



Parent Handbook - SUMMER 2018

Our Philosophy

Bounce is committed to supporting each child's social, emotional, physical and educational development while respecting the individual differences. We strive to promote children's education, health and self-worth. Our objective is to provide every child with a safe, loving environment and opportunity to engage in a wide variety of educational experiences.

Mission Statement

OUR MISSION is to **ENRICH** and **ENERGIZE** our students by helping them to recognize their **INNATE WORTH** by celebrating their own personal "10", maintaining an environment that keeps them **SAFE** from harm, creating a **FUN** learning environment which will instill a **LOVE OF LEARNING**, and helping students to learn to care about and help others.



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Additional Forms:

Bounce Release Form

Child Information Record

Health Appraisal

Days & Hours of Operation

Bounce Preschool Academy Hours:

Tues/Thurs – 9:00a-4:15p (closed 12-1:00p for lunch)

Wed – 9:00a-12:15p

Bounce Gymnastics and Office Hours:

Mon.-Thurs. 8:30am-8:30pm and Fridays 9:00am-5:00pm

810-632-7222 x2

2755 Arena Drive

Hartland MI 48353

www.HartlandSportsCenter.com

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Dear Families,

Welcome to Bounce Preschool Academy!

We are extremely honored you have chosen us to be a part of your child's learning experience. We are a State of Michigan licensed, play-based preschool, designed to provide a stimulating, nurturing environment. We have a certified teaching staff that are qualified to meet the needs of each child with love and creativity while offering a warm and secure environment, small classroom numbers, sensitive teachers and staff, and a loving family-like support for all children and parents.

Bounce Preschool Academy offers children an opportunity to grow in a unique environment that supports each child as a whole. We help each child become a unique individual by nurturing self-confidence and self-esteem through daily experiences and by providing opportunities for self direction and a sense of responsibility that encourages them to learn social, as well as academic skills.

Our environment, which is unique and unlike any other in the area is set up to challenge and develop all aspects of your child's learning. This includes language arts and literacy, mathematics, science, social and emotional development, and gross and fine motor development.

Sincerely,

Abby Dahlgren, Bounce Preschool Academy

Frequently Asked Questions

What Preschool Programs are offered?

2 and 3 day options available - *Wednesday am option only
3 - 5 years old - T/TH or T/W* or W*/TH or T/W*/TH 9:01a-12:00p or 1:01pm-4:00pm

What are the birthday requirements? A child must be 3 years of age by September 1, 2017.

What is the first and last day of school? June 12, 2018 - August 23, 2018

No class due to holiday breaks? July 3, 4 and July 5

Do you have to pay for school supplies? No **Who provides snack for the preschooler?** Parents provide a snack and drink.

Does the preschooler have to be potty trained? Yes

What if I decide not to attend or need to pull my child out of school before the end of the year?

Once you have registered for your child's spot you are obligated and bound by the tuition terms.

What if I cannot pick my child up?

A written notice must be sent to the office, instructing staff who they can release a child to. Staff may not release children to anyone who is not authorized by the custodial parent(s).

What should my child wear? Children should be dressed in comfortable, weather appropriate play clothes.

What qualifications do the teachers have?

We require our lead teachers to be Michigan Certified teachers or Certified in child development. Our staff is certified in basic First Aid and CPR and maintain the highest education and training to comply with the licensing rules as required by the State of Michigan. A licensing notebook is kept on-site and available for you view.

Operational Policies

ADMISSION POLICY:

- The number of participants is limited, so enrollment is based on a first-come, first-serve basis.
- There is a non-refundable annual registration fee for each child. If you paid a 2017-18 Bounce Preschool Academy Registration fee you will not have a summer registration fee (it is included in your annual registration fee). If you are a new student starting in summer, your Preschool Academy fee for the summer is \$25. The registration fee must be paid to hold your spot in an assigned class.
- A child must be 3 years of age by September 1, 2017, to enroll in a 3 year old class and 4 years of age by September 1, 2017 to enroll in a 4 year old class.
- Submit a completed registration packet, as well as required health forms.
- Must be toilet trained.
- Must complete and sign a Bounce Preschool Academy enrollment form, Bounce Release Form, Child Information Record, and Health Appraisal.

