# 2019 – 2020 Morning Preschool Programs

Will follow Berkley School Year Calendar

## Sunshine Club: 2 1/2 - 4 year olds

*Tuesday, Thursday, 8:30 a.m. – 12:00 p.m.*

***9 monthly payments - $200 per month***

Children participate in a program designed to promote learning and socialization skills in a relaxed environment. Children are encouraged to explore language arts, science, fine arts, and large and small motor activities in concrete hands-on ways. Must be 2 1/2 years old and potty trained by September 1st.

## Ready K: 4 - 5 year olds

*Monday, Wednesday, Friday, 8:30 a.m. – 12:00 p.m.*

***9 monthly payments - $273 per month***

This special program, designed by early childhood professionals, will prepare preschoolers for kindergarten. It offers children the opportunity to participate in activities designed to enhance the whole child. A carefully designed curriculum emphasizes social, emotional, physical, language and intellectual growth, and will also provide many pre-reading and pre-writing activities.

## Full Day Program: 6 weeks - 5 year olds

At Berkley Building Blocks, we strive to create a unique experience for each individual child in a safe, nurturing, and enriching environment. Our curriculum, HighScope is a balanced approach for young learners and the people who teach them. The HighScope Curriculum integrates all aspects of child and youth development. Using research-validated strategies, this approach enhances each young person's growth in the foundations of academics as well as in social-emotional, physical, and creative areas. Each member of our warm and caring staff is educated in early childhood development and receives ongoing training to ensure the most current and best practices are applied.

## Registration Procedures

All completed registration forms and current month's tuition plus a non-refundable registration fee of $60 per student, maximum $100 per family are due at time of registration. Registration forms are available at Building Blocks or can be downloaded from our web site at: www.berkleyschools.org/buildingblocks

**For more information, please call: 248.837.8900**
**Building Blocks 14700 W. Lincoln, Oak Park, MI 48237**

berkley building blocks

early childhood education

# 2019–2020 Building Blocks Morning Preschool Calendar

## September 2019 – June 2020

| September 2019 | | | | |
|---|---|---|---|---|
| Mon | Tues | Wed | Thurs | Fri |
| | 3 | 4 | 5 | 6 |
| 9 | 10 | 11 | 12 | 13 |
| 16 | 17 | 18 | 19 | 20 |
| 23 | 24 | 25 | 26 | 27 |
| 30 | | | | |

| October 2019 | | | | |
|---|---|---|---|---|
| Mon | Tues | Wed | Thurs | Fri |
| | 1 | 2 | 3 | 4 |
| 7 | 8 | 9 | 10 | 11 |
| 14 | 15 | 16 | 17 | 18 |
| 21 | 22 | 23 | 24 | 25 |
| 28 | 29 | 30 | 31 | |

| November 2019 | | | | |
|---|---|---|---|---|
| Mon | Tues | Wed | Thurs | Fri |
| | | | | 1 |
| 4 | 5 | 6 | 7 | 8 |
| 11 | 12 | 13 | 14 | 15 |
| 18 | 19 | 20 | 21 | 22 |
| 25 | 26 | 27 | 28 | 29 |

| December 2019 | | | | |
|---|---|---|---|---|
| Mon | Tues | Wed | Thurs | Fri |
| 2 | 3 | 4 | 5 | 6 |
| 9 | 10 | 11 | 12 | 13 |
| 16 | 17 | 18 | 19 | 20 |
| 23 | 24 | 25 | 26 | 27 |
| 30 | 31 | | | |

| January 2020 | | | | |
|---|---|---|---|---|
| Mon | Tues | Wed | Thurs | Fri |
| | | 1 | 2 | 3 |
| 6 | 7 | 8 | 9 | 10 |
| 13 | 14 | 15 | 16 | 17 |
| 20 | 21 | 22 | 23 | 24 |
| 27 | 28 | 29 | 30 | 31 |

