SAULT COOPERATIVE PRESCHOOL

Dear Parents or Guardians,

Thank you for your commitment and consideration for enrolling your child at Sault Cooperative Preschool. Please complete this enrollment form and attach copies of the required documents listed on the checklist below. Please check every item below that is included with this enrollment form. This completed form and all the below documents must be returned via email (membershipsaultcooperative@gmail.com), USPS (see mailing address on the enrollment form) or delivered to the school's office during open office hours.

Upon receipt of the completed application package, we will contact you to let you know if there is any further paper work needed and to answer any remaining questions you may have. Please visit the Membership Handbook tab on our school website, saultcooperativepreschool.com/membership-handbook. We ask that you read or review the handbook. This outlines all curriculum, membership details, policies and procedures for students, members and staff, as well as state licensing requirements, for the operation of the school. This Handbook is also located on the Welcome area at Sault Cooperative Preschool. If you're filling the forms electronically, all links will take you directly to the web pages needed.

REGISTRATION CHECKLIST:

☐**Registration Fee**
☐**Bussing Fee**
☐**Supplies Fee**
☐**Enrollment Packet (Forms 1-7)**
☐**Child Information Card**
☐**Written Information Packet Documentation Agreement**
☐**Super Raffle Contract**
☐**Health Appraisal**
☐**Copy of Immunization Record**
☐**Central Registry Clearance Form**

All Fees are non-refundable, but transferable. If you have any questions, please do not hesitate to call 906-440-9089. Again, thank you for your interest in our preschool, and we are looking forward to an exciting school year.

Sincerely,

Erin Smith
Executive Board President
Sault Cooperative Preschool

SAULT COOPERATIVE PRESCHOOL

Revised 1/20/2022 Enrollment No. _____

PAPERWORK GUIDE

Please follow this step by step guide to filling out the application packet. Make sure to pay attention to the spaces requiring your signature. Also, please don't leave any spots blank. If, Not Applicable, then please put N/A in the space provided. This will help to prevent the need to return your paperwork for completion.

1. ENROLLMENT CONTRACT:
   This is a straight forward document. Please complete it in full, and make a copy for your records
2. MEMBERSHIP INFORMATION FORM:
   This is a straight forward document. Please fill in all areas, including your e-mail address if applicable. If you're a cooperative member, we send many email opportunities for you to volunteer, so it is important that you list an email address you will check frequently.
3. RULE 104:
   This is a straight forward document. This goes hand in hand with form #12. Anyone that will be working in the classroom must fill them both out! If either is missing when it is your day to work, you will not be permitted to work and will be charged a $20 substitute teacher fee. This must be returned to the school. Two copies are enclosed (mother and father), if more are needed, please see the school.
4. CONSENT FOR PHOTOGRAPHY RELEASE:
   This is self-explanatory. It is not mandatory but will allow your child's photo to be used in the yearbook, our social media accounts (with or without tagging), our website, or the newspaper if the opportunity arises.
5. FIELD TRIP AND BUSSING CONSENT:
   This is self-explanatory. It is not mandatory but will allow your child to attend the field trips for the school year. Dates, times, and locations will be on the monthly calendar.
6. CHILD CARE ORGANIZATION LICENSING CHANGES:
   This is self-explanatory and required by the state.
7. POLICIES AND PROCEDURES:
   This document confirms your agreement to your child's class, payment, and understanding of our policies and procedures at the school. Though we outline them through the enrollment process, they can be found and downloaded from our school website, saultcooperativepreschool.com, in the Membership Handbook tab. We ask that you sign the "Acknowledgement Statement" to keep on file.
8. CHILD INFORMATION CARD:
   This is a state required LARA document. This is the single most important thing that you will fill out! If there is ever an emergency with your child, this is what the teachers are going to grab to get your contact information to call you! **EVERY LINE MUST BE FILLED OUT!** If N/A, then please put N/A. Also, any other adults that will be picking up your child from preschool MUST be on the card or the school WILL NOT RELEASE THEM! This is for the safety of the children. It can be downloaded from our school webpage, saultcooperativepreschool.com, in the Admission section at the bottom of the page.