PROGRAM CALENDAR:

Our program runs from June 12 - August 23, 2018. There will be NO CLASSES: July 3, 4 and 5. We do accept enrollment throughout the year as space allows.

SCHOOL CLOSING POLICY:

If for any reason school must be closed, you will receive an email and a phone call from us letting you know there will be no school.

TUITION:

Tuition is Paid in Full for summer and is paid at the time of enrollment. Your tuition includes a gymnastics class within your class time.

WITHDRAWAL POLICY:

There are no make-ups or refunds. Because our excellent student/teacher ratios affect our budget, we plan on your child's enrollment for the entire year. Therefore, tuition will not be refunded because of withdrawal. Once you have registered for your child's spot you are obligated and bound by the installment tuition terms outlined in our Parent Handbook.

In the event that a child is having any problems, a conference will be arranged between you and the Preschool staff. We reserve the right to terminate enrollment of a child, if, in the opinion of the staff it is not beneficial for the child to continue in the program or if their enrollment is detrimental to other children.

Daily Sample Schedules

AM Classes

9:01-9:30a
9:30-10:15a
10:15-10:45a
10:45-11:15a
11:15-11:30a
11:30-12:00p

PM Classes

1:01-1:30p
1:30-2:15p
2:15-2:45p
2:45-3:15p
3:15-3:30p
3:30-4:00p

Topics/Event

Greeting and group time
Educational Activities
Music and small group activities
Gym
Snack
Group/dismissal

Group Size

4's-18 students with 9:1 ratio
3's-14 students with 7:1 ratio

Dress Code and Personal Items

Since children like to be independent we encourage you to allow them to choose their outfits for school. However, please make sure they are weather appropriate not constrictive or elaborate. Please note that we will have many “messy” hands on activities and arts and craft projects so please make sure clothes are washable. We will also have gym time daily so pants with no zippers are preferred, such as leggings, sweatpants, etc.

We do require that your child comes with an extra set of weather appropriate clothes to each class (extra shirt, pants, underwear, socks and shoes). Accidents happen and we want each child to feel comfortable throughout the day. Please write your child's name on all extra pieces of clothing.

Shoes are an important part of your child's day. Please dress them in comfortable, well-fitted shoes made for playing in and outdoors.

All students should come to class with outdoor weather appropriate outer clothing. Students will be exploring the outdoors, going on nature walks, playing in the snow, etc and must come dressed for the constantly changing weather here in Michigan. In the winter months children should have snow pants, winter coat, snow boots & indoor shoes, mittens and a hat.

Personal Items/Possessions From Home

Bounce is not responsible for any lost or damaged items and therefore we recommend that your child leave any and all personal items i.e. toys, books, electronics etc. at home. If your child does lose anything, please check in with the front desk to see if it was found and to be put on a call list if it does get turned in. There is also a lost and found bin in the main gym hallway between the restrooms.

On any special days such as “show and tell”, write your child's name on any item they bring in. All items will stay in their backpack until it's time for the activity and promptly returned right after the activity. Staff will do their best to insure all items get home safe but unfortunately Bounce cannot be responsible for any lost or damaged personal items.

Nutrition and Snacks

Proper nutrition is an important part of the learning process. Each class period will consist of a snack time served family style. Gaining independence is one of the core goals at Bounce Preschool Academy so teachers will only be there to *assist* children during this time, not do everything for them. Children will learn to set up, eat and clean up with minimal assistance, if any. Snack time will also be used as a time for teachers to engage children in conversations on topics including healthy eating habits, food groups, benefits of healthy eating and more.

All students should come to class with a healthy snack and drink every day. We highly recommend fruits, veggies, whole grain crackers, meat or cheese to eat. Water or milk to drink. We will use their snacks as ways to talk about healthy eating. If you should forget their snack please do not worry. We will never let a child go without a snack. We will provide them with a healthy snack and water.

Special Diet Needs and Restrictions

Please inform us of any special diet needs or restrictions your child may have due to medical reasons. Report any and all allergies that we need to be aware of on your child's health information packet.

Peanut and Nut Free Classroom

Because of the extreme nature of allergic reactions to peanuts and products containing or even made in facilities where there are nuts, Bounce Preschool Academy will not allow any nuts and/or food containing nuts or nut products to be brought in by their students. However, Bounce Preschool Academy is inside Hartland Sports Center and therefore, cannot guarantee that common areas will not have nut products, such as: the concession stand, lobby, gym, ice rinks and restaurant area.

