

L'Anse Creuse Public Schools – Early Childhood Programs
Preschool Registration Packet - GSRP
586-783-6323 ext. 1301

We are honored you chose to enroll your child in one of our Early Childhood Preschool Programs. We are proud to serve you and strive to provide an enriching and stimulating school experience. We will need the items listed below to register your child.

- _____ Child's original birth certificate, if new to our program
- _____ New Student Enrollment Form
- _____ Student Residency Form
- _____ Technology Use Policy Form
- _____ Early Childhood Registration Form
- _____ Letter of Understanding
- _____ Concussion Awareness
- _____ Volunteer Regulations
- _____ Child Information Record - This form must be completed in full (no blanks are permitted by licensing).
- _____ Proof of Residency in Macomb County (Parent/Guardian's driver's license)

.....
THE FOLLOWING DOCUMENTS WILL NOT BE ACCