

**2018-2019 ENROLLMENT**

(313) 401-1576

[www.garfieldpreschool.com](http://www.garfieldpreschool.com)

33901 Curtis Road, Livonia, MI

**Contents of Enrollment Packet**

* Registration Form (REQUIRED)
* Abuse and Neglect Statement (REQUIRED)
* Allergy Form (REQUIRED)
* Central Registry Clearance Request (WORKING PARENTS ONLY)
* Child Information Record (REQUIRED)
* Health Information Release Form (REQUIRED)
* Health Appraisal Form – Instructions
* Health Appraisal Form (REQUIRED)
* Medical Intervention Form (REQUIRED)
* Membership Commitment (REQUIRED)
* Parent Notification of the Licensing Notebook (REQUIRED)
* Photography and Observation Consent Form (REQUIRED)
* Screening Form (WORKING PARENTS ONLY)

**GARFIELD COOPERATIVE PRESCHOOL, INC.**

**REGISTRATION FORM**

**In addition to filling out this form, please visit: www.garfieldpreschool.com and fill out our enrollment form located under prospective families.**

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| **CONTACT INFORMATION:** (Please print clearly.) |
| CHILD’S FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NICKNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CHILD’S GENDER: \_\_\_\_\_\_\_M \_\_\_\_\_\_\_F CHILD’S BIRTHDATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CHILD’S ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MOTHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FATHER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**RETURN THIS FORM AND THE $45 NON-REFUNDABLE REGISTRATION FEE, *PAYABLE TO GARFIELD COOPERATIVE PRESCHOOL*: Garfield Cooperative Preschool**

**C/O Membership Chair**

**33901 Curtis Rd, Room 4
Livonia, MI 48152**

\*Garfield Cooperative Preschool does not discriminate on the basis of race, color, ethnicity, or national origin\*\*

FOR ADMINISTRATIVE USE ONLY: Check #\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_ Registration # \_\_\_\_\_\_\_\_ Waitlist # \_\_\_\_\_\_\_\_

**ABUSE AND NEGLECT STATEMENT**

As a parent of a child attending Garfield Cooperative Preschool, I am aware that abuse and neglect is against the law. I have been informed of the school’s policies on child abuse and neglect. Caregivers are required by law to immediately report suspected abuse and neglect to children’s protective services.

Signature: Date:

Print Name: Class:

Child's Name:

**GARFIELD COOPERATIVE PRESCHOOL, INC.**

**ALLERGY FORM**

Garfield Cooperative Preschool recognizes the health risk posed by allergies, especially food allergies. In an effort to reduce the risk to children with severe allergies, we maintain a **PEANUT-FREE AND TREE NUT-FREE CLASSROOM.**

Creating a classroom environment that reduces the risk to severely allergic children requires the cooperation and understanding of all members of the Preschool. Members are asked to carefully monitor the foods brought in for snack to make sure that nuts are not part of the ingredient list. In addition to peanuts and tree nuts, members will be notified if there are any additional restricted foods for their class. Working/Snack Parents should review the Allergy List posted above the sink in the classroom at the beginning of each workday. Ultimately, however, it is the responsibility of the parent of the child with an allergy to check the snack each day and to keep an alternate “safe” snack on hand at the Preschool. We also recommend that the parent of a child with an allergy provide the Teacher with an Allergy Action Plan detailed by the child’s physician.

Please complete this form **even if your child has no known allergies.** Please contact the **Health & Records Chairperson** to add any new allergies as soon as they are discovered.

Does your child have any known allergies? No \_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ (please describe below)

Food Allergies:

Drug Allergies:

Any Other Allergies:

Does your child require an EpiPen to treat a reaction to allergies? No \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_

All full-time teachers at Garfield Co-op are trained in the administration of emergency care, including the use of an EpiPen. Substitute teachers are not required to have EpiPen training, thus, if your child’s allergy may require the use of an EpiPen, you may be required to stay at school with your child on days when an untrained substitute teacher is present.

