Building Blocks - Enrollment Form Guardian • Student Information – please complete this form thoroughly * Required Field BIRTH DATE:* CHILD'S FIRST NAME:* CHILD'S LAST NAME:*______ M ___ F PHONE #: _____ ADDRESS:*_____ CITY*_____ ZIP*_____ PARENT / GUARDIAN 2 PARENT / GUARDIAN 1 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 #: _____ Starting Date_____Year Round __School Year Building Blocks/Full Day _____Infant (0-1) _____Young Toddler (1-2) ____Older Toddler (2-3) _____Preschool (3-5) List Day(s) Needed _____ Room #____ Monthly Tuition \$_____ **11 Hour Option**: _____7:00a - 6:00p **9 Hour Options**: _____7:00a - 4:00p or _____8:00a - 5:00p 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. Your electronic signature below indicates your acknowledgment and agreement to all above statements and assurances. Parent / Guardian Signature: *_____ Date: * **BERKLEY SCHOOL DISTRICT FEDERAL TAX ID# 38-6003087** ____DHS Extra Payment: \$_____ **OFFICE USE ONLY:** Non-refundable Fee: \$______(\$60 Single/\$100 Family) Enrollment Month Tuition: \$______ Total Received: \$______ _____Visa ____MasterCard ____Discover ____ Cash ____ Check #:_____ Card #: _____ Ex. Date:_____ V Code:_____ Name on Card _____ Received by:_____ Date:_____

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

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 Adr	nission	Date o	of Disch	arge				
Name of Child (Last, First, Middle Ini	tial)							Child'	's Date of Birth
Address (Numb	er and Street, Buildin	g/Apartme	nt Number)	1	City			State	Zip C	ode
Parent/Legal Gu	uardian's Name		Primary (Phone	Pare	ent/Legal Gu	uardian's Name ((Optional) Prima (ary Phone)
Home Address	(if not child's address)	2 nd Pho (ne (if applicable)	Hom	e Address	(if not child's add	ress)	2 nd Pl	hone (if applicable)
City		State	Zip Coo	le	City			State	Zip C	ode
Email Address ((optional)	1			Ema	il Address (optional)			
Employer Name)		Work P (hone)	Emp	loyer Name)		Work (Phone)
Name of Child's	Physician or Health	Clinic			Phys (sician's or H)	lealth Clinic's Pho	one Num	nber	
Hospital Preferr	ed for Emergency Tr	eatment (o	ptional)		•					
Allergies, Specia (Attach additional sh	al Needs and/or Spenets, if necessary.)	cial Instruc	tions? Yes	□ No □ If yes	, explai	n:				
CCL-3731 (Rev. 3/1	7/2022) Previous editions 7	'-18 & 4-21 m	ay be used							See Reverse Side
possible, include a	tact & Release of Child at least one person othe mber column can be lef	er than the p	arents/legal	guardians to be	contact	ed in an eme				
1.						()			()	
2.						()			()	
3.						()			()	
Release of Child	Only: List all individuals,	other than th	e parents/leg	al guardians, to w	hom the	e child may be	released. (If more ir	ndividuals	, attach additio	onal sheets.)
1.		()		2.			(()	
3.		()		4.			(()	
Parent/Legal Gu	ardian Initials:									
	permission to <u>Berk</u> It for the above named r	•	-	<u>ks</u> , licensed by	the Dep	artment of Li	censing and Regula	atory Affai	irs to secure e	emergency
I certify that I ac	ccurately completed th	is form and	d if anything	changes, I will	notify	the provider	by updating this	form.		
Signature of Pare	ent or Guardian						Date Sig	ined		
Date Card Reviewed	Parent or Legal Guardian Initials	Date Ca Review		arent or Legal uardian Initials		Date Card Reviewed	Parent or Lega Guardian Initial		Date Card Reviewed	Parent or Legal Guardian Initials
	LAF	RA is an equ	al opportunit	y employer/prog	ram.				THORITY: 19 MPLETION: F	

PENALTY: Rule Violation Citation.



www.berkleyschools.org/bbb

* Required Field

Berkley School District Building Blocks Policy and Procedures Statement

I have read the Parent Handbook for the Berkley School District Building Blocks 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.

Typing your name below as a parent/legal guardian represents both your electronic signature and indicates that you have reviewed these documents and are certifying on behalf of yourself that you understand the rules and procedures of the Berkley School District as referenced above.

*

Parent/Guardian Signature

Date

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
	Avery (Building Blocks) - DC630019539

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 <u>www.michigan.gov/michildcare</u>.

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.



