



FAMILY HANDBOOK

acres of play

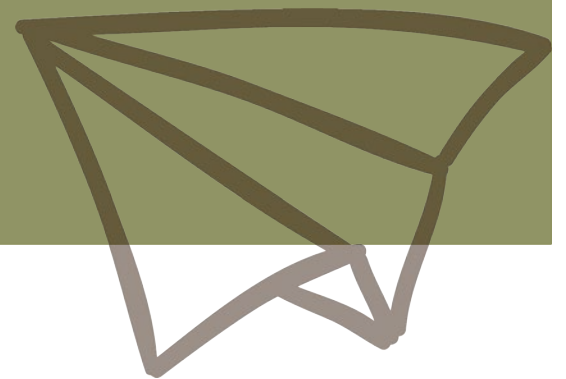


What does play do...

Acres of Play believes that learning occurs from natural hands on experiences. True learning comes naturally when children are allowed to have control over their work and interest areas.

Hands-on play is a prerequisite to academic success and the acquisition of emotional balance.

“Children are not things to be molded but are people to be unfolded.” –Unknown





Acres of Play will foster growth in all developmental areas through child led hands on play.
Learners will be encouraged to figure out how things work and create new ways to use items.



First let us congratulate you for choosing play as your desired mode of education for your child. Play is how children learn. Children are movers, explorers and natural born learners.



Children learn and master different skills at different times but in reality there is a typical sequence that is followed in their growth and development.

- Motor skills begin to develop in utero and continue upon birth. • Those hands and arms move in uncontrolled jerky movements at first.
- Their heads then turn to voices.
- Infants then hold those heads up, roll over, sit up, crawl, stand, walk then take off and RUN.



While those motor skills will naturally occur without much ‘teaching’ the emotional and social development requires much more experience and practice **and a lot of observation.**

Sharing, teamwork, and friendships require practice and modeling along with trial and error opportunities for success.



- **Expect your child to get dirty.** If your child doesn't come home with some sort of stain their day was misused or we didn't provide enough to do.
- **Your child will be tired.** Play is hard work.
- **Embrace the Mess**
- **Your child will be outside in all kinds of weather.**
- **Your child will leave new ways of doing things.**
- **Sensory Play will be encouraged**
- **Your child will use items in ways they weren't intended to be used.**
- **Your child will be social.** Some days it can be hard getting along with other learners and teamwork can often bring tears, bumps or mishaps. It's ok and should be expected **we are LEARNING** how to ask for turns, learning how to respect other's space, learning new vocabulary so that we can put our desires into words instead of physical actions.



- Young children are not mean, are not bullies and are not experts in getting along. They are learners and each conflict will be a learning opportunity for every person involved.
- Please refer to children as learners and question what was learned in moments of conflict instead of “was someone mean to you?” I beg of you please do not ask your child questions like, “who is the naughty one?” or any question that puts labels on children. We are all learners and learning different concepts at different times.

POLICIES

Play is often talked about as if it were a relief from serious learning.

But for children play is serious learning. Play is really the work of childhood.



Drop off Pick Up

Acres of Play is open 6am to 6pm.

Preschool hours are 9-3 for full day and 9-12 for those that choose half days.



Children not picked up by their scheduled pick up time will be charged a \$20 late fee for every 15 minutes past their scheduled pick up time.

Staffing schedules are created based on the time parents indicate on the application.



Preschool **ONLY** children must be picked up by the 3 pm.

If there is an occasion that you need a later pick up time please just give a call in advance to make sure staff is available to cover.



Illness

Children who are sick with a contagious illness are not allowed to attend until they are no longer contagious.

Children will be sent home with fevers 100 degrees of above, diarrhea, vomiting, or unexplained rashes.

Children cannot return until a full 24 hours have passed once symptoms have ceased. So if your child has had a fever and you give him Tylenol before bed and he wakes up without a fever he can't come to school that morning. NO return until he has gone 24 hours without a fever and without a fever reducer. Your child must be symptom free and medication free for 24 hours. EXCEPT with the use of antibiotics in that case students can return once they are no longer contagious and are feeling back to normal.

Medication

Prescriptions must accompany the original label from the pharmacy indicating the doctor's name, dosage and frequency the medication is given. Written permission with times and dosage must accompany over the counter medications.

ENROLLMENT

Just because it's a roll of tape doesn't mean it's only used as tape.

If a student discovers when they toss the tape it will roll, we might find more round objects that roll

we might find more round objects that roll and explore how items can move.





Enrollment/Withdrawal

Children accepted into Acres of Play program will have:

- paid the \$100 enrollment fee,
- filled out an application,
- read and signed parent handbook,
- as well as been given a start date and enrollment receipt.

Please give a two week notice when withdrawing your child from Acres of Play.



Tuition and Rates

Payment is due as agreed upon at enrollment and stated on the returned enrollment receipt. Tuition is a guaranteed weekly rate regardless of days attended.

There is a \$100 enrollment fee due upon enrolling your child. This fee is to guarantee your child's spot in the Acres of Play program.



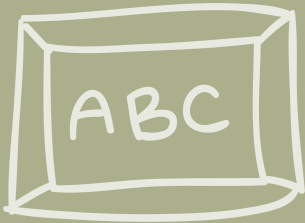
Rates

Infants and Toddlers daycare- Full time 5 days a week :
\$175 per week/Part time care \$40 day

Preschool age daycare- Full time 5 days: \$165 a week
Part time care \$40 day

Preschool only

Tuition 1-5 days a week is \$35 a day or \$20 for a half day



Before school care for school age children

\$40 a week

After school care for school age children

\$40 a week

Before AND after school care :

\$80 a week with an additional \$15 a day added for any days that school times are altered such as snow days, half days or delays due to fog.



Holiday Care: Includes Summer care, Christmas break, and spring break care for school age children

\$165 a week.

Late Fees:

A late payment fee of \$10 will be applied when payment is 3 days late with a fee of \$1 for every day past the 3rd day.



Days Of Operation

Acres of Play will run year round for daycare families while preschool only program will operate Sept-May.

Snow days will be determined on a case by case incident. If Charlotte Public Schools close then Acres of Play preschool program will also be closed.

In the event Acres of Play decides to close completely due to inclement weather or other unforeseen circumstances parents will be notified in a timely manner.

Acres of Play is closed on the following holidays:

Christmas, New Year's day, Labor Day, Memorial Day, and the 4th of July. Payment remains the same on those selected dates.

STAFFING

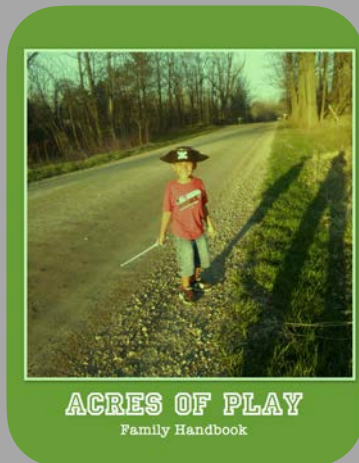
Through play children can practice and grow in ways that will allow them to master that social and emotional development.





Staffing

All staff are trained in safe sleep, infant/child CPR and first aid. Staff participates in yearly professional development, and are highly dedicated to their profession of early childhood education. Prior to working with children at Acres of Play, all staff have been interviewed, references have been checked, background check completed and have received an orientation and training in program policies.



Licensing Notebook

Acres of Play maintains a notebook with all reports, special investigations, and corrective action plans pertaining to the licensing of our program. This notebook is available to all parents during regular hours and is kept in the parent information area. Parents may also visit www.michigan.gov/michildcare .

Staff Training

All staff will have 16 hours annually of professional development. These training will be related to early childhood education and will be done throughout the year.

Mandated Reporters

As early childhood educators Acres of Play staff are required **BY LAW** to report any suspected child abuse or neglect. Staff are to directly report suspected abuse or neglect to the State of Michigan 1-855-444-3911 as well as report to the director and lead classroom teacher.