SAULT COOPERATIVE PRESCHOOL

9. WRITTEN INFORMATION PACKET DOCUMENTATION AGREEMENT:
   This is a state required LARA document and outlines that the school has provided you with the information listed on the form. This information can be found in the Membership Handbook, which can be found as previously stated on our school website or at SCPS.
10. SUPER RAFFLE CONTRACT:
    As a cooperative, Sault Cooperative Preschool is funded and run by the parents or members of the school. The Super Raffle is our largest and most important fundraiser every year. Whether you are cooperative or non-cooperative members, ALL members MUST participate. Each member is required to sell a minimum of $300 worth of tickets.
11. HEALTH CARE APPRAISAL*:
    This is a state required LARA document. We are required by licensing to have child records annually. You, as well as your health care provider must sign the Health Care Appraisal. As a parent (unless you are a physician) you are not able to validate the Immunization Section (II). You are required to complete and sign the front of the form; your physician should complete and sign the back. A dental appraisal is not required. This document should be accompanied by a copy of your child's immunization records. This may be written on the form directly, or you may attach a copy of your child's immunization record, as provided by your child's health care provider. Be sure to write "See Attached" in the Immunization section.
    It can be downloaded from our school webpage, saultcooperativepreschool.com, in the Admission section at the bottom of the page.
12. CENTRAL REGISTRY CLEARANCE FORM*:
    This must be completed every year. The form must be completed, in full, and taken to the DHS offices on Three Mile Road, along with a copy of your driver's license. You should remember to put your social security number, maiden name or any other previous names you have used and sign it. It is your responsibility to submit this to DHS – then return a few days later to pick it up. This is a very critical step in the enrollment process. Once you pick the form back up from DHS, you must submit it with your enrollment packet. Without that completed form – you will not be able to work at the school. It can be downloaded from our school webpage, saultcooperativepreschool.com, in the Admission section at the bottom of the page.

Form #11 (Health Care Appraisal) and #12 (Central Registry Clearance Form) should be turned in right before the school year begins. All other forms (#1-10) can be completed and returned to the office at your earliest convenience.

*****All children under age three (3) require an Attendance Eligibility Waiver to attend as our programs are designed for ages 3-5. If your child is under age 3, please request a waiver form in order to fully enroll under age 3. Our program starts accepting students as early as age two years and nine months.***

All Forms are officially due on the first day of school or date of enrollment if enrolling after the school year has begun. Members have 12 days to present forms. On day 13, your child will be dismissed from the program. This policy is explained in our Membership Handbook. It can be found on our school website or in our welcome area.

SAULT COOPERATIVE PRESCHOOL

ENROLLMENT CONTRACT

Student's Name: _____

Date of Birth: _____ ____ Age: _____ Male or Female _____

Parents/Guardians_____

PLEASE CHECK CLASS PREFERENCE

_____ **5 Day AM** (8:45 – 11:45)

_____ **5 Day PM** (1:00 – 4:00)

_____ **5 Day PM Extended** (1:00 – 5:00)

_____ **3 Day AM** (T,W,TH- 9:00 – 12:00)

_____ **3 Day All Day** (T,W,TH- 8:45-5:00)

_____**5 Day All Day** (8:45-5:00)

*5 Day PM will only be filled once 5 day AM and 3 Day AM are filled

PLEASE CHECK WORK PREFERENCE

_____ Cooperative Member – I will work **25 hours** during the school year (June 2022- June 2023. I understand that failure to fulfill my Cooperative Member obligation will result in monetary penalties.

