

**Form must be completed for admission**



**St. Joseph Preschool**

**2675 Third St.**

**Trenton, MI 48138**

**734-676-2565**

**Registration Date:** \_\_\_\_\_ **2016-2017 School Year**

Child's **First Name:** \_\_\_\_\_

Child's **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**CHILD'S BIRTHDATE:** \_\_\_\_\_

**MALE** \_\_\_\_\_ **FEMALE** \_\_\_\_\_

Is your child Catholic? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Family Doctor** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Doctor's Address** \_\_\_\_\_

**Dentist** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Preferred Hospital** \_\_\_\_\_

**Insurance Carrier/#:** \_\_\_\_\_

**Additional Remarks:** (Allergies, Medication, etc.) \_\_\_\_\_

**Date of Last Tetanus Shot:** \_\_\_\_\_

**Custody Information:**

Child lives with: Both parents (birth or adoptive) \_\_\_\_\_

Custody: Joint \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: \_\_\_\_\_

(Copy of Court Order required)

**Mother's First Name:** \_\_\_\_\_

**Mother's Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:**

Home: ( ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_ **Work Hours** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

List the persons that should be contacted in an emergency and who are also authorized to transport the above child.

Name	Address	Relationship	Phone
_____	_____	_____	_____
_____	_____	_____	_____

I give my permission to St. Joseph Preschool, to secure emergency medical and/or emergency surgical treatment for the named minor while under our care.

Date Signed \_\_\_\_\_

(Custodial Parent/Guardian Signature)

I understand that the primary custodial parent listed above is responsible for any and all payments.

Date Signed \_\_\_\_\_

(Custodial Parent/Guardian Signature)

Class number \_\_\_\_\_

Family Information:

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_

Racial/Ethnic Codes: Required by the State of Michigan  
(Select one Primary Code; Secondary Code is optional)

A. Is student Hispanic/Latino?( Select one)  
\_\_\_\_\_ No, not Hispanic/Latino \_\_\_\_\_ Yes, Hispanic/Latino

B. Race: Select one or more.

\_\_\_\_\_ American Indian: Tribal Affiliation \_\_\_\_\_

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

\_\_\_\_\_ Multi-Race (please indicate percentage next to options above)

Language Information:

Native Language: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

**Name and E-Mail for Payment Information. Please Print**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Students Place of Birth, City, State, Country \_\_\_\_\_

Father's First Name: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Phone:**

Home: ( ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_ **Work Hours** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

## Health Care Plan

### Health Care Questions

Is your child in good health? \_\_\_\_\_

List any activities that should be restricted \_\_\_\_\_

Are your child's immunizations up to date?

Yes \_\_\_\_\_ No \_\_\_\_\_

The immunization record or appropriate waiver is on file with the child's school?

Yes \_\_\_\_\_ No \_\_\_\_\_

### Allergy Information

Are there any food or environmental allergies we need to be aware of: No \_\_\_\_\_ Yes, please explain \_\_\_\_\_

## Field Trips and Photos

During the course of the school year, we will from time to time take field trips and pictures of the children participating in various activities in the classroom. We are respectfully requesting your permission to use these photographs in our bi-annual brochures, flyers or possibly on our web site.

\_\_\_\_\_ I agree to supply my child with appropriate sunscreen.

\_\_\_\_\_ Participate in and/ or be transported to field Trips

\_\_\_\_\_ St. Joseph Preschool has my permission to use photos of my child for brochures/ flyers/ web-site.

\_\_\_\_\_ Please do not use my child's photo on any publication.

\_\_\_\_\_ My child may watch movies rated G \_\_\_\_\_ and or PG \_\_\_\_\_.

## **Parent Notification of the Licensing Notebook Child Care Organizations Act, 1973 Public Act 116 Department of Human Services**

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.

- The 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 Children and Adult Licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

Child Name: \_\_\_\_\_

\_\_\_\_\_ 3yr

\_\_\_\_\_ 4yr

I have read and checked the appropriate questions regarding Health Care, Field trips, Photos and Licensing Notebook.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Hand Washing

### Hand washing Procedures

The following procedures will be used for hand washing:

- Have a single service towel available.
- Turn on the water to a comfortable temperature between 60 degrees and 120 degrees.
- Moisten hands with water and apply soap.
- Rub hands together vigorously until a soapy lather appears and continue for at least 10 seconds.
- Rub areas between fingers, around nail beds, under fingernails, and jewelry, and back of hand.
- Rinse hands under running water until free of soap and dirt. Leave water running while drying hands.
- Dry hands with a clean, disposable paper or single use cloth. Turn off tap with disposable paper or single service towel.

Hands shall be washed with soap under running water. The following are not approved substitutes for soap and running water:

- Hand sanitizers
- Water basins
- Pre-moistened cleansing wipes

### Handling Bodily Fluids

The center will use precautions when handling bodily fluids as instructed in the blood borne pathogen training. Steps used will include:

- Staff will put on gloves.
- Clean up bodily fluid/diaper.
- Wash area with soap and water, rinse, and sanitize area.
- Wash hands of child.
- Take off gloves and wash hands.

### Cleaning and Sanitizing

The following steps are to be followed for cleaning and sanitizing:

- Wash area/surface with warm water and soap/detergent.
- Rinse area/surface with clean water.
- Submerge, wipe, or spray the article or surface with a sanitizing solution.
- Let area/surface air dry.

### Sanitizing Solution

- Water and non-scented chlorine bleach solution with a concentrate of 1 tablespoon of bleach to one gallon of water.
- Commercial sanitizers specified on the label to be safe for food contact surface and used according to the manufacturer's directions.

### Controlling Infections

- See universal precautions above.
- Toys that are mouthed will be removed and washed, rinsed, and sanitized. Other toys and equipment will be washed immediately if dirty, or on a daily basis or when dirty.
- Bedding will be stored so that it does not come into contact with other children's bedding. Cots/mats will be washed daily if used by different children or daily if used by one child.
- Children who have any type of communicable disease/condition will be removed from care and may return to care only with a doctor's note.
- Children who become ill will be moved away from the children until they are picked up.

I/We acknowledge that I have read and understand the Preschool Handbook.

By registering my child(ren) at St. Joseph Preschool, I agree to pay tuition and fees in full for the 2016-2017 school year.

To withdraw, the Preschool requests a written letter two weeks prior to the ending date. Payment is due including those two weeks.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date