BERKLEY BUILDING BLOCKS

14700 W. Lincoln, Oak Park, MI 48237 p. 248-837-8900 f. 248-546-9238

www.berkleyschools.org/bbb

SCHOOL COMMUNICATION

In order to best communicate with you in a school closure or other emergency situation, the Berkley School District will send a School Communication to all families. School Messenger 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, we will notify you immediately via School Messenger. School Messenger 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 Building Blocks 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:_____ Room#/Teacher_____ 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. In order to receive text messages, every parent must opt-in. In order to opt in, text the word YES (in message field) to the phone number 67587 (in the To field). 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 School Messenger, 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.

@BerkleySchools



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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.

Typing your name below as a parent/legal guardian represents both your electronic signature and indicates that you have reviewed these documents and are certifying on behalf of yourself that you understand the rules and procedures of the Berkley School District as referenced above.

Signature: * _____ Date: * _____



@BerkleySchools



p. 248-837-8900 f. 248-546-9238

Parent Orientation Checklist

These are topics that we discuss during a Building Blocks tour. Please check the topics you may have questions on or would like more information on. We will be happy to answer them for you.

Tour of the facility

_____ Introduction to teaching staff

_____ Parent visits the classroom

_____ Overview of the handbook

_____Overview of the community board and handouts/resources for families

_____ Opportunity for you to visit again if needed

_____ Expectations of family and needs of child discussed with teacher

* If an interpreter is needed please let us know

Parent Signature	Date
u	

Printed Parent Name



Building Blocks Time Schedule

Child's Name:

BERKLE

Pick one schedule below that you would like to follow. If this form is not received by the Building Blocks office we will assume that you will be following the 11 Hour time frame schedule. There is a \$50 fee charged each time any changes are made to your schedule. You can change a schedule at no charge during the last two full weeks in June.

9 Hour - <u>7am - 4pm</u> Calendar Following: ____School Year ____Year Round I understand that by choosing this schedule I will be dropping my student off after 7am and will be picking up on or before 4pm. There will be a \$5 per minute late fee charged to my account for late pick up from 4pm to 4:30pm and a \$7 per minute late fee charged after 4:30pm.

9 Hour - <u>8am - 5pm</u> Calendar Following: ____School Year ____Year Round I understand that by choosing this schedule I will be dropping my student off after 8am and will be picking up on or before 5pm. There will be a \$5 per minute late fee charged to my account for late pick up from 5pm to 5:30pm and a \$7 per minute late fee charged after 5:30pm.

11 hour - <u>7am - 6pm</u> Calendar Following: <u>School Year</u> Year Round I understand that by choosing this schedule I will be dropping my student off after 7am and will be picking up on or before 6pm. There will be a \$5 per minute late fee charged to my account for late pick up from 6pm to 6:30pm and a \$7 per minute late fee charged after 6:30pm.

9 Hour - Extra Care

Teachers following the 7am – 4pm schedule that need extra care for staff meetings will need to supply the office with your meeting schedule in advance along with school ID. Care will be available until 5pm on those days for a fee of \$10 each day used, after 5pm late fees of \$5 per minute will begin. Those following the 8am – 5pm schedule that need extra care in the morning will need to contact the Building Blocks office in advance and care will be available at 7am for a fee of \$10 each day used. You must present the classroom with the paid receipt for extra care. Once payment has been received NO refund, day change or credit will be given for service not used.

*Your electronic signature below indicates your acknowledgment and agreement to all above statements and assurances.

*Parent Signature:

Date:



berkley building blocks

early childhood education



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

Other. Please describe

Please Print Your Name _____

Please Print Your Child's Name_____

Inspire. Empower. Lead.



I love to do digital photography!

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.)