_____ Non-Cooperative Member – I will **NOT** be a participating Cooperative Member and will not be required to volunteer at the preschool; however, I do recognize that I **must still participate in fundraisers.**

The enrollment packet includes the following:

1. Enrollment Contract
2. Member Information Form
3. Rule 104(1) Form
4. Consent for Photo Release
5. Field Trip Permission
6. Child Care Organization Licensing Changes
7. Policy and Procedure Agreement
8. Child Information Card
9. Written Information Packet Documentation Agreement
10. Super Raffle Contract
11. Health Appraisal and Immunization Record (Do NOT complete prior to May 2019)
12. Request for Central Registry Clearance (Do NOT complete prior to May 2019)

The Sault Sainte Marie Cooperative Preschool is a cooperative venture and depends upon the support of every member. Failure to comply with the above requirements as well as by-laws and policy/procedures of the school will necessitate the removal of your child from the school's program.

As a member of the Sault Sainte Marie Cooperative Preschool, you agree with all of the information contained in this enrollment application. **By signing below, you acknowledge that you have read and understand the information contained in this packet.**

_____ _____

Parent/Guardian Date

SAULT COOPERATIVE PRESCHOOL

ADMISSION REQUIREMENTS AND INFORMATION

Children shall be between two years and nine months (2 ¾) and five (5) years of age to start school. A child is eligible for enrollment if their third birthday precedes the date dictated by the State of Michigan. All children under age 3 will be required to have a waiver to attend as our programs are designed for ages 3-5. Please request the waiver form if your child is under age 3 so that we can complete enrollment.

All children attending preschool must be potty trained, with the exception of minimal accidents. Our definition of "potty trained" means that the child is in underwear and indicates toileting needs to teacher on a regular basis. We are not equipped for diaper changing or daily accidents and are not licensed to do so. As this is an essential part of our licensing, this issue is grounds for early termination and dismissal from the program. Further explanation of procedure in regard to this can be found in our Membership Handbook.

TUITION AND REGISTRATION

MONTHLY TUITION RATES:

3 DAY SESSION (TUES., WEDS., THURS. 9:00 AM – 12:00 P.M.)

Cooperative Membership - $140.00/month

Non-Cooperative Membership - $200.00/month

3 DAY ALL DAY SESSION (TUES., WEDS., THURS. 8:45 AM – 5:15 PM)

Cooperative Membership - $300.00/month

Non-Cooperative Membership - $360.00/month

5 Day AM (MON.-FRIDAY 8:45 AM – 11:45 AM)

Cooperative Membership $215.00/month

Non-Cooperative Membership - $275.00/month

5 DAY PM EXTENDED PROGRAM (MON. – FRI. 1:00 PM – 5:00 PM)

Cooperative Membership - $285.00/month

Non-Cooperative Membership - $345.00

This class will only be filled once all other classes have filled.

5 DAY ALL DAY SESSION (MON. – FRIDAY 8:45 AM – 5:00 PM)

Cooperative Membership - $510.00/month

Non-Cooperative Membership - $570.00/month

SAULT COOPERATIVE PRESCHOOL

FEES

***All Fees are non-refundable but transferable**

EARLY REGISTRATION FEE (NON-REFUNDABLE): $60

Must be paid before Early Enrollment period cut off

DATE OF EARLY ENROLLMENT- January 25th, 2021 to April 1st, 2021

STANDARD REGISTRATION FEE: $80

Any enrollments after early enrollment period will be charged standard costs.

SUPPLIES FEE: $100

Rather than give students a lengthy list of supplies to bring to class, we charge a standard amount. This allows us to purchase all the supplies the school would need throughout the year at any time.

EARLY DROP-OFF AFTER CARE: $5.00 PER HOUR

Early Drop Off and After Care can be requested, and you will be billed for those hours every month. After Care begins once your child's regularly scheduled class ends. All members are able to take advantage of both programs. In order to take advantage of these programs, staff must be notified within 48 hours of your request. There is a sign-up sheet by the office door. Child's name, time of drop off or pick up, and date of request are needed to reserve a spot for your child. Further explanation can be found in the Membership Handbook: Arrivals and Departures section on page 9.

Early Drop Off begins at 7:30am, and After Care ends at 5pm.