Emergencies

In the event of a fire staff are required to exit all children out of the building using the safest and closest exit. Staff and children are to meet at the Fence closest to the MSU parking lot. In the event of a tornado warning staff and students will take cover in the inside hallway near the parent information area. In the event the building needs to be vacated and shelter taken outside the building staff and students will relocate inside the MSUFCU building. Staff are trained in emergency situations involving a hostile intruder.



Volunteers

Volunteers are welcome and utilized at Acres of Play. Volunteers will never be alone or placed in charge of a group of children. Staff will always be present with the children and the volunteer. In the event a volunteer is present in the facility on a weekly basis an ICHAT background check will be



Communication

Family communication will occur by multiple ways phone, text, email or instant messages on our FB family page. Individual contact by phone will be made in the event of illnesses. Mass communication will be utilized in the event of any emergency/evacuation type situation. Oral notification will be used for minor incidents, written notification will be used for situations such a fall in the grass. Phone calls will be made for major incidents where medical attention might be needed. 911 will be used in dire emergencies where medical attention is warranted.



Sanitation

All staff are trained in the safe handling of all bodily fluids by annually participating in blood born pathogens training provided by LARA. Gloves are always used when cleaning or handling any bodily fluids and all contents will be discarded in a safe and secured trash container located outside of each classroom. Staff use the three step sanitation process as required by LARA, toys are washed weekly, mouthed toys are washed daily and not shared until cleaned, hands are washed frequently and always before meals, toileting, cleaning, etc.

RESOURCES

"Children's play is not just kids' stuff. Children's play is rather the stuff of most future inventions." — Mr. Rogers



Resources and Play Philosophy

Chasing Childhood - Seth Godin

Documentary

In today's world of structure, stranger danger, and helicopter parenting, free play and independence have virtually disappeared from childhood, giving way to unprecedented anxiety and depression (now compounded by two years of the COVID-19 pandemic). In CHASING CHILDHOOD, psychologists, activists, and leaders of the "free play" movement fight to bring back the untold benefits of a less curated childhood.

<https://chasingchildhoodoc.com/>

Stop Stealing Dreams - Seth Godin

Tedx Youth @BFS

<https://www.youtube.com/watch?v=sXpbONjV1Jc>

FORMS



You can also find this form on our website and fill it out on online. <https://missdlynn.com/wp-content/uploads/2020/06/AofP-Application-2020-2024.pdf>

Miss D'Lynn's Acres of Play Application

Child's Name _____ D.O.B. _____

Address: _____

Parent: _____ phone _____

email _____

Place of Employment _____

Parent: _____ phone _____

email _____

Place of Employment _____

Child's Interests and Strengths:

Family Demographics: (family members, hobbies, goals, any information that you'd like me to be aware of)

We want our child to:

We are interested in Preschool _____ Infant/toddler daycare _____ Daycare _____

Miss D'Lynn's Acres of Play Application

Before school _____ after school _____ before and afterschool _____ Summer
daycare _____

Mon _____ Tues _____ Wed _____ Thurs _____ Friday _____

Full day _____

Half-day preschool A.M. _____ P.M. _____

School year of 20/21 _____ 21/22 _____ 22/23 _____

Tuition is paid weekly, bi-weekly or monthly what ever plan works best for your family. Tuition is due on the first day of the week that your child attends. Tuition is a guaranteed weekly rate regardless of days attended. Please indicate below your choice of tuition payment

Weekly _____ Bi-Weekly _____ Monthly _____

By submitting this application you are stating you want your child to learn through child controlled play not adult required play. You are requesting a spot for your child to attend Acres of Play Preschool program for the _____ school year and have submitted a non refundable \$100 enrollment fee to hold said spot. We have read the Acres of Play Family handbook and agree to the policies required by both the preschool and the Michigan Department of Licensing.

Signature _____ Signature _____

Payment can be made via Pay-Pal to missdlynn@me.com please use the transferring money to a friend or family option.