Drop Off and Pick Up Policies

Drop off Policy When arriving at school, each child must be walked into their classroom and signed in by an adult. The teacher will open the classroom doors right at 9:00am or 1:00pm to welcome in the children and speak with anyone who needs to talk to them.

Pick up Policy Parents are expected to arrive on time for their child's departure. The teacher will be going over the day's activities and letting you know what to look for that the child should be bringing home. ***You will be given a 5 minute grace period. If you are later than that, you will be charged \$1.00 for each additional minute.***

When arriving for pick up, each child must be signed out by their parent/guardian. The teachers will only release the child to their parent/guardian unless they are aware of any changes.

Our staff must have written authorization from a parent/guardian for anyone, other than the parent/guardian to pick up a child. We will not allow a child to leave with anyone else without dated/written permission from the parent/guardian. Each written permission slip will be checked with the license of the person who is picking up. A written, dated permission slip signed by the parent is required for each change on any given day. Exception: if a child rides home with the same non-parent person numerous times throughout the year, we will accept a one-time written slip.

In the case of any custody issues it is the parent(s)/guardian(s) responsibility to provide court documentation of the agreement clarifying the rights and responsibilities of each parent while that child is in our care. Without court documentation Bounce Preschool Academy will assume each parent has equal rights to drop off and pick up the child.

Behavior Management

Discipline Policy

The preschool years are very important in the development of personality and self-esteem and children are testing his/her own behavior and the limits of their environment. Because of this teachers will work individually with their class, parents and children to set guidelines for developmentally appropriate behavior and disciplines that work well for the individual child in addition to our code of conduct.

Bounce Preschool Academy's goal is to help guide children in a positive way which allows children to develop the skill of self-discipline. Children are more likely to develop this skill and behave appropriately if they are treated with respect and given clear, consistent limits. Our teachers are here to help children understand rules and expectations and understand the consequences of their actions.

Bounce Preschool Academy will only use positive methods of discipline and guidance that encourage self-control, builds self-esteem and respects the child and the classroom.

Teachers will:

- Demonstrate and encourage proper behavior
- Focus on the positive behavior we want to see, not the unacceptable behavior
- Remind students of the acceptable behavior with clear statements of what is allowed
- Redirect the negative behavior to a more positive one
- Give the child an opportunity to correct behavior
- Briefly have the child take a break from the group or activity only when deemed necessary and appropriate for child's development. This is only used when the child is showing temper tantrum type behavior that could result in the child hurting themselves, others or property.

Under NO circumstances will the following types of discipline be use:

- Humiliating, ridiculing, harsh language, or physical punishment
- Restriction of basic needs
- Requiring a child to sit and be inactive for inappropriate amounts of time

Parents will be informed if behavior problems arise. The first offense will result in an "oops" note sent home describing the incident and outlining future consequences if the undesired behavior continues. Teachers will work together with parents on necessary behavior modifications.

If necessary, the director will be notified of any persistent misbehavior and parents will be asked to meet with the teacher and student. Continued misbehavior and/or class disruption will be documented and could result in expulsion. Any child that is harming him/herself or other children may also be asked to leave school.

Behaviors that will not be tolerated and result in immediate contact of parents:

- Any physical harm to another child including biting, hitting, shaking, etc,
- Malicious destruction and damage of property. If it's determined that the child's behavior is responsible for the destruction of property, the parent(s)/guardian(s) will be responsible for the repair or replacement of the property.
- Bring in weapons, real or pretend to class or pretending to do any violent acts to another child or staff including shooting, stabbing or blowing up another person.

Safety Procedures

Emergency Drills and Procedures

Bounce Preschool Academy staff and students will perform regular fire, tornado and emergency drills throughout the school year. Parents and children will be aware of each of the drills and the process of them.

In the event of a real emergency, parents will be notified as soon as possible via phone and email. If it becomes necessary to remove the children from Bounce, children will be taken to one of the emergency evacuation sites. In the case of a fire, children will be escorted across the front parking lot to the grassy area out front of the building. If it becomes necessary to seek shelter, the children will be taken to the Hartland Pediatrics building out front on M-59 (11525 Highland Rd). In that case, you may be asked to pick your child up there.

