

CHILD INFORMATION RECORD

State of Michigan - Department of Lifelong Education, Learning, and Potential - 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	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? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)			
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 Lifelong Education, Advancement, and Potential, 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
Individuals with disabilities may contact the MiLEAP ADA Coordinator to request an alternative format to these materials. Please visit www.Michigan.gov/ADA for a list of state ADA Coordinators		MiLEAP is an equal opportunity employer/program.	

WRITTEN INFORMATION PACKET DOCUMENTATION
 Michigan Department of Licensing and Regulatory Affairs
 Child Care Licensing Bureau

Child(ren)'s Name(s) (Last, First)	Facility's Name and License Number It Takes A Village Academy 31735 Maplewood Street Garden City, MI.48135 DC820412530
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A written information packet has been provided at the time of enrollment. The packet included all the following information (R 400.8146 (1-2)):

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open, and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook. **(CENTER MUST CHECK ONE)**

The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.

The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.

• Other _____

I certify that I received all of the above items.

Parent/Guardian Signature

Date

Note: A single CCL-4340 form may be used for all children in the same family.

LARA is an equal opportunity employer/program.

**It Takes a Village
Academy**



School Age Parent Health Statement

I attest to the fact that my child _____ is in good physical health, that their immunizations are up to date, and there are no changes in his/her physical condition since receiving a physical on _____ (date)

He/She is physically able to participate in the activities involved in the school-Age Program and is free from any illness or communicable disease at this time.

His/Her specific Limitations include:

Should any of the above conditions change, I would promptly notify the Director and staff.

Parent Signature: _____ Date: _____

Director: _____ Date: _____

**It Takes a Village
Academy**



It Takes A Village Academy School Age Program AM/PM Bus Transportation.

I, _____ give permission for my child care provider,
or and approved employee of the program to transport my child(ren) _____

For the following reasons(Check all that apply):

A.M. School Drop Off: _____

P.M. School Pick up: _____

Field Trips: _____

It is agreed that:

1. The caregiver will never leave my child(ren) unattended in any motor vehicle or other for of transportation
2. Each child will board and leave a vehicle from the curb side of the street
3. My child(ren) will be secured in safety seats or by safety belts that are age appropriate for that child(ren) in accordance with the law
4. Any motor vehicle used to transport my child(ren) will have current registration and insurance and must be operated by a person who is at least 18 years of age and possesses a valid driver's license
5. The caregiver will notify me in advance of any instance where my child(ren) will be transported while in care

Parent Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Parent Agreement with It Takes A Village Academy

I am the Parent/legal guardian of _____.

I have received and read the Parent's Handbook issued by It Takes A Village Academy. I am enrolling my child/children under the rules and regulations specified there.

I understand and agree to the policy of It Takes A Village Academy regarding tuition, attendance, health, clothing, scheduled school holiday and other holidays as well as the disenrollment policy.

I agree to pay the weekly tuition in the amount of \$_____. I understand the weekly tuition is due on Tuesday of each week. **Payments made Wednesday-Friday will be assessed a \$20 late fee. Any returned payment is assessed a \$30 NSF fee and any returned check is assessed a \$50 returned fee.** I also understand that if my child/children are absent, tuition is still due, except for scheduled vacation time requests as outlined in the Parent Handbook. If my child attends past his/her scheduled times as specified on the 'Family Schedule' I will pay the higher tuition due (please refer to the tuition rate sheet provided for pricing). **I also understand that late pick up after 6:30 pm, will be assessed a \$1 per minute charge due at the time of pick up.**

I acknowledge that It Takes A Village Academy enforces a **60-day probationary period** for my child's enrollment. Should It Takes A Village determine that my child is not a suitable fit for the center at any point during this probationary period, **they reserve the right to discontinue my child's enrollment immediately.**

If I decide to withdraw my child/children from the Academy, regardless of my child's/children's attendance for that time frame, a two week written notice is required in which I will be financially responsible for payment for those last two weeks.

Signature of Parent/Guardian: _____

Signature of second Parent/Guardian: _____
(optional)

Start Date: _____

Number of Children: _____

Days Contracted: _____

Rates per day/week: _____

Transportation per Trip: _____

It Takes a Village
Academy



IT TAKES A VILLAGE ACADEMY

CHILD RELEASE NOTIFICATION

Important notice concerning persons to whom your child may be released, Please read carefully and sign it as a part of the registration procedure for your child.

When you enroll your child, you fill out a card that asks you to list "Names of persons other than parents to whom the child may be released". We will not release your child to **ANYONE** who is not listed on the card, or who Cannot show us identification proving they are the person listed on the card. if for any reason you want someone not listed on the care to pick up your child, you must personally notify one of our staff members, giving us the person's name and the date they will pick up your child.

The child information card does not reflect schedule conflict between the child's parents. For this reason, we require that you check the appropriate box below. This is to protect your child as well as the school

_____ This child's parents are Husband and Wife.
(The academy may release to either parent)

_____ I, the undersigned, am this child's only legal parent
(Divorce does not change legal Parentage)

_____ The child's legal parents are unmarried, divorced, or separated
(The academy may release the child to either parents)

_____ The child's legal parents are divorced or legally separated. The child should not
Be released to _____ Father _____ Mother.
(you may check this box only if you have been awarded sole physical custody of
The child by the court. You must provide us with a copy of the pertinent section of
Court order for us to be able to honor this instruction)

Childs Name: _____

Signature of Parent: _____ Date: _____



IT TAKES A VILLAGE ACADEMY PARENT CONTRACTUAL AGREEMENT

The parent Handbook policies outlined our mutual responsibilities, concerns, expectations and obligations, we have carefully explained the policies to ensure the care, comfort and safety of your child and of every enrolled child in our academy. You can expect us to adhere to all state and Local Licensing rules regarding safety, health, program operation and adult supervision. We encourage and welcome your comment and suggestion, and extend our sincere thanks for your cooperation in adhering to our academy's policies.

My child(ren) _____ will be attending **It Takes A Village Academy**. I have received the Parent Handbook and agree to comply with the established policies through the course of my child's(ren) attendance. I am responsible for all tuition costs, change of schedule fees and late/early fees of my weekly tuition.

HEALTH, SAFETY & PHOTO PERMISSION SLIP

Child's Name: _____ Date of Birth: _____

PLEASE CHECK THE FOLLOWING THAT APPLY:

___ I will provide a crib size sheet and blanket for my child(ren). If my child(ren) attends hours greater than nine(9) hours, then sheets & blankets will be taken home on a weekly basis to be washed and brought back clean for use the following week.

___ My child(ren) has permission to go on supervised walks.

___ I give permission for my child to be photographed in the classroom, Photographs or videos Taken may be used online, in pamphlets, in brochures, in newspaper publications, on our Facebook Page and on our website to promote our program

___ I give permission for my child(ren) to be photographed in the classroom, but do not want my child's(ren) pictures to be used for advertisements

___ I do not give permission for my child to be photographed in the classroom

___ Academy staff has permission to apply insect repellent & sunscreen on my child(ren) (Summer). I will provide the repellent and sunscreen in a sealed container clearly labeled with my child's(ren) name.

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____



IT TAKES A VILLAGE ACADEMY Child Allergy Information

Child's Name: _____ Date of Birth: _____

ALLERGEN	*SYMPTOM	**TREATMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the case of food allergies, appropriate substitutions will be provided by the parents.*If treatment requires administering any medications, all necessary authorization paperwork must be completed with a physician's signature prior to treatment date.

Further emergency response procedures: _____

Additional information/instructions: _____

To ensure the safety of your child, It Takes A Village Academy cannot delete an allergy which has previously been documented unless we have a note from the child's Physician stating that the child is no longer allergic to that item(and may now have that specific food), nor can we add an item or change a medication without a note from the child's doctor

By signing below, we understand It Takes A Village Academy requires the most up to date information regarding the child's allergy. We also understand that for the safety of the child, the child's photograph and allergy information will be posted in the classroom and kitchen on the Allergy Awareness Chart.

Parent Name(print): _____ Date: _____

Parent Signature: _____



Activity Disclaimer

At It Takes A Village Academy, part of every child's daily classroom routine involves the child exploring their surroundings, playing outside, discovering sand/water, and for younger children, learning how to eat. We encourage the child enrolled at It Takes A Village Academy to explore and gain independence. This freedom of choice sometimes means that children will get "messy."

Please dress your child in clothing that allows for free movement. While we try to prevent children from getting art materials on their clothing, sometimes it does happen. You know your child had a fun day at school when they come home with a few spots on their clothing!

It Takes A Village Academy is **NOT** responsible for lost or damaged items.

I have read, understood and agreed to this disclaimer.

Child's name: _____

Child's name: _____

Parent/Guardian Signature: _____

Date: _____

It Takes a Village Academy



IT TAKES A VILLAGE ACADEMY Food and Nutrition Policy

Child's Name: _____

1. It Takes A Village Academy will provide
 - a. Breakfast
 - b. Lunch
 - c. PM Snack

To all children that attend our programs

2. The academy will provide Milk as the beverage for Breakfast and Lunch
3. List all know Food Allergies that have been Documented by a Doctor

Parent/Guardian Signature: _____ Date: _____

Staff/Director Initials: _____

IT TAKES A VILLAGE ACADEMY Authorization for Non-Prescription Topical Ointment

I give It Takes A Village Academy permission to apply: _____

To _____ for the following purpose:
(name of child(ren))

from ___/___/___ to ___/___/___ (NOT TO EXCEED 90 DAYS)

All ointment should be provided in the original container, with a valid expiration date, labeled clearly with the child's name and given directly to the teacher

Special Instructions: _____

Parent/Guardian Signature: _____ Date: _____



IT TAKES A VILLAGE ACADEMY FAMILY SCHEDULE

Today's Date: _____

FAMILY INFORMATION

Parent/Guardian's Name: _____

Child's Name: _____ Classroom: _____

Child's Name: _____ Classroom: _____

Child's Name: _____ Classroom: _____

SCHEDULE

DAY	FROM	TO	TOTAL HOURS
(EXAMPLE)	8:00AM	6:00PM	10
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

Parent/Guardian Signature: _____ Date: _____

Admin Signature: _____ Date: _____



Agreement On Your Rights To Privacy

Client Records: The center needs to maintain records concerning your child and your family. These include names, addresses, phone numbers, and medical records. In addition, our staff develops its own set of records on each child such as developmental assessments as well as notes on classroom behavior, special needs and health concerns.

All of the records are used exclusively by members of the staff. No information is given, unless required by law, to any outside person or agency without the parent's written consent. It is, however, understood that children's names may be posted in the classroom with notations concerning allergies or medical problems to which the staff may need quick reference to ensure the health and safety of the children

Photography: From time to time, various photographs, slides or videos are taken of the children engaged in activities in their classroom, On the playground or on field trips. These are used within the center on Brightwheel, Facebook/Instagram page, or posted around the center. Any parent who has an objection to their child being photographed has the right to make that objection known to Admin.

I have read and understand the policy on the right of privacy.

Childs Name: _____

Parent Signature: _____

Date: _____

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK AGREEMENT

Child Care Organization Act, 1973 Public Act 166

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 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 for review during regular business hours.
- Licensing inspection and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare

I have read the above statement issued by **It Takes A Village Academy:**

Parent Name (please print): _____

Parent Signature: _____ Date: _____

DHS FAMILIES ONLY:

Enrollment Agreement - Child Development and Care (CDC) Program

In addition to an enrollment agreement, licensed providers are required to keep daily time and attendance records that document each child's *actual* daily care begin and end time and include a daily parent certification (signature or initials). See the Child Development and Care Handbook for time and attendance requirements at www.michigan.gov/childcare.