PE	RS	ONAL												
СН	ILD'	S NAME (Last, First, Middle)									DATE OF BIRTH (mm/dd	/yy)		
											/	/		
AD	DRE	SS (Number & Street)	(City)						(ZIP Coc MI	le)	TODAY'S DATE (mm/dd/	уу) 7		
		T/GUARDIAN (Last, First, Midd							IVII		/ HOME TELEPHONE NU		D	
		יואנ, אומט										VIDL		
AD	DRE	SS (Number & Street)	(City)						(ZIP Coc	le)	WORK TELEPHONE NU	MBE	R	_
		, , , , , , , , , , , , , , , , , , ,							MI	,	()			
			SECTIO	DN	1 -	HE	AL	тн	HISTORY					
		ହୁ ୧୫ ଅଟି # Is your child h			_	_								
-	-		aving any of the problems listed					_	Birth History:					_
			actions (for example, food, medica	atio	n o	r oth	ner)	_						
		2 Hay Fever, Astr 3 Eczema or Free	nma, or wheezing quent Skin Rashes					_						_
		□ □ 3 Eczema or Free □ □ 4 Convulsions/Se	•					_						_
		□ □ 5 Heart Trouble	5/20103											
														_
		7 Frequent Colds	, Sore Throats, Earaches (4 or mo	ore j	per	yea	r)		Are there any current of	or past diagn	osis(es) 🗆 Yes 🗆	N	b	_
		•	ssing Urine or Bowel Movements			<u> </u>	,		If yes, please describe					
		□ □ 9 Shortness of B	reath											
		10 Speech Problem	ms											
		🗆 🗆 11 Menstrual Prob	lems											
		🗆 🗆 12 Dental Problem	s: Date of Last Exam /		/									
		Other (please desc Other (please desc	cribe):					.						
								.						
														_
<u> </u>			ke any medication(s) regularly?					┥	If yes, list medications					_
	Rea	ason for Medication						_=						_
			/		/			_	Was the health history	raviourad by	a haalth profossions	10		
-		Parent/Guardian	Signature Da	to	/			.			r's Initials:	u r		
							~ ~ ~							
		SECT	ION II - PHYSICAL EXAMINA Required for Child (Car	эn e a	nd nd	э Р Неа	ad S	Start / Early Head Star	EASUREMI	ENTS			
			Test	s a	Ind	M	eas	sure	ements					
						are								are
				Normal	Referred	Under Care						Normal	Referred	Under Care
٩	Yes	Was child tested for:	Test results:	No	Ref	n	No		Was child tested for:	Test results:		٩ ٩	Ref	Unc
		VISION	Visual Acuity						HEIGHT & WEIGHT	Height				
			Muscle Imbalance				_	_		Weight				
\vdash		Date: / /	Other:						Other:	Other	•			_
		HEARING	Audiometer						HEMOGLOBIN / HEMATOCRIT		⇒			_
		Date: / /	Other:						BLOOD PRESSURE	Reading:				
\vdash		Date: / / /	Sugar		-	\vdash			TUBERCULIN	Type:				
		5. MW (E) 010	Albumin		-	\vdash		_		1390.				
		Date: / /	Microscopic			\vdash			Date: / /	Neg.: D Pos.	: 🗆 mm			
\vdash		BLOOD LEAD LEVEL					NC	DTE:	Blood lead level required for	-		t be	test	ed
					t	⇒	at	one	and two years of age, or c	nce between	three and six years of	age	if r	ot

Essential Findings Deviating from Normal:

Date:

at the same intervals as listed above.

⇔

Examinations and/or Inspections

ug/dl

Level

previously tested. All children under age six living in high-risk areas should be tested

Statements such as "U	JP-TO-DATE" or		- IMMUNIZATIONS epted. Admission to school may be denied	on the basis of this info	ormation.*	
VACCINES (Circle Type)	DAT	TE ADMINISTERED MM/DD/YYYY	VACCINES (Circle Type)		IINISTERED D/YYYY	
Hepatitis B	1	3	Hepatitis A (HepA)	1	2	
(НерВ)	2			1	3	
	1	4	Influenza (IIV/LAIV)	2	4	
DTaP/DTP/DT/Td	2	5	Meningococcal (MCV4 / MPSV4)	1	2	
	3	6	Human Papillomavirus	1	3	
Tdap	1		(HPV9/HPV4/HPV2)	2		
Haemophilus Influenzae	1	3		Type of Vaccine(s)	Date of Vaccine(s)	
type b (HIB)	2	4	OTHER Vaccines	1		
Polio	1	3	Specify Date & Type	2		
(IPV/OPV)	2	4		3		
Pneumococcal Conjugate	1	3	Indicate and attach physician diagnosis	or laboratory evidence of	immunity as applicable	
(PCV7/PCV13)	2	4	*NOTE: According to Public Act 368 of 1	978 any child enrolling in	n a Michigan school for	
Rotavirus (RV1/RV5)	1	3	the first time must be adequately	y immunized, vision teste	d and hearing tested.	
	2		Exemptions to these requirement objections, provided that the wa			
Measles, Mumps, Rubella (MMR)	1	2	delivered to school administrato	rs. Forms for these exem	ptions are available	
Varicella (Chickenpox)	1	2	at your provider office for medica department for nonmedical waiv		and through your local health	
History of Chickenpox Disease?	□ No If yes, d	ate:	Parent/Guardian refused immunizations:			
I certify that the immunization dates are to	rue to the best of m Professional's S	, .	Title		/ / Date	
State Is there any defect of vision, heat Should the child's activity be restifyes, check and explain degree	tricted because of	(Required for Child Care tion for which the school could hel any physical defect or illness?	RECOMMENDATIONS and Head Start/Early Head Start) lp by seating or other actions? If yes, please explai			
Other Recommendations						
	SECTION V	- DENTAL EXAMINATIO	N AND RECOMMENDATIONS (OPTI	ONAL)		
I have examined ch	ild's name	's teeth.	As a result of this examination, my recommendation	on for treatment is:		
	Dentist's Sigr	nature		/ / / Date		
		PHYSICIA	N'S SIGNATURE			
		/ /				
Examiner's Signate	ure	Date	Examiner's Name (Prin	t or Type)	Degree or License	

