

CHILDCARE REGISTRATION 2021-2022 School Year

St. Anthony Preschool / Childcare Ann Kozak (akozak@saparish.com) 616-453-8229, ext. 313 Cell Phone: 616-460-4599

Please complete the required forms and drop them off at the school office, mail to the address above, or email them to akozak@saparish.com.

Name_____ Grade____ Name____ Grade____

Name	Grade	Name	Grade
Email			
Childcare is available Monday throug with a one hour minimum charge per	•	am to 6:00 pm. Childcare rates	are \$4.50 per hour
School begins on Wednesday, Augus	t 25, 2021. Childe	are is open.	
No Childcare on Friday, September 3	, or Monday, Septe	ember 6.	
Preschool starts Monday, August 30 th to incoming Preschool families startin			Childcare is available
Date your child(ren) will begin Child			
Parents are responsible to send a bi	i-weekly calendar	or email dates needed for Chil	dcare.



Parent's Initials_____

St. Anthony Childcare

School Year Food Agreement

Because our programs are not licensed to provide snacks, it is necessary for the parents to provide drinks and nutritional snacks for their children. This agreement, when signed, assures the school that the parents will be sending a nutritional snack/drink with their child every day that he/she is in Childcare/Preschool.

Verification of Receiving or	Reviewing Parent Handbook
I have read and fully understand the rules and required The handbook is available to review on the St. Anthony requested.	ments established by St. Anthony Preschool/Childcare. y website www.saparish.com or a copy can be
Parent's Initials	
Verification of Li	censing Notebook
I am aware that St. Anthony Childcare/Preschool has a inspections, renewal inspections, special investigations current date. I am also aware that the licensing inspectare available on the DHS Childcare Licensing website a	s, and corrective action plans from May 2010 to the tion and special reports from at least the last two years
Parent's Initials	
Child We	llness Form
This wellness statement ensures that all school-age chare in good health, have up-to-date immunizations, an the program.	ildren participating in the Childcare/Preschool program d are able to participate in daily activities provided by
If there are any restrictions, special needs, or allergies, health concerns. If there are none please write none.	please state the child's name below along with any
Each child will need to have his own wellness form.	
Child's Name	Health Restriction
Child's Name	Health Restriction
Child's Name	Health Restriction
Parent's Signature	_ Date



Childcare Information

2021-2022

St. Anthony of Padua Childcare serves St. Anthony School students, PS-8, who need a fun, safe, structured environment for their children before school, during the school day, and/or after school.

We provide an atmosphere where children are encouraged to grow socially, creatively, emotionally, intellectually, spiritually, and physically. Activities include strategic card and board games, literature exposure, team challenges, outdoor games, arts and crafts, and free play.

St. Anthony Preschool/Childcare program is fully licensed by the Michigan Department of Human Services. Our staff is trained in CPR and First aid. A State of Michigan screening process is required by all staff members.

Children who currently participate will be given first priority to participate in the upcoming school year. Being enrolled currently does not mean a family is automatically registered for Childcare. Please note the following requirements that are needed prior to a child attending Childcare (more information can be found in the Childcare Handbook):

- 1. Parents are required to schedule their child's attendance two weeks in advance. St. Anthony of Padua Childcare is not licensed to be a drop off center. If a two-week schedule is not turned in on time, the Childcare Center may refuse the child's attendance or parents will be billed for full time. If parents need additional days beyond the scheduled time, they are asked to speak with the Childcare director. If there is space available, St. Anthony of Padua Childcare would be glad to accommodate the need.
- 2. Parents are expected to pay two weeks in advance. Because each child's space is being reserved, regardless of an absence, refunds or credits cannot be given.
- 3. All children must be enrolled for a minimum of an hour per week to reserve.
- 4. Parents will be charged a \$10 late fee for payments not made by the due date.
- 5. In addition to the regular hourly fee, parents will be charged an additional \$10 per child for every 15 minutes (or fraction of) that their child remains at Childcare after 6:00 pm.
- 6. Parents are expected to give a two week written notice when withdrawing their child from the program.
- 7. Children are supervised in the licensed childcare room at St. Anthony of Padua School. The preschool room, gym, computer lab, library, art room, and playground may also be utilized for childcare.
- 8. Child care is open on days when school is in session, including half days of school. Childcare is not open on snow days or days when the school is unexpectedly closed. Where there is a two-hour delay for school, Childcare will open at 9:00 am.

Fee Schedule: \$4.50 per hour; \$1.00 per hour for each quarter hour after the first hour. One hour minimum charge per each day reserved.

Childcare Hours: Monday through Friday: 7:00 am - 6:00 pm. School begins on Wednesday, August 25, 2021, and Childcare will be open. NO Childcare on Friday, September 3, or Monday, September 6.

Contact Information: Ann Kozak, Childcare Director, 616-453-8229 ext. 313 / akozak@saparish.com



Childcare Information Form 2021-2022

Address:							
Phone:	Home						
	Cell #1 (relationship)						
			Cell #2 (relationship)				
			Work #1 (relationship) Work #2 (relationship)				
Parent Signature:		Date: _					
Child Name	Grade	Before School	Evening	Morning	Afternoon		
	(2020-2021)	(7:00 am - 8:00 am)	(3:00 pm - 6:00 pm)	(8:00 am - 12:00 pm)	(12:00 pm - 3:00 pm)		
For Office Use:							

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	19				
	(Last, First, Middle In	itial)					Child	d's Date of Birth
Address (Num	ber and Street, Buildin	ng/Apartmo	ent Number)	City		State	Zip (Code
Parent/Legal G	Guardian's Name		Home Phone	Parent/Legal G	uardian's Name (Or	Optional) Home Phone		one
Home Address	(if not child's address	s)	Cell Phone	Home Address	(if not child's addre	ss) (Cell Phone	
Cîty		State	Zip Code	City	State	Z	Zip Code	
Email Address	(optional)			Email Address				
Employer Nam	e		Work Phone	Employer Name	2 2	V	Nork Pho	ne
Name of Child'	s Physician or Health	Clinic		Physician's or h	Health Clinic's Phon	e Numbe	∍ Γ	
Hospital Prefer	red for Emergency Tr	eatment (c	optional)	1				
Allergies, Spec	ial Needs and Specia	l Instructio	ns (Attach additional shee	ts, if necessary.)				
BCAL-3731 (Rev. 6-	-17) Previous editions 4-16,	6-15 and 7-1	2 may be used until September 3	0, 2018.			See	Reverse Side
possible, include	at least one person other	er than the p	dividuals,including parents/leg parents/legal guardians to be o nore individuals, attach additio	contacted in an em				
1.				()		()	
2.				()	(()	
3.				()	(()	
Release of Child	Only: List all individuals,	other than th	ne parents/legal guardians, to w	hom the child may b	pe released. (If more ind	lividuals, a	ittach additi	onal sheets.)
1		() 2			()	
3.		() 4			()	
_	uardian Initials: e permission to cal for the above named			sed by the Departr	ment of Licensing and	Regulator	y Affairs to	secure
Leartify that Las		is farm and	if anything changes, I will	actify the provide	e by resideting this to			
Signature of Pan		is form and	in anything changes, i wiii		Date Signed	uu.		
							-	
Date Card Reviewed	Parent or Legal Guardian Initials	Date Ca Reviews		Date Card Reviewed	Parent or Legal Guardian Initials		te Card viewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.				COMPL	AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation			