

☐ With the parent, agree on an immediate course of action

☐ 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 _____

*****I have read and understand the illness policy.*****

Print Name _____

Sign _____ 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)		2nd Phone (if applicable) ()	Home Address (if not child's address)		2nd 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.)					

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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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