MULTIPLE ENROLLEES:

Families with more than one child enrolled at the school concurrently will pay full tuition for the first child and receive a 20% discount on any subsequent children. If children are in different sessions, full tuition will be based on the oldest child enrolled. Families with more than one child enrolled, must fulfill fundraising obligations and classroom working obligations for each child enrolled.

LATE PAYMENT PENALTIES:

After 6 days, you will be assessed a $20 late fee onto your tuition bill.

After 12 days, you will be assessed a $25 late fee onto your tuition bill and be asked not to bring your student until paid in full.

***If tuition has not been paid for 30 days*:** Your child will be dropped from class permanently and late fees are paid. Termination of enrollment begins on the 31st day of non-payment. If tuition is unpaid, a certified letter will be sent informing of the schools right to terminate enrollment. The child's space in the program will not be held and may be given to the next family on the waiting list.

DISMISSAL POLICY

There are occurrences that will cause children to be dismissed from our programs. Accordance with licensing, child welfare, child safety and member responsibilities are some of underlying causes for termination and dismissal. Parents will be given notice of the occurrence and written documentation of the offense. After the 3rd offense, the student will be removed from the program. Further explanation of these policies can be found in our Membership Handbook.

a) Late Tuition
   Withdrawal after 31 days of non-payment. (Membership Handbook: Late Payment Penalties – page 12)

b) Excessive Biting
   Withdrawal after the 3rd written offense and immediate discharge upon the 4th written offense. (Membership Handbook: Emergency Discharge Situations – page 23)

c) Excessive Aggression
   Withdrawal after the 3rd written offense and immediate discharge upon the 4th written offense. (Membership Handbook: Emergency Discharge Situations – page 23)

d) Potty Offenses
   Withdrawal after the 4th written offense of more than 3 accidents a day for a week. (Membership Handbook: Admission Requirements – page 9)

e) Paperwork Requirements
   Withdrawal after 12 days of late paperwork. Immediate discharge on the 13th day. (Membership Handbook : Required Forms – page 14)

Sault Cooperative Preschool reserves the right to an emergency withdrawal. (Membership Handbook: Emergency Discharge Situations – page 23)

REFUNDS

Families withdrawing their child/children from the school are expected to give one month's notice. **However, under no circumstances is September's tuition ever refunded.** If a child leaves the school mid-month, a written request for a refund must be submitted to the Executive Board to be voted on. The tuition will be refunded on a pro-rated basis.

CULTURAL COMPETENCY

The Sault Ste. Marie Cooperative Preschool admits children of any race, religion, disability, color, nationality and ethnic origin to all the rights, privileges, programs and activities made available to students at the school. We do not discriminate in any way within the administration of our educational policies, enrollment policies, financial plan or any other school administered program. A multi-cultural, anti-biased curriculum is offered. Our membership handbook can

provide information on our curriculum, and how culture displayed in many forms throughout. This information can be found on page 20.

SPECIAL NEEDS STUDENTS

The students will be assessed using the Teach Strategies GOLD. By doing so we will be able to see what areas we need to focus on as a classroom and as individuals. If assessment shows that outside resources/extra supports are needed, then the teachers will set up a meeting with the parents to make a plan for what extra supports need to be put into place. For children who enter the program with diagnosed special needs or disabilities, parents and additional supports will be utilized for staff training, ensuring all needs of the child are being met. A written plan will be in place covering additional resources or supports needed.

More information on Special Needs can be found on page 20 of the Membership Handbook.

FUNDRAISNG

Parent participation in fundraising is essential to keep the cost of tuition down. The Sault Sainte Marie Cooperative Preschool's Super Raffle is the only required fundraiser; however, membership participation in ALL fundraisers is highly encouraged. All members must sign the contract agreeing to participate in the Super Raffle.

Non-Cooperative Members are not excused from fundraising obligations, ONLY direct school volunteering.