In the event that the building must go into lockdown, parents will be notified as soon as possible via phone and email. During a lockdown, children will be moved to a secure location within the building where the doors will be locked and window secured. In this case, no one will be permitted to enter or leave the building until the center is cleared by emergency personnel.

Environment

Maintain A Clean Environment

It is our commitment to provide a clean and healthy environment. We strive to maintain a clean facility and take precautionary steps to prevent the spread of illness. Our center is cleaned on a daily, weekly and monthly basis. Every area of the center is on a continuous cleaning schedule. All of our staff participates in the daily cleaning rituals and we bring in a professional cleaning service several times a week.

Thorough and frequent hand washing has been proven to be the single most effective method of reducing the spread of infectious disease. We promote cleanliness and good hygiene for our students by including hand washing at various times throughout the day. Children will wash their hands with soap and warm water upon arrival, before eating snacks, after using the restroom and after various activities.

Certified BioGreen Clean Facility



As an extra added precaution, we are also a Certified BioGreen clean facility. To safeguard the health and well-being of our customers, families, kids and staff, we have incorporated a monthly BioGreen Solutions treatment as part of our normal cleaning program.

This process uses environmentally safe disinfectants with 100% green attributes to kill and protect against pathogens including bacteria, viruses, odors and mold.

Health and Medical

Health History

A health history, record of immunizations and physical evaluation are required from a licensed physician certifying that your child's health is satisfactory to attend Bounce Preschool Academy. All medical forms must be turned in at the time of enrollment.

Illness

If a child should become ill while in school, the parent/guardian will be notified for the following reasons and be asked to pick the ill child up from school:

- Fever of 100.0F degrees or more
- Vomiting or diarrhea
- Rash
- Any other illness symptom that seems to get worse over time

A child may be excluded from Bounce Preschool Academy when an illness or symptom prevents the child from participating in activities, when the illness/symptom requires more care than the staff can provide and is trained for, or when the illness or symptom compromises the health and safety of other children and staff.

Children who are absent with a contagious illness may not return to Bounce Preschool Academy without a written clearance from a doctor.

As adapted from the Academy of Pediatrician's report of the Committee on Infectious Diseases, children with any of the following conditions must stay home until the symptoms/condition have been resolved and the child has been symptom free for at least 24 hours or has been on medication for 24 hours.

- Conjunctivitis ("pink eye")
- Influenza
- Infections such as but not limited to- Pertussis, Strep Throat, Head Lice and Scabies, Coxsackie Disease, Hand, Foot and Mouth Disease, Chicken Pox, Impetigo, Mumps, Measles, Rubella, Hepatitis
- Eye Discoloration, ear or nose discharge
- Evidence of severe illness such as lethargy, unusual sleepiness, irritability, prolonged crying, inconsolability, obvious discomfort, labored, difficulty or rapid breathing, extreme coughing, wheezing, poor appetite.

Accidents

All staff are trained in basic first aid and CPR. When an injury occurs staff will perform the basic first aid necessary. If the injury is minor and the child is capable of performing class activities they will be permitted to return to class. If the injury prevents the child from participating in normal activities or is severe parents will receive a phone call to inform them of the situation. In all cases, an Incident Report will be filled out documenting the injury or incident.

Should a medical emergency occur, a staff member will call 911 for an EMS team to come to the building while another staff member performs basic first aid and/or CPR until EMS has arrived.

Allergies and Medications

Bounce Preschool Academy must be notified of any allergies or medical conditions your child may have and the medications used to treat them if necessary. Bounce can safely store your child's medications at our center and administer when necessary with a written permission from the parent/guardian.

All medications brought in to our facility must be:

- In original container
- Labeled with the child's first and last name
- Labeled with the date and dosage

And must include: specific directions

- Physician's name
- Expiration date
- Way to dispense the medication if in non pill form

For all non-prescription/over the counter:

- Must have a note from a doctor stating the exact dosage and frequency of the medication for that specific child and illness

Teachers will record the following information for all medicine dispensed during school hours:

- Child's name
- Name of medication
- Date, time and dosage given
- Name of person who gave it

MUST FILL OUT MEDICATION PERMISSION AND INSTRUCTIONS FORM



Session Dates: June 12 - August 23, 2018

NO CLASSES: July 3, 4 and July 5

2018 SUMMER SESSION PRESCHOOL ACADEMY ENROLLMENT FORM, Page 1

Family Information

Today's Date: _____

Parent's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Student and Class Info