| February 2020 | | | | |
|---|---|---|---|---|
| Mon | Tues | Wed | Thurs | Fri |
| | | | | |
| 3 | 4 | 5 | 6 | 7 |
| 10 | 11 | 12 | 13 | 14 |
| 17 | 18 | 19 | 20 | 21 |
| 24 | 25 | 26 | 27 | 28 |

| March 2020 | | | | |
|---|---|---|---|---|
| Mon | Tues | Wed | Thurs | Fri |
| 2 | 3 | 4 | 5 | 6 |
| 9 | 10 | 11 | 12 | 13 |
| 16 | 17 | 18 | 19 | 20 |
| 23 | 24 | 25 | 26 | 27 |
| 30 | 31 | | | |

| April 2020 | | | | |
|---|---|---|---|---|
| Mon | Tues | Wed | Thurs | Fri |
| | | 1 | 2 | 3 |
| 6 | 7 | 8 | 9 | 10 |
| 13 | 14 | 15 | 16 | 17 |
| 20 | 21 | 22 | 23 | 24 |
| 27 | 28 | 29 | 30 | |

| May 2020 | | | | |
|---|---|---|---|---|
| Mon | Tues | Wed | Thurs | Fri |
| | | | | 1 |
| 4 | 5 | 6 | 7 | 8 |
| 11 | 12 | 13 | 14 | 15 |
| 18 | 19 | 20 | 21 | 22 |
| 25 | 26 | 27 | 28 | 29 |

| June 2020 | | | | |
|---|---|---|---|---|
| Mon | Tues | Wed | Thurs | Fri |
| 1 | 2 | 3 | 4 | 5 |
| 8 | 9 | 10 | 11 | 12 |

| CENTER CLOSED |
|---|
| Sept 2-Labor Day |
| Sept. 30 & April 1 – Rosh Hashana |
| Oct 9 – Yom Kippur |
| Nov. 5 – Professional Development |
| Nov. 28 & 29 - Thanksgiving |
| Dec. 23 – Jan 3 – Winter Break |
| Jan. 20 – MLK Day |
| Feb. 13 -18 – Mid-Winter Break |
| April 6 – 10 – Spring Break |
| May 25 – Memorial Day |
| |

BERKLEY BUILDING BLOCKS
EARLY CHILDHOOD CENTER
14700 W. LINCOLN, OAK PARK, MI 48237
P: 248-837-8900 F: 248-546-9238


berkley building blocks

# Building Blocks - Morning Preschool Enrollment

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

*** Required Field**

CHILD'S FIRST NAME:* _____ BIRTH DATE:* _____

CHILD'S LAST NAME:* _____ ___M ___F PHONE #: _____

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#:** _____

Starting Date: _____ School Year Calendar

____Ready K – Monday, Wednesday, Friday - 8:30am-12:00pm

____Sunshine Club – Tuesday, Thursday - 8:30am-12:00pm

Monthly Tuition $_____

**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

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**

**Office Use Only:** Extra Payment:$_____

Non-refundable Fee $_60_ Enrollment Month Tuition:$_____ Total Received:$ _____

____ Cash ☐ ____ Check #: _____ ____ Visa ☐ ____ MasterCard ☐ ____ Discover

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

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

| **For Provider Use Only:** | Date of Admission | Date of Discharge |
|---|---|---|

| Name of Child (Last, First, Middle Initial) | | | | Child's Date of Birth |
|---|---|---|---|---|
| Address (Number and Street, Building/Apartment Number) | | City | State | Zip Code |
| Parent/Legal Guardian's Name | Home Phone ( ) | Parent/Legal Guardian's Name (Optional) | | 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 | | |
| 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. 7-18) Previous edition 6-17 may be used.

**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.** | **( )** |

**Parent/Legal Guardian Initials:**

_____I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

**I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.**

Signature of Parent or Guardian Date Signed

| Date Card Reviewed | Parent or Legal Guardian Initials | Date Card Reviewed | Parent or Legal Guardian Initials | Date Card Reviewed | Parent or Legal Guardian Initials | Date Card Reviewed | Parent or Legal Guardian Initials |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

LARA is an equal opportunity employer/program.