Provider or Program Name: IT TAKES A VILLAGE Academy West Provider ID: 0217444

Child's Name: _____

Total Number of Authorized Hours from CDC - Form DHS-198 (If known) : _____

- If the child has more than one provider, CDC subsidy payment cannot exceed maximum authorized hours for all providers.

Effective Date of this Schedule: _____

Child's Enrollment (the days and times agreed upon between the parent and provider). Use both boxes per day if there are multiple daily in/out times such as before and after school.

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Begin Time AM/PM							
End Time AM/PM							

Agreed total enrolled hours for this provider: _____

Comments (i.e., Explain if varying schedules are needed):

I expect to have more than one provider assigned to my child: _____ Yes _____ No

- Parent Acknowledgements:**
- The above enrolled schedule is correct and if the enrolled schedule changes, a new Enrollment Agreement should be completed.
 - If more than one provider is assigned to a child, one or both providers may not receive full payment. It is also possible that one provider will receive no payment and the parent may be responsible for payment.
 - I may be responsible for any child care charges not paid by the Department.
 - A new Enrollment Agreement must be completed if an enrolled schedule change extends beyond two weeks.

Parent/Substitute Parent Signature _____ Date _____



IT TAKES A VILLAGE ACADEMY - MAIN
Food and Nutrition Policy
Updated August 1, 2024



Child's Name: _____

Please review the following and initial your understanding and acceptance of our meal policies.

_____ State of Michigan Household Income forms must be completed before my child begins attending *It Takes a Village Academy*. If I am above income eligibility guidelines, I may simply check the box "Do Not Qualify" and sign. This form must be renewed annually.

_____ I am aware that *It Takes a Village Academy* provides my child Breakfast from 8:30am to 9:00am, Lunch from 11:30am to 12:00pm, and Afternoon Snack after rest time. If my child arrives after meal service has ended, I will ensure they have eaten that meal prior to arriving at school and will not bring in food to be eaten separately in the classroom.

_____ I understand that, per Federal and State guidelines, my child will be served unflavored Whole Milk starting no later than 13 months of age through 2 years and will receive unflavored 1% Milk after 2 years. If my child has a personal or health reason for consuming a Milk substitute, I will turn in a Milk Substitution Request and, if necessary, any required medical documentation.

_____ I understand that *It Takes a Village Academy* offers Soy and Lactose-free Milk substitutes upon completion of a Milk Substitution Request but will not serve any other Milk substitutes without written medical documentation, and that I must provide such substitutes myself. I am also aware that, if at any time a nut allergy develops in my child's classroom, even medically requested nut-based substitutes may be denied.

_____ If my child needs any special food accommodations, I must complete a Request for Special Meals form before any dietary changes can be considered.

_____ If my child has a Food Allergy I will provide medical documentation signed by a licensed Michigan medical professional that includes a description of the allergy, how it affects my child, recommended food substitutions and, if needed, an Emergency Care Plan in case of accidental exposure.

_____ I may request a meal accommodation due to personal, cultural or religious beliefs. *It Takes a Village Academy* is not required to provide specific food items or brands, but will try to provide a reasonable substitution that still meets Federal meal standards and avoids the food item in question. If my requested substitution requires excessive expense, time to acquire, or staff preparation work, my request may be denied.

_____ If I choose to bring in a treat for my child's classroom, I will first contact the teacher and/or office for allergy information and possible scheduling issues. Any treat I bring will have the ingredients clearly labeled.

Parent/Guardian Signature

Date

**ACKNOWLEDGMENT OF RECEIPT OF PARENT
HANDBOOK**

Today's Date:

I/We _____ the parents of
_____ have received a copy of the
ITAVA Parent Handbook.

I agree and understand the policies and procedures listed in this
handbook and will comply with the school's rules and regulations.

I understand that the policies and procedures listed in this
handbook are subject to change to reflect the needs of the program.

I understand I will be made aware of these changes in a timely
fashion, and I will always adhere to the most up to date handbook.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date