Building Blocks – Enrollment Form

Parent • Guardian • Student Information – please complete this form thoroughly

CHILD'S LAST NAME: _____ BIRTH DATE: ____/___/_____ PHONE #: _____

CHILD'S FIRST NAME: _____ M / F

ADDRESS: _____ CITY _____ ZIP _____

PARENT / GUARDIAN 1	PARENT / GUARDIAN 2
FIRST NAME: _____	FIRST NAME: _____
LAST NAME: _____	LAST NAME: _____
STREET ADDRESS : _____	STREET ADDRESS : _____
CITY / STATE / ZIP: _____/_____/ _____	CITY / STATE / ZIP: _____/_____/ _____
HOME #: _____	HOME #: _____
EMPLOYER : _____	EMPLOYER : _____
WORK #: _____	WORK #: _____
CELL PHONE #: _____	CELL PHONE #: _____
EMAIL ADDRESS: _____	EMAIL ADDRESS: _____

EMERGENCY NAME: _____ **PHONE #:** _____ **CELL PHONE #:** _____

Ready K • Sunshine
8:30am – 11:30am

Starting Date: _____

Day (s) M T W R F

Health / Nutrition Information – I assure the Berkley School District that my child is in good health and I will assume responsibility for his / her health while attending in Berkley School District's Child Care Program.

I will provide my child with: _____ Nutritious snack _____ Bag Lunch _____ Bottles _____ Diapers

In case emergency service is required and parents cannot be reached, my child may be taken to the emergency room at Wm. Beaumont Hospital / Royal Oak • Providence Hospital / Oak Park.

Parent / Guardian Signature: _____ Date: _____

Office Use Only: Year Round / School Year Monthly Tuition: $ _____

Non-refundable supply Fee $ _____ Current Monthly Tuition: $ _____ Total Received: $ _____

☐ **Cash** ☐ **Check #: _____** ☐☐ **Visa** ☐☐ **M/C** ☐☐ **Dis** ☐ ☐**DHS**

Card # _____ Ex. Date: _____ V Code: _____

Name on Card _____ Received by: _____ Date: _____

White copy / Tyndall Center • yellow copy / business office • pink copy / teacher • goldenrod / payee

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.)	

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.

Berkley School District
Policy and Procedures Statement
Building Blocks

☐ I have read the Parent Handbook for the Berkley School District Building Blocks and Kids' Zone programs. I fully understand the stated policies and procedures and agree to follow the policies and procedures stated in the Parent Handbook.

☐ I give my permission for the school personnel to discuss information relevant to the program planning for my child.

☐ I agree to pay my tuition by the 1st of every month on a monthly basis. I understand a late fee will be charged for payments received after the 5th of the month. My tuition will be based on the fees of the Building Blocks program I am enrolled, I understand tuition may increase yearly.

_____ _____

Parent/Guardian Signature Date

BUILDING BLOCKS
14501 TALBOT
OAK PARK, MI 48237
P: 248-837-8900 F: 248-546-9238

berkley building blocks

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Licensing and Regulatory Affairs

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

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

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

Child(ren)'s Name(s) _____

_____

Parent Name _____

Parent Signature _____ Date _____

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

BERKLEY SCHOOLS

Building Blocks Parent Questionnaire

This questionnaire is intended to help teachers become better acquainted with your child and to assist staff in planning activities. All information is confidential.

1. What name do you usually call your child?_____.
2. Does your child have any physical disabilities, including allergies, of which the Building Blocks should be aware? If so, please explain _____.
3. What terminology does your child use to ask to go to the bathroom?

   _____.
4. What type of food does your child like?_____.

   What type of food does your child dislike?_____.
5. Does your child require a nap? ___Yes ___No Do you prefer they take a nap? ___Yes ___No
6. Does your child have tantrums? ___Yes ___No Does he/she suck their thumb? ___Yes ___No

   Does your child have unusual fears? If so, explain_____.
7. Does your child use the following at home?

   Crayons ___Pencils ___Chalk ___Felt Markers ___Scissors
8. Are there any areas in which you anticipate difficulty for your child? (crafts, sharing, following direction) If so, please explain_____.

   _____.
9. List any special interest your child has_____.
10. Has your child been involved in child care before this experience?

    Babysitter ___Family Home Daycare ___Child Care Center

    If a Child Care Center, what was the name of the facility and program?

    _____.

    Was the experience enjoyable? ___Yes ___No
11. List names and ages of other children in your family_____.

    _____.
12. If you are divorced do you have? (Optional)

    ___Joint Custody ___Regular Visitation ___Irregular Visitation

What factor influenced placement of your child in the Berkley Building Blocks Program?

_____.

Other comments/suggestions_____.