VOLUNTEER HOURS OBLIGATION

To assist in the operation of the preschool, each Cooperative member will be required to complete 25 volunteer hours during the 2021- 2022 school year. Each family is required to complete 12.5 volunteer hours before December 10th. Whatever is not completed by that time will be billed. The remaining 12.5 volunteer hours is to be completed by May 10th. Anything not completed by these dates will be billed. If you do not complete those hours you will be assessed a $25 per hour. It is your family's responsibility to complete the required hours and ensure your work is logged by contacting the Committee's Chair to have it logged into the system each time. A detailed list of each committee and ways to fulfill your volunteer hours can be found on signup.com and can be discussed with the school committee chairperson.

BOARD POSITION:

If you wish to fulfill your 25 hours of volunteer hours by being an Executive Board Member you will have your registration fee waived. If you terminate your position prior to the board positions May 2022- May 2023 term you will be required to pay your full registration fee to the school at the time of termination. The board position requires that you attend the monthly meetings, fulfill your position duties, and be available by email when needed.

SAULT COOPERATIVE PRESCHOOL

MEMBERSHIP REGISTRATION

EARLY ENROLLMENT PERIOD:

PARTICIPATING MEMBERS:

DATES: JANUARY 25th February 1st

Parents and guardians of the children currently enrolled in the Sault Sainte Marie Cooperative Preschool shall be given first option to enroll their child for an available space. The first week of early enrollment is reserved for current members.

FORMER MEMBERS/ALUMNI:

February 2nd - February 9th

Persons who have had children attend Sault Sainte Marie Cooperative Preschool in past sessions shall be given second option to enroll their child for an available space. The second week of early enrollment is reserved for former members.

GENERAL PUBLIC:

February 10th - February 17th

Enrollment will be open to the general public starting the 3rd week of early enrollment.

September's non-refundable tuition is due by the end of early enrollment period to secure enrollment. To enroll, members must submit completed enrollment packet and $60 non-refundable early enrollment fee. If the registration fee is paid after the end of early enrollment period, the registration fee will be increased to our standard enrollment fee, $80.00, along with September's non-refundable tuition.

Subject to the preferences specified above, all applications for enrollment will be considered in chronological order measured by the payment date of the registration fee and the first month's tuition (September) being received by above guidelines.

Members may enroll their child in one session only, (first 20 openings); however, they may enter their child's name on more than one waiting list if their preferred session is filled.

Cashier checks are strongly recommended as the school cannot cash checks until the new fiscal year begins in June.

SAULT COOPERATIVE PRESCHOOL

MEMBER INFORMATION FORM

Name of Child_____ Nickname_____

Street Address_____ Home Phone_____

City_____ State_____ Zip Code_____ Date of Birth: _____

Name of Mother_____ Employer_____

Mothers Occupation_____ Business Phone_____

Cell Phone #_____ E-mail_____

Home address if different from child's _____

Name of Father_____ Employer_____

Fathers Occupation_____ Business Phone_____

Cell Phone #_____E-mail_____

Home address if different from child's _____

Are there any custody issues of which the school should be made aware? Yes / No (circle) If yes, please explain.

_____

Name of Guardian if other than Parent's_____

Person(s) responsible for daily care of child _____

Has your child ever been tested for developmental delays? (i.e. speech, hearing, premature birth) _____

SAULT COOPERATIVE PRESCHOOL

If yes, please describe and state which agency/agencies performed _____

_____

Child's Family Doctor_____

Address_____Phone_____

Any known allergies? _____

Emergency Contact and Pick Up
Please provide the name, address, and phone number(s) of 2 people we can call in an emergency if you cannot be reached that are able to pick your student up from school.

_____

_____

Revised 1/20/2022

SAULT COOPERATIVE PRESCHOOL

RULE 104

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION FOR TEACHER ASSISTANTS VOLUNTEERS AND ASSISTANT CAREGIVERS

I, _____, hereby authorize the release of all criminal history information on file at the Michigan State Police Central Records Division that pertains to me, to the Sault Ste. Marie Cooperative Preschool, Inc.