By signing this form, I acknowledge that I have read and fully understand the Preschool policy regarding allergies. I understand that I may be required to attend class with my child when a substitute teacher is present. I agree to keep the Preschool informed of any new or existing allergies affecting my child.

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| Signature: Date: Print Name: Class: Child's Name:  |



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**GARFIELD COOPERATIVE PRESCHOOL, INC.**

 **HEALTH INFORMATION RELEASE FORM**

I will inform Garfield Cooperative Preschool, Inc., of any communicable disease my child or children may have.

I give Garfield Cooperative Preschool, Inc., permission to notify our preschool families of any communicable disease my child or children may have.

 Example: We have 2 cases of chicken pox or 3 cases of head lice.

I understand, as in any other public setting, that I may be exposed to an illness. Due to the age of the children, I may encounter any and all childhood illnesses.

Signature: Date:

Print Name: Class:

Child's Name:

Instructions for completing the: **HEALTH APPRAISAL FORM**

When completing your health appraisal form for Garfield Cooperative Preschool, please be sure that each of the following sections are **absolutely complete** with appropriate signatures, dates, addresses, phone numbers, etc.

1. Personal – every space needs to be completed; if not applicable, place N/A in the space.
2. Section I – Health History – complete and be sure to sign and date as parent and guardian.
3. Section II – Optional; not required for admission.
4. Section III – Immunizations – all dates have to be completed with month, day, and year. Be sure this area is signed by a doctor or nurse. They should supply and verify this information. Parent’s signature will not be accepted here.
5. Section IV – has to be completed by the doctor and all information (date, degree, or license, name, address and phone number) must be completed.
6. Section V – Optional, not required for admission.

**THANK YOU FOR HELPING THE CO-OP KEEP OUR RECORDS ACCURATE AND COMPLETE!**





**GARFIELD COOPERATIVE PRESCHOOL, INC.**

**MEDICAL INTERVENTION FORM**

Garfield Cooperative Preschool recognizes that some children may have medical conditions that may need to be addressed in the classroom (i.e. asthma attacks, seizures, etc.) We depend on our parents to make sure the required medications are on hand in the classroom and that written instructions are provided to ensure proper use. We thank you for your cooperation in this matter.Please complete this formif your child may need medical intervention.

Reason for medical intervention (please describe below):

Medications required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Medical Instructions (please describe below):

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| Signature: Date: Print Name: Class: Child's Name:  |

**GARFIELD COOPERATIVE PRESCHOOL, INC.**

**MEMBERSHIP COMMITMENT**

Parent input and involvement is what makes a cooperative preschool so very special. By enrolling your child at Garfield Cooperative Preschool, you have made a commitment to be actively involved in your child’s early childhood education.

This Membership Commitment form highlights the Membership Agreement detailed in the Bylaws. Please read each statement and initial on the line to indicate your understanding. Your signature indicates your acceptance of these responsibilities.

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| --- | --- |
|  | I will become a member of the Garfield Cooperative Preschool website to gain access to the Handbook, Bylaws, Calendar and any other information relative to the school. [www.garfieldpreschool.com](http://www.garfieldpreschool.com) |
|  | I will read the Garfield Cooperative Preschool Bylaws, Handbook, and Exposure Control Plan. All of which are contained at www.garfieldpreschool.com. |
|  | I will complete and submit all required registration forms, health forms, and emergency contact information prior to the first day of class. |
|  | I will attend each General Membership Meeting. |
|  | I will attend the required number of Classroom Cleaning sessions during the school year or opt out for a $50 fee. |
|  | I will pay tuition, fees, and fines on time. |
|  | I will fulfill the fundraising requirement of $150 for 1 child or $200 for two or more enrolled children. |
|  | I will perform my assigned co-op job or opt out by paying the non-participation fee. |
|  | I will participate in the classroom as a working parent on my scheduled workdays or opt out by paying the non-working parent fee. I understand that I am responsible for providing a substitute if I am unable to participate on my scheduled workday.  |
|  | I will inform the Health and Records Chairperson of my child’s absences and of any communicable diseases they may have. I understand that the Preschool will notify all members of any communicable diseases I report (Example: We have a case of chicken pox in the 3-yr AM class.) |
|  | I will conduct myself in a courteous and professional manner at all times when I am on school grounds.  |
|  | I will contribute my time, talents, and ideas whenever possible to maintain and improve the Preschool. |

I understand that my involvement in the above activities is critical to the operation of Garfield Cooperative Preschool. Further, I understand that failure to carry out my responsibilities could result in termination of membership.

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| Signature: Date: Print Name: Class: Child's Name:  |

**GARFIELD COOPERATIVE PRESCHOOL, INC.**

**PARENT NOTIFICATION OF THE LICENSING NOTEBOOK**

Child Care Organization 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**](http://www.michigan.gov/michildcare).

I have read the above statement issued by Garfield Cooperative Preschool.

Child(ren)’s Name(s)

Parent Name

Parent Signature Date

LARA is an equal opportunity employer/program.

BCAL-5053 (10-16) MS Word

**GARFIELD COOPERATIVE PRESCHOOL, INC.**

**PHOTOGRAPHY AND OBSERVATION CONSENT FORM**

As the parent/guardian of , I agree to the following:

* I understand that my child may be videoed/photographed at Garfield Cooperative Preschool during normal preschool hours, activities, or events.
* I understand that these photographs may be used throughout the school, and on Garfield Cooperative Preschool website.
* I understand Garfield Cooperative Preschool will protect my child’s identity and will not publish my child’s name if a video/photograph of my child is used as described above.
* I understand that such photographs shall become the property of Garfield Cooperative Preschool, which has the right to duplicate, reproduce, and/or make other uses as Garfield Cooperative Preschool deems necessary.

 **Please check the appropriate statement(s):**

\_\_\_\_ Yes, I confirm that I have read and understood the above and thereby give consent for use of my child photograph/video as described above.

\_\_\_\_ No, I do not wish to have my child photographed.

\_\_\_\_ Yes, I give permission for a specialist from Livonia Public schools to observe my child in class.

\_\_\_\_ No, I do not give permission for a specialist from Livonia Public schools to observe my child in class.

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| Signature: Date: Print Name: Class: Child's Name:  |

*If you have any questions, please contact the Health and Records Chairperson at healthrecords@garfieldpreschool.com.*

**GARFIELD COOPERATIVE PRESCHOOL, INC.**

**SCREENING FORM**

In accordance with the licensing requirements outlined by the Department of Human Services, and in an effort to ensure the safety and security of all children attending the preschool, Garfield Cooperative Preschool, Inc. requires all persons who will have contact with the children in the classroom to complete this screening form. Failure to complete and sign this form will result in the member forfeiting their eligibility as a working parent. This form and the results of the criminal background check will be kept confidential.

**WORKING PARENT INFORMATION – PLEASE PRINT *(one form for each working parent/guardian)***

Last Name First Name Middle Initial

Race Sex

Date of Birth (mm/dd/yyyy)

All Prior Names (maiden name, previous marriage, alias)

Driver’s License Number

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of any offense other than a minor traffic violation? |  Yes |  No |
| Have you ever been involved in the abuse or neglect of children? |  Yes |  No |
| I am aware that abuse and neglect of children is against the law |  Yes |  No |
| I know that caregivers are mandated by law to report abuse and neglect. |  Yes |  No |

The information contained in this statement is correct to the best of my knowledge. I understand that this information is required by Garfield Cooperative Preschool, Inc. as part of the screening process for working parents. I agree that the Preschool may use the information included on this form to conduct a criminal background check on me using the Michigan State Police ICHAT system and the Michigan Public Sex Offender Registry. I understand and acknowledge that any criminal convictions may result in me not being eligible to work in the classroom.

Signature: Date:

Print Name:

Please circle your relationship to the child: Parent/Guardian Grandparent Other

Child's Name: Class:

*Office Use Only*

Approved Denied

Screened by: Date