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berkley building blocks

berkley building blocks

ENGAGE INSPIRE ACHIEVE
WWW.BERKLEYSCHOOLS.ORG

Dear Parents,

Our classroom has a website on Shutterfly where the classroom posts pictures, videos, building and classroom announcements, useful links and resources for parents, as well as a way to stay in touch with your fellow classroom parents. The site is by **invite only**, if you participate an e-mail will be sent to you with further instructions.

□ I would like to participate in the website

□ I would not like to participate

_____

Child Name Room #

_____

Parent Name

_____

Email Address

_____

Phone Number (Optional)

_____

Parent Name

_____

Email Address

_____

Phone Number (Optional)

BERKLEY SCHOOLS

ENGAGE INSPIRE ACHIEVE
WWW.BERKLEYSCHOOLS.ORG

SKYLERT

In order to best communicate with you in a school closure or other emergency situation, the Berkley School District will send a Skylert to all families. Skylert is an emergency notification system that has the ability to call, text, and email families with important information or emergency messages from the school.

In the event of an emergency or closure impacting Berkley Building Blocks Avery or Tyndall campuses, we will notify you immediately via Skylert. The Skylert phone calls and/or texts will be sent to the phone number(s) you request so please be sure it is a direct line to you not a main line switch board at your place of work. Please make sure this telephone number is one that you have access to during school hours, update new phone numbers in the Tyndall Office.

Please also be sure to include a valid email address. Several District and Building Blocks communications are sent via email only and will not reach you without a valid email address.

Student Name:_____Building_____Date_____
(Please Print)

Phone Number: Please print your primary telephone number (to be called, not texted) below. Again, this should be a *direct* line to you – not a main switch board or operator at your place of work:

1st Phone Number:_____***2nd Phone Number***_____

Text Message: If you wish to receive emergency text messages (snow days and other emergencies), please enter a telephone number in the space provided. Please note that the district is not responsible for any fees you may incur through your cell phone provider*****:

1st Text Message Number_____***2nd Text Message Number***_____

*****Please note that not all providers will allow texting from the district. Most of the major carriers (Verizon, AT&T, etc.) will allow texting from Skylert, but some may not. Check with your provider if you have concerns about texting.

E-Mail Address: Several District and Building Blocks communications are sent via email only and will not reach you without a valid email address.

E-mail address :_____ ***2nd E-mail address:*** _____

If at any point your information changes (new phone number, new email address, etc.), you are responsible for contacting the office to update the information in our database.

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berkley building blocks

COMMUNICATIONS CONSENT FORM

Child's Name: _____ Current Teacher: _____

Our district communication provides us with many opportunities to showcase students and their work. Each month, our Board of Education honors students for special accomplishments, the weekly district newsletter displays student artwork, photos, and success stories; our Building Blocks newsletters, Shutterfly, Facebook and Twitter accounts publish photos of classroom activities and our website gives us the chance to highlight our curriculum and student learning and student achievements. If you have questions, please call the Communications Office at 248.837.8095.

Please select yes or no.

_____ **YES**, the Berkley School District and the Building Blocks program has my permission to use my child's work, photo, video, voice, and/or name in district communications or other media.

_____ **NO**, the Berkley School District and the Building Blocks program does not have my permission to use my child's work, photo, video, voice, and/or name in district communications or other media. I understand that if I select No, my student cannot be recognized for any accomplishments in district and school communications and/or local media.

Signature: _____ Date: _____

BERKLEY SCHOOLS

ENGAGE INSPIRE ACHIEVE
WWW.BERKLEYSCHOOLS.ORG

Please Print Your Name _____

Please return this form with your child's enrollment packet.

Dear Berkley Building Blocks Families,

We value the participation of our parents at many levels. Our handbook states: "Parents are a child's primary teacher. Parents are invited to participate and are always welcome to visit at any time." Our most recent parent survey showed that many parents are not aware of ways they can participate in their child's experience at the Berkley Building Blocks. We hope this survey opens the door for more opportunities for our Building Blocks families.

1. Teaming up with families can enrich your child's classroom environment. It does not always mean time away from work! Place an X next to ways you might be able to help.

_____ One sided paper from my work. _____I'm a crafter! I have left over "stuff".

Other. Please describe_____

2. You are always welcome to visit the Building Blocks! You can stop in anytime, but with just a little planning, there are many other ways to participate. Place an X next to ways you might consider participating.

_____ Help plan special evening events. ____ Help plan classroom holiday celebrations.

_____ Set up a time to read to the children before or after work.

_____ Set up a time to participate in an art project.

_____ Do you have another suggestion? Describe _____

3. Do you have a special talent to share with young children?

_____I play an instrument! _____I am good at woodworking!

_____I can juggle! _____I love to do digital photography!

_____I have a connection to a service or business that could do a presentation for children.

Other. Please describe_____

_____

BUILDING BLOCKS
14501 TALBOT
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berkley building blocks

OAKLAND COUNTY MICHIGAN

HEALTH DIVISION

OAKGOV.COM/HEALTH

Due to an immunization rule change from the Michigan Department of Community Health, waivers exempting children from receiving immunizations can no longer be obtained from a school or childcare.