_____ _____

Signature Date

Information needed to obtain a criminal history check via LEIN (Law Enforcement Inquiry Network) for the computer

_____ _____ _____ _____/_____/_____

Print Full Name Race Sex Birthdate

Social Security #_____

Driver's License #_____

Record:

Have you ever been convicted of a felony? Yes_____ No_____

Have you ever been convicted as an adult, of an act of immoral conduct, contributing to the delinquency of a child, or a felony involving moral turpitude? Yes_____ No_____

Have you ever had a substantiated charge of child or adult abuse in the Protective Services System in Michigan or another State? Yes_____ No_____

_____ _____

Signature Date

As adapted from Bureau of Regulatory Service, Child Day Care Licensing Division Rule 104(1)

Revised 1/21/2021

SAULT COOPERATIVE PRESCHOOL

RULE 104

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION FOR TEACHER ASSISTANTS VOLUNTEERS AND ASSISTANT CAREGIVERS

I, _____, hereby authorize the release of all criminal history information on file at the Michigan State Police Central Records Division that pertains to me, to the Sault Ste. Marie Cooperative Preschool, Inc.

_____ _____

Signature Date

Information needed to obtain a criminal history check via LEIN (Law Enforcement Inquiry Network) for the computer

_____ _____ _____ _____/_____/_____

Print Full Name Race Sex Birthdate

Social Security #_____

Driver's License #_____

Record:

Have you ever been convicted of a felony? Yes_____ No_____

Have you ever been convicted as an adult, of an act of immoral conduct, contributing to the delinquency of a child, orf a felony involving moral turpitude? Yes_____ No_____

Have you ever had a substantiated charge of child or adult abuse in the Protective Services System in Michigan or another State? Yes_____ No_____

_____ _____

Signature Date

As adapted from Bureau of Regulatory Service, Child Day Care Licensing Division Rule 104(1)

Revised 1/21/2021

SAULT COOPERATIVE PRESCHOOL

CONSENT FOR PUBLICATION OF PHOTOGRAPH

I, _____ parent/guardian for _____, DOB _____ give my consent to the Sault Ste. Marie Cooperative Preschool to utilize my child's photograph in conjunction with the newspaper and/or school websites and/or social media and/or magazine articles featuring the school.

I also give my consent for my child's photograph to be used within the school for presentations and possible end of the year photo CD and yearbook.

If you wish to allow your child's photograph to be on social media but do not wish to be tagged please indicate by initially here: _____.

YES_____ NO_____

I understand this consent will be valid only during the school year beginning September 2021 and will be null and void when the school year ends June 2022.

_____ _____

Parent/Guardian Signature Date

_____ _____

Parent Guardian Signature Date

Revised 1/20/22

SAULT COOPERATIVE PRESCHOOL

FIELD TRIP AND BUSSING CONSENT

TRANSPORTATION WAIVER AND RELEASE OF LIABILITY

I understand that Sault Ste. Marie Cooperative Preschool will utilize bus transportations during field trips.

I give permission for my child _____, to be transported by bus for all field trips which he/she will attend during the 2022-2023 school year at Sault Ste. Marie Cooperative Preschool. The transportation rate for my child will be sent home before every field trip if your child wishes to participate in the field trip. I acknowledge that parent(s) are guardian (s) are permitted to ride the bus, but siblings are not.

Bus transportation will be provided by Sault Area Schools Transportation Department or Joseph K. Lumsden Bahweting Anishnabe PSA of Sault Ste. Marie, Michigan.

Field Trip locations, dates and times will be provided on the monthly calendars.

I hereby release Sault Ste. Marie Cooperative Preschool, Sault Area Public Schools, and Joseph K. Lumsden Bahweting Anishnabe PSA, their Directors and employees from responsibility for the lost or stolen property or bodily injury to me and/or my child resulting from or attributed to the bus transportation.

I have read and understand the above and indicate so by signing below.

Name: _____

Signature: _____Date: _____

If you wish to opt out of having your child being transported to and from field trips and wish to transport him / her yourself, please initial here: _____.

Revised 1/20/2022

SAULT COOPERATIVE PRESCHOOL

CHILD CARE ORGANIZATION LICENSING CHANGES

Per the State of Michigan, the Sault Sainte Marie Cooperative Preschool is now required to keep a Licensing Notebook. To comply with legislation, the preschool must assure that each parent signs a document that includes all of the following statements:

- 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 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 information regarding the Sault Sainte Marie Cooperative Preschool and am aware that a Licensing Notebook is available for my viewing, if I so choose.

_____

Signature

_____ Date: _____

Print Name

_____

Child's Name

Revised 1/20/2022

SAULT COOPERATIVE PRESCHOOL

ACKNOWLEDGMENT STATEMENT

POLICIES AND PROCEDURES

I understand that the Policies and Procedures for Sault Cooperative Preschool are available on Sault Cooperative Preschool's website or a hard copy is available at my request. I have read the Policies and Procedures and I am fully aware of the philosophy, goals, policies, and procedures of Sault Ste. Marie Cooperative Preschool. I am in agreement with such conditions and will abide by them. Throughout the school year, policies and procedures may need to be updated. The Policies and Procedures will be available online and I will be notified of any updates that may occur.

My child, _____, will be registered in the following session at Sault Ste. Marie Cooperative Preschool. (circle one)

5 Day AM **5 Day PM** **5 Day Extended** **5 Day All Day** **3 Day AM** **3 Day All Day**

The monthly charge for this program is $_____. If I plan to withdraw my child from the program, I will give at least one month's notice. Tuition is due by the 1st of the month, or a late fee will be assessed.

This signed agreement, along with a non-refundable registration fee, 1st month's non-refundable tuition payment and the return of the paperwork needed for my child's file, will complete the enrollment process.

_____

Parent/Guardian Signature:

_____

Parent/Guardian Signature:

_____

Date:

Revised 1/20/2022

Sault Cooperative Preschool

Early Admission Waiver

According to LARA, Sault Cooperative Preschool is a licensed program for children ages three to five years old. If a child is not three years of age by the September start of the school year but will be three by December of the current school year, the parent of legal guardian of that child may roll the child in the program for the current school year. The parent or legal guardian must ensure that the child meets the certain criteria for approval of their early admission waiver.

The child must:

1. Demonstrate mental and emotional maturity of a three year old.
2. Be fully potty trained. This meaning rare accidents. No Diapers or Pull-Ups.

Sault Cooperative Preschool may recommend the parent or legal guardian as to whether the child is not ready for our program because of these factors at any time.

Student Name:_____ Date of Birth:_____

Address:_____ City:_____ Zip Code:_____

I understand the eligibility as stated above and am requesting that my child, whose birthday date falls between September and December, be allowed to enter Sault Cooperatives Preschool program. By signing this form, I hereby certify their birth date and the expectations set forth.

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature:_____

Date: _____

For Office Use Only:

- Age Verified: _____

Approved: Yes No Initials: _____

SAULT COOPERATIVE PRESCHOOL

Super Raffle Contract

2022-2023

The Sault Cooperative Preschool is a non-profit organization; therefore, fundraising is essential for the success of our school. The Super Raffle is one of the preschool's largest fundraisers. Our members are accountable for $300.00 worth of raffle tickets. This year, the preschool is offering an incentive to the member who sells the most raffle tickets! The incentive is $100 towards tuition. You will be given 40 raffle tickets the starting date of the raffle period, please request more at any time. Ticket stubs and money must be turned in promptly on the last day of the raffle period.

*Once you receive your tickets you will be responsible to pay for these tickets. If your student is unenrolled as of February 1st of that school year you will still be responsible for half the amount of tickets. If you enroll your student as of February 1st you will only be responsible for half of the tickets to sell.

I am responsible for selling $300.00 worth of Super Raffle tickets. I will be held accountable for the total amount, whether tickets stubs are turned in or not.