Student's Name: _____ Birthday: _____

Choose # of Days (Circle): **2 days - \$296** **3 days - \$431**

Choose Day/Time Slot: **Day 1:** _____ Choose: AM or PM

Day 2: _____ Choose: AM or PM **Day 3:** _____ Choose: AM or PM

Class Choices	Days	Times
3-5 years old	Tuesday	9:01a-12:00p—AM or 1:01p-4:00p—PM
3-5 years old	Wednesday	9:01a-12:00p—AM
3-5 years old	Thursday	9:01a-12:00p—AM or 1:01p-4:00p—PM

TUITION: Tuition is Paid in at the time of enrollment. Your tuition includes a gymnastics class within your class time.

ADMISSION POLICY:

The number of participants is limited, so enrollment is based on a first-come, first-serve basis.

There is a non-refundable annual registration fee for each child. If you paid a 2017-18 Bounce Preschool Academy Registration fee, you will not have a summer registration fee (it is included in your annual registration fee). If you are a new student starting in summer, your

Preschool Academy fee for the summer is \$25. The registration fee must be paid to hold your spot in an assigned class.

A child must be 3 years of age by September 1, 2017. Submit a completed registration packet, as well as required health forms.

Must be toilet trained.

Must complete and sign a Bounce Preschool Academy enrollment form, Bounce Release Form, Child Information Record, and Health Appraisal.

PROGRAM CALENDAR:

Our program runs from June 12 - August 23, 2018. There will be **NO CLASSES:** July 3,4 and 5

PRESCHOOL ACADEMY ENROLLMENT FORM, Page 2

WITHDRAWAL POLICY:

There are no make-ups or refunds. Because our excellent student/teacher ratios affect our budget, we plan on your child's enrollment for the entire year. Therefore, tuition will not be refunded because of withdrawal. Once you have registered for your child's spot you are obligated and bound by the installment tuition terms outlined in our Parent Handbook. In the event that a child is having any problems, a conference will be arranged between you and the Preschool staff. We reserve the right to terminate enrollment of a child, if, in the opinion of the staff it is not beneficial for the child to continue in the program or if their enrollment is detrimental to other children.

AUTHORIZING SIGNATURE (Parent/Legal Guardian)

By signing below, you are agreeing to all of the terms outlined on the front and back of this enrollment form and Parent Handbook, as well as the form of payment listed below. I authorize Bounce to charge the credit card listed below as outlined in the policies above.

CC Type: _____ Number: _____ exp. _____

Sign Here: _____

FOR OFFICE USE ONLY

Release Form on File: yes no

Registration Fee If 2017-18 BPA Student: free, if not \$25		
Paid In Full Tuition (2 day \$296 or 3 day \$431)		
TOTAL DUE:		

Developmental History Form, Page 1

Child's Information

Child's Name _____

Nickname _____

Birth Date _____

Age _____

Male Female

Home and Family Life

Mother's Name _____

Father's Name _____

Mother's Address _____

Father's Address _____

City, State, Zip _____

City, State, Zip _____

Child Resides with: Both Mom Dad Other _____

Mother's Primary Phone _____

Father's Primary Phone _____

Mother's Email _____

Father's Email _____

Sibling's Name	Age	Gender	Resides with Child (Y/N)	School
1.				
2.				
3.				
4.				

Please describe your child's home life: Example: Lives with both parents, siblings, grandparents, pets, etc.

Are there restrictive custodial issues of which the school should be aware? If so, please provide copies of supporting court documents.

Developmental History Form, Page 2

Home and Family Life

How does your child handle conflict?

How does your child express frustration/anger?

Does your child have any fears?

How is your child usually calmed/comforted?

Does your child play with other children? If so, what types of contact does your child have with other children and how often? Ex. older/younger siblings, play groups, day care, etc.

Are there, or have there been, areas of concern regarding any facet of your child's development and growth?

Are there any present/upcoming events/issues that might affect your child's emotional/physical state? Ex. new baby, divorce, move, etc.

Is this your child's first school experience? In no, please describe:

Do you have any concerns regarding your child in a preschool setting?

What do you hope your child will gain from the Bounce Preschool Academy experience?