Non-Medical waivers based on religious or philosophical beliefs must first be certified at the Oakland County Health Division.

Parents/guardians of children who are unable to receive vaccinations due to medical reasons should consult their healthcare provider for a medical waiver form.

For more information, go to www.oakgov.com/health or contact Nurse On Call (NOC) at 1-800-848-5533.

@PUBLICHEALTHOC

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

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	HEIGHT & WEIGHT	Height			
			Weight			
		Other: _____	Other			
☐	☐	HEMOGLOBIN / HEMATOCRIT	⇨			
☐	☐	BLOOD PRESSURE	Reading: _____			
☐	☐	TUBERCULIN Date: / /	Type: _____ 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	
	Type of Vaccine(s)	Date of Vaccine(s)
OTHER Vaccines Specify Date & Type	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 _____ 's teeth. As a result of this examination, my recommendation for treatment is: _____

child's name

_____ ___/___/___

Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ ___/___/___ _____ _____

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

_____ _____ MI _____ (___) _____

Number & Street City ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

****

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

Auto Charge Card Form

Berkley Building Blocks – Avery Center
14700 W. Lincoln Blvd.
Oak Park, MI 48237

June, 2016

Dear Parent/Guardian,

For your convenience, the Berkley School District offers an automatic payment plan for your child care payments. Payments can be automatically withdrawn from your Visa, Master Card or Discover the first of every month. If you would like to take advantage of this, please fill out the form below and return it to: Berkley School District, 14700 W. Lincoln Blvd., Oak Park, MI 48237 Attn: Accounts Receivable.
You may also fax it to me at 248-544-5835. If you have any questions, please call Darryl B. Watson @ 248-837-8439 or email dwatson@berkleyschools.org.
Thank you.

A new form must be filled out each year. Please fill out and return in order to keep your automatic deductions continued. July 1st there is a cost increase in effect.

Child's Name _____

Please list all classes to be included/School: _____

Your Address: _____City: _____Zip_____

Visa Card # _____

Master Card # _____

Discover # _____

Expiration Date _____ V-Code _____
(Last 3 digits in signature box on back of the card)

Total Amount _____

Print Name: _____

Signature _____

___ ***I give authorization for any ½ days & late pick-ups to be added to my charge monthly. (This does not include student non-attendance days which must be registered and pre-paid at Tyndall Center)***

Berkley Schools Building Blocks Programs Tuition Slips

Payment is due the **1st** of every month. There will be a **$25 late fee assessed per child** for payment received after the **5th** of every month. All payments are to be made or mailed to: ***Berkley Building Blocks, Avery Center, Accounts Receivable, 14700 W. Lincoln, Oak Park, MI 48237*** or left in the after hours Drop Box outside the Administration Office entrance on the corner of Tyler & Manhattan Streets. Payments accepted are Visa, Master Card, Discover Card, Checks or money orders made payable **to Berkley School District**, or cash. Call ***Accounts Receivable Darryl Watson at 248.837.8439*** to make payments with a charge card.

Mail To: Berkley Building Blocks, 14700 W. Lincoln, Oak Park, MI 48237 – ph: 248.837.8439

Child(ren) Name_____Parent Name_____.

Program_____School Building_____.

Amount Enclosed_____.Visa/MasterCard/Discover#_____.

Expiration Date_____V-Code_____ Check #_____.

Mail To: Berkley Building Blocks, 14700 W. Lincoln, Oak Park, MI 48237 – ph: 248.837.8439

Child(ren) Name_____Parent Name_____.

Program_____School Building_____.

Amount Enclosed_____.Visa/MasterCard/Discover#_____.

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Program_____School Building_____.

Amount Enclosed_____.Visa/MasterCard/Discover#_____.

Expiration Date_____V-Code_____ Check #_____.

Berkley Schools Building Blocks Programs Tuition Slips

Mail To: Berkley Building Blocks, 14700 W. Lincoln, Oak Park, MI 48237 – ph: 248.837.8439

Child(ren) Name_____Parent Name_____.

Program_____School Building_____.

Amount Enclosed_____.Visa/MasterCard/Discover#_____.

Expiration Date_____V-Code_____ Check #_____.

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Amount Enclosed_____.Visa/MasterCard/Discover#_____.

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Child(ren) Name_____Parent Name_____.

Program_____School Building_____.

Amount Enclosed_____.Visa/MasterCard/Discover#_____.

Expiration Date_____V-Code_____ Check #_____.