Rates: infant/toddler \$175 week \$40 a day; Daycare for ages 3-5 \$165 a week \$40 day; Preschool only \$35 a day; Before or after school care \$40 week; Before and After school care \$80 week; Summer care, Christmas and Spring Break care \$165 a week

Date Received: _____

PERMISSION TO PHOTOGRAPH

I, _____ give Acres of Play permission to photograph my child, _____. I understand these photos are to promote Acres of Play and Little Acres , educate parents and community members on the benefits of play and used in presentations for other educators. Pictures will be used in print, social media and presentations.

Signature

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

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;">Yes</th> <th style="width: 5%;">No</th> <th style="width: 5%;">Resolved</th> <th style="width: 85%;"># Is your child having any of the problems listed below?</th> </tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>1 Allergies or Reactions (for example, food, medication or other)</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>2 Hay Fever, Asthma, or Wheezing</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>3 Eczema or Frequent Skin Rashes</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>4 Convulsions/Seizures</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>5 Heart Trouble</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>6 Diabetes</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>7 Frequent Colds, Sore Throats, Earaches (4 or more per year)</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>8 Trouble with Passing Urine or Bowel Movements</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>9 Shortness of Breath</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>10 Speech Problems</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>11 Menstrual Problems</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>12 Dental Problems: Date of Last Exam / /</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Other (please describe): _____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Does your child take any medication(s) regularly?</td></tr> <tr><td colspan="4">Reason for Medication _____</td></tr> <tr><td colspan="4">_____ / /</td></tr> <tr><td colspan="3" style="text-align: center;">Parent/Guardian Signature</td><td style="text-align: center;">Date</td></tr> </table>	Yes	No	Resolved	# Is your child having any of the problems listed below?	<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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	<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?	Reason for Medication _____				_____ / /				Parent/Guardian Signature			Date	<p>Birth History:</p> <p>Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p> <p>If yes, list medications:</p> <p>Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____</p>
Yes	No	Resolved	# Is your child having any of the problems listed below?																																																																						
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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 Date: ___/___/___	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Date: ___/___/___	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: ___/___/___	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT Date: ___/___/___	_____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: ___/___/___	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: ___/___/___	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: ___/___/___	Level _____ ug/dl				<p>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.</p>						

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
	2		
DTaP/DTP/DT/Td	1		4
	2		5
	3		6
Tdap	1		
Haemophilus Influenzae type b (HIB)	1		3
	2		4
Polio (IPV/OPV)	1		3
	2		4
Pneumococcal Conjugate (PCV7/PCV13)	1		3
	2		4
Rotavirus (RV1/RV5)	1		3
	2		
Measles, Mumps, Rubella (MMR)	1		2
Varicella (Chickenpox)	1		2

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY
Hepatitis A (HepA)	1		2
	2		
Influenza (IIV/LAIV)	1		3
	2		4
Meningococcal (MCV4 / MPSV4)	1		2
Human Papillomavirus (HPV9/HPV4/HPV2)	1		3
	2		
OTHER Vaccines Specify Date & Type		Type of Vaccine(s)	Date of Vaccine(s)
	1		
	2		
3			

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

*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 provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

Parent/Guardian refused immunizations:

History of Chickenpox Disease? Yes No If yes, date: _____

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

_____ / ____ / ____
Dentist's Signature Date

PHYSICIAN'S SIGNATURE

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

_____ MI _____ (_____) _____
Number & Street City 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 Department of Health and Human Services, Education, 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.

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Licensing and Regulatory Affairs

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at **www.michigan.gov/michildcare**.

I have read the above statement issued by _____
Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.

CHILD INFORMATION RECORD

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

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

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		Home Phone ()	Parent/Legal Guardian's Name (Optional)	
			Home Phone ()	
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)	
			Cell Phone ()	
City	State	Zip Code	City	State
			Zip Code	
Email Address (optional)			Email Address	
Employer Name		Work Phone ()	Employer Name	
			Work Phone ()	
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)				

BCAL-3731 (Rev. 7-18) Previous edition 6-17 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.	

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.



Acres of Play

Ages birth to 12

200 High St

Charlotte, MI 48813

517-213-6281

Little Acres of Play

Birth to 2.5 years old

216 W Lovett

Charlotte, MI 48813

517-213-6281

www.acresofplay@gmail.com