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

BCAL-3731 (Rev. 7-18) Previous edition 6-17may be used.

* 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

# 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.

# berkley building blocks

ENGAGE INSPIRE ACHIEVE
WWW.BERKLEYSCHOOLS.ORG

Dear Parents,

Our classrooms have a website on Shutterfly where the classrooms post 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, 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 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. 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 SCHOOLS

ENGAGE INSPIRE ACHIEVE
WWW.BERKLEYSCHOOLS.ORG

## 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: * _____

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# BERKLEY SCHOOLS

ENGAGE INSPIRE ACHIEVE
WWW.BERKLEYSCHOOLS.ORG

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 inan 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 can juggle!
___ I am good at woodworking!
___ 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_____
_____

Please Print Your Name _____

Please Print Your Child's Name _____

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berkley building blocks

# 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.

# Berkley School District
# Berkley Building Blocks
# Sun Screen Permission Slip

Child's Name _____.

I give the Building Blocks staff permission to apply sun screen to my child. I will supply my child's own sun screen labeled with their name on it with the expiration date visible.

I hold harmless the Berkley Schools and their sponsors and supervisors for any injury incidental to applying sun screen to my child.

Parent Signature: _____.

Date:_____.

# 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? ___ Yes ___ No If so, check all that apply

  ___ Babysitter ___ Family Home Daycare ___ Child 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? _____

  _____

# Berkley Schools Morning Preschool Tuition Slips

Payment is due the **1st** of every month. There will be a **$40 late fee assessed per child** for payment received after the **5th** of every month. All payments are to be made or mailed to: ***Berkley School District, Accounts Receivable, 14501 Talbot, Oak Park, MI 48237*** or left in the after-hours Drop Box outside the Building Blocks (14700 W. Lincoln, Oak Park) family entrance on the west side of the building.. Payments accepted are Visa, Master Card, Discover Card, checks or money orders made payable **to Berkley School District**, or cash. Call ***Accounts Receivable Stephanie Helterbran at 248.837.8439*** to make payments with a charge card.

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Mail To: Berkley School District, Accounts Receivable, 14501 Talbot, 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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Mail To: Berkley School District, Accounts Receivable, 14501 Talbot, Oak Park, MI 48237 – ph: 248.837.8439

Child(ren) Name_____Parent Name_____.

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Program_____School Building_____.

Amount Enclosed_____.Visa/MasterCard/Discover#_____.

Expiration Date_____V-Code_____ Check #_____.

**BERKLEY BUILDNG BLOCKS**
**AUTOMATIC CREDIT CARD AUTHORIZATION FORM**

For your convenience, the Berkley School District offers an automatic payment option to process your monthly childcare payments. Payments may be automatically charged to your Visa, Master Card or Discover Card the first of every month. If you would like to take advantage of this, please fill out the form below and return it in person, scanned through email, placed in the drop box, US mail, or by fax:

Berkley School District
ATTN: Stephanie Helterbran
14501 Talbot St.
Oak Park, MI 48237

A new authorization form must be completed each school year so please fill out and return if you would like to continue automatic payments for the 2019-20 school year.

If you have any questions, please contact Stephanie Helterbran at 248-837-8439 or stephanie.helterbran@berkleyschools.org

Name of Child(ren): _____

School(s): _____

Address: _____

Phone Number of Card Holder: _____

Credit Card # (We accept Visa, Master Card or Discover Card only)

____ ____ ____ ____

Expiration Date_____ V-Code_____
(Last 3 digits in signature box on back of the card)

Total Monthly Amount $_____

Print Name: _____

Signature_____

Please sign form to give the Berkley School District authorization to use this credit card to process payments between the 1st & 5th of each month, any late fees and/or fees for late pick-ups.
(This does not include student non-attendance days which must be registered and pre-paid in advance)