Information required for:

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

Number & Street

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.

City

ZIP Code

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.

Telephone



BERKLEY BUILDING BLOCKS

14700 W. Lincoln, Oak Park, MI 48237 p. 248-837-8900 f. 248-546-9238

www.berkleyschools.org/bbb

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.

•	What name do you usually call your child?
•	Does your child have any physical disabilities, including allergies, of which the Building Blocks should be aware? If so, please explain
•	What terminology does your child use to ask to go to the bathroom?
•	What type of food does your child like?
•	What type of food does your child dislike?
•	Does your child require a nap? Yes No, Do you prefer they take a nap? Yes No
•	Does your child have tantrums? Yes No, Does he/she suck their thumb? Yes No
•	Does your child have unusual fears? If so, explain
•	Does your child use the following at home? Crayons Pencils Chalk Markers Scissors
•	Are there any areas in which you anticipate difficulty for your child? (crafts, sharing, following direction) If so, please explain
•	Has your child been involved in child care before this experience?YesNo If so, check all that applyBabysitterFamily Home DaycareChild Care Center, What was name of Facility and Program?
	 Was the experience enjoyable? Yes No If so, please explain
•	List names and ages of other children in your family
•	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?



www.berkleyschools.org/bbb

Berkley Building Blocks Common Medications Consent (Sunscreen/Diaper Cream)

(Please Print) Student Name

Room #_____

Sunscreen, lotions, chapstick and diaper cream are **not** available at Berkley Building Blocks. These must be sent in by a parent/guardian with this signed consent form in order for us to administer this nonprescription medication to your child. Please list the brand name and expiration date of each item you'll be sending with your student. If you do not wish to provide one of these items, no initials are required. Sunscreen is **required** during the spring/summer instruction.

Category	Brand Name	Expiration Date	Parent Initials
Sunscreen			
Lotion			
Chapstick			
Diaper Cream			

Parent/Guardian

I hereby give my permission to Berkley Building Blocks school personnel designated by the school principal to give the above mentioned medications/creams to my child.

I further agree to hold the Berkley School District and all employees harmless in any and all claims arising from the administration of this medication in school.

I agree to notify the school in writing at the termination of this request or when any change in the above is necessary.

Signature of Parent/Legal Guardian

Printed Name





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Berkley Building Blocks Parent Handbook Agreement

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

*		
Print student Name		
*		
Print Parent/Guardian Name		
*	*	
Parent/Guardian Signature	Date	

BERKLEY BUILDNG BLOCKS / KIDS' ZONE PAYMENT AUTHORIZATION FORM

For your convenience, the Berkley Building Blocks uses the Procare App as our primary payment option to process your monthly childcare payments. Monthly payments are due by the 5th of each month. When you set up your Procare account you will select "make a payment" and "set up payment". You can select auto-pay, in which case the payment will be deducted on the due date of each invoice. If you do not initiate auto-pay, card information can be saved, but you will be responsible for initiating payment and any related late fees if payment is not made by the due date. If you choose to opt out of the Procare card payment altogether, you must select your method of payment below. Checks and cash should be placed in the drop box at the address below.

Berkley School District
ATTN: Accounts Receivable
14700 W Lincoln, Oak Park,
MI 48237
MI 48237

Name of Child(ren): — —								
School(s):								
Class(es) to be included:								
Home Address:								
Choose a method of payment	od of payment (Recommended) I will pay using Procare Auto-Pay							
	I will initiate each monthly	I will initiate each monthly payment on Procare						
	I will pay by Check	I will pay by Cash						
Total Monthly Ar	Total Monthly Amount \$							
Print Name:								
Signature								

A new authorization form must be completed each school year.

If you have any questions, please contact Kristin Folsom at 248-837-8439 or Kristin.Folsom@berkleyschools.org