Is there anything additional you would like to add concerning your child that would help us get to know him or her? (Special interests? temperament, etc.)

Form filled out by: _____ Date: _____ Relationship to Child: _____

STUDENT RELEASE FORM PLEASE PRINT



Parent/s Name/s _____
 Address (street) _____ (city) _____
 (state) _____ (zip) _____ Home Telephone _____ Work _____
 Cell Phone (mom) _____ Cell Phone (dad) _____
 E-mail (*we will not share this---for in-house purpose only*) _____

How did you hear of us? CIRCLE one: Bounce Mailer Hockey Macaroni Kid Website
 Planet Fitness Web Site Balloon Festival Sporting Event Program Hula Frog Website
 WHMI Radio Facebook Hometown Connection Sign on US-23 Patch Website
 School Folder Birthday Field Trip Sign on M-59 Word of Mouth (see bottom of sheet)

Student Information

Student's Name _____ Sex _____ Age _____ Birthday _____
 Student's Name _____ Sex _____ Age _____ Birthday _____
 Student's Name _____ Sex _____ Age _____ Birthday _____
 Student's Name _____ Sex _____ Age _____ Birthday _____
 Address : If different then above: (street) _____ (city) _____ (state) _____
 (zip) _____ Telephone _____ Additional Phone _____

Emergency Information

Emergency Contact (other than parent) _____ Telephone _____
 Does the student have any medical conditions or taking any prescriptions to which we should be alerted? _____
 If yes, please explain: _____

Acknowledgement of Risk and Waiver of Liability/Assumption of Risk

I hereby consent to members of my family participating in the Bounce House Inc./Hartland Sports Center LLC programs and/or affiliate programs. I recognize that there is an assumption of risk when participating in sports, and understand that injuries including permanent paralysis or death can happen when participating in activities involving height and/or motion including but not limited to martial arts, dance, gymnastics and tumbling and trampoline activities. That said, I agree to make myself and my child/ren aware of the possibility of injury and encourage my child/ren to follow all the safety rules and the coaches' instructions as posted in the gym and as verbally instructed by staff members. I fully understand that Bounce House Inc./Hartland Sports Center LLC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby allow Bounce House Inc./Hartland Sports Center LLC staff to render first aid to me, or my children in the event of any injury or illness, and if deemed necessary by the staff to call our doctor and to seek medical help, including transportation by a Bounce House Inc./Hartland Sports Center LLC. staff member or its representatives, whether paid or volunteer, to a health care facility or hospital.

I understand that it is the express intent of Bounce House Inc./Hartland Sports Center LLC to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby release Bounce House Inc./Hartland Sports Center LLC., its officers, employees, affiliates (Kicks Tae Kwon Do, Michigan Xtreme Cheer), teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Bounce House Inc./Hartland Sports Center LLC.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for my child's and my own protection. I understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and potential injury as is clearly posted in the gym. I also understand that safe, professional instruction often includes hands-on spotting to my child. I permit Bounce House Inc./Hartland Sports Center LLC to use pictures of my child for its advertising/direct marketing/web promotions, and understand they will NOT use my child's full name in the aforementioned projects. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I understand that there are no cash refunds, and agree to follow the make-up policy, as stated by company policy. I have read and understand the general information on the back of this form.

THIS SECTION FOR NEW CUSTOMERS: were you referred by a current family? YES NO
If yes, please state their name here so they can receive their "REFERRAL" credit:

Parent or Legal Guardian _____ Date _____
for office use: last name of family listed above: _____ date applied to account _____
 first paid session: _____
 2755 Arena Drive • Hartland, MI 48353 • 810-632-7222 FAX 810-632-4047

General Gym Information

- All Participants must have a parent-signed release form in order to participate!
- FOOD, GUM OR BEVERAGES: water bottles are permitted in the cubby area or under the benches. We have ample space in our main lobby for your food and beverages.
- For insurance purposes, parents & siblings are not allowed in the gym area. Please keep siblings in the seating (it is not safe for students to do gymnastics in the seating area)
- NO JEANS, JEWELRY, BELTS, OR BUTTONS: Athletic Wear ONLY please.
- NO CELL PHONES or ELECTRONIC DEVICES (ipods, ipads, mp3, etc.)



Arrivals & Departures

- Please have your child remove his/her shoes & socks before class
- Place belongings in a cubby
- Students must wait on benches until the teachers call class to the gym
- All students must wait INSIDE the building until parent has arrived to pick them up from class

PLEASE GO OVER OUR GYM RULES WITH YOUR CHILD:

GENERAL

- Head-over-heels rotation and height of any kind, by nature, creates an inherent risk of injury. Please read the USAG safety poster by our front doors



- No activity without an instructor - no gymnastics in waiting area!
- Students walk BEHIND instructors during class and ONLY go on equipment as instructed

TRAMPOLINES

- 1 Person at a time
- Walk ON and OFF
- NO bouncing tramp-to-tramp, tramp-to-floor, floor mat-to-tramp, or tramp-to-pit
- NO attempting skills you haven't been taught in the gym

PITS

- 1 person at time (wait for person in front of you to get out)
- NEVER head-first or belly-first (land on seat, feet or back)
- DO NOT pick at the foam cubes

ROPES & CARGO NETS

- You must climb up and down hand over hand
- No sliding or dropping down

Please ask front desk if you'd like a copy of this General Gym Information flyer.

Volunteer Policy and Form

Volunteers will work under the direction of staff and will be supervised by staff at all times. Volunteers will not be allowed to diaper children or escort children to the restroom. All volunteers will sign the Self Certification statement below attesting to the following:

- I have not been convicted of a crime falling under a listed offense, as defined in section 2 of the sex offenders registration act, 1994 PA 295, MCL 28.722
- I have not been convicted of child abuse or child neglect
- I have not been convicted of a felony involving harm or threatened harm to an individual within the 10 years immediately preceding the date of hire.

Volunteer Signature

Date

You may not volunteer until this form is submitted to the front desk. Each time you volunteer you must sign in on the Volunteer Sign-In Sheet located at the front desk.

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. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

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 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	

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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)
		MI	/ /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER
			()
ADDRESS (Number & Street)	(City)	(ZIP Code)	WORK TELEPHONE NUMBER
		MI	()

SECTION I - HEALTH HISTORY

<p>Is your child having any of the problems listed below?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 Allergies or Reactions (for example, food, medication or other)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 Hay Fever, Asthma, or Wheezing</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 Eczema or Frequent Skin Rashes</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 Convulsions/Seizures</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 Heart Trouble</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 Diabetes</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 Frequent Colds, Sore Throats, Earaches (4 or more per year)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 Trouble with Passing Urine or Bowel Movements</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 Shortness of Breath</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 Speech Problems</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 Menstrual Problems</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12 Dental Problems: Date of Last Exam / /</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other (please describe): _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Does your child take any medication(s) regularly?</p> <p>Reason for Medication _____</p> <p>_____/_____/_____ Parent/Guardian Signature Date</p>	<p>Birth History:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</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>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>If yes, list medications:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Was the health history reviewed by a health professional?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____</p>
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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	Visual Acuity				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT	Height			
		Date: / /	Muscle Imbalance						Weight				
			Other:				<input type="checkbox"/>	<input type="checkbox"/>	Other:				
<input type="checkbox"/>	<input type="checkbox"/>	HEARING	Audiometer				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT				
		Date: / /	Other:						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			2	3
DTap/DTP/Dt/Td	1	4	Influenza (IV/LAV)	1	3
	2	5		2	4
	3	6	Meningococcal (MCV4 / MPSV4)	1	2
Tdap	1		Human Papillomavirus (HPV3/HPV4/HPV2)	1	3
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)	1	3	3		
	2	4	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
Rotavirus (RV1/RV5)	1	3	*NOTE: According to Public Act 366 of 1976, 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.		
	2				
Measles, Mumps, Rubella (MMR)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> 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	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"/>	_____
<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
_____ 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 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.

MEDICATION PERMISSION AND INSTRUCTIONS
CHILD CARE HOMES AND CENTERS
 Department of Licensing and Regulatory Affairs
 Bureau of Community and Health Systems
 Child Care Licensing Division

If you are giving or applying any medication to a child in care, the following must be completed by the parent for each medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY PARENT

I give my permission for _____ to give or apply the medication
 (Caregiver, Facility)
 _____, to my child _____, as follows:
 (Specify, prescribed medication/over the counter product) (Child's Name)

DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

LARA is an equal opportunity employer/program.
 Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