_____ _____

Student's Name Class

_____

Parent/Guardian (please print)

_____ _____

Parent/Guardian Signature Date

WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

Child(ren)'s Name(s) (Last, First)	Center Name

A written information packet has been provided at the time of enrollment. The packet included all the following information:

- 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, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
  - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
  - The licensing notebook is available to parents during regular business hours.
  - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at **www.michigan.gov/michildcare.**
- Other _____

I certify that I received all of the above items.

_____ _____

Parent/Guardian Signature Date

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

LARA is an equal opportunity employer/program.

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

Copy Photo ID Here

or

Attach a Separate Page

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared		Date
Also Known as Name (AKA)	Social Security Number		Date of Birth
Address	City	State	Zip Code
Phone Number	Email		

☐ I am completing this for myself. ☐ I would like to pick up my results in County (For Michigan Residents Only).

SECTION 2 REQUESTER INFORMATION

Check Appropriate Box

☐ Employer ☐ Volunteer Agency ☐ Adoption/Foster Care Home Screening ☐ Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney

☐ Other Preschool Volunteer

Name of Agency or Organization	Name of Requester		
Sault Cooperative Preschool	Stacie Pointek		
Address P.O. Box 205 / 1606 Seymour St.	City Sault Ste. Marie	State MI	Zip Code 49783
Email saultcooperative@gmail.com	Fax	Phone Number 906-632-9761	

Employers/Volunteer Agencies will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult 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

Father/Legal Guardian's Name	Home Phone ( )	Mother/Legal Guardian's Name	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 (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 Special Instructions (Attach additional sheets, if necessary.)			

BCAL-3731 (Rev. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

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.	( )

I give permission to _____ , licensed by the Department of Human Services
(Provider's Name)

to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

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

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

BCAL-3731 (Rev. 7-12) Previous editions 9-09,3-08, 10-07, & 1-06 may be used until 12/31/13.

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) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?
☐	☐	☐	1 Allergies or Reactions (for example, food, medication or other)
☐	☐	☐	2 Hay Fever, Asthma, or Wheezing
☐	☐	☐	3 Eczema or Frequent Skin Rashes
☐	☐	☐	4 Convulsions/Seizures
☐	☐	☐	5 Heart Trouble
☐	☐	☐	6 Diabetes
☐	☐	☐	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
☐	☐	☐	8 Trouble with Passing Urine or Bowel Movements
☐	☐	☐	9 Shortness of Breath
☐	☐	☐	10 Speech Problems
☐	☐	☐	11 Menstrual Problems
☐	☐	☐	12 Dental Problems: Date of Last Exam / /
☐	☐	☐	Other (please describe): _____
☐	☐		Does your child take any medication(s) regularly?
Reason for Medication			

Birth History:

Are there any current or past diagnosis(es) ☐ Yes ☐ No

If yes, please describe:

If yes, list medications:

_____ / /

Parent/Guardian Signature Date

Was the health history reviewed by a health professional?

☐ Yes ☐ No ***Examiner's Initials:*** _____

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
☐	☐	VISION	Visual Acuity			
			Muscle Imbalance			
		Date: / /	Other:			
☐	☐	HEARING	Audiometer			
			Other:			
		Date: / /				
☐	☐	URINALYSIS	Sugar			
			Albumin			
		Date: / /	Microscopic			
☐	☐	BLOOD LEAD LEVEL	Level _____ ug/dl			
		Date: / /				

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	HEIGHT & WEIGHT	Height			
			Weight			
☐	☐	Other: _____	Other			
☐	☐	HEMOGLOBIN / HEMATOCRIT				
☐	☐	BLOOD PRESSURE	Reading: _____			
☐	☐	TUBERCULIN	Type: _____			
		Date: / /	Neg.: ☐ Pos.: ☐ _____ mm			

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.

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	
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

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

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (HepA)	1	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: ☐

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:
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ 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	***Examiner's Name (Print or Type)***	Degree or License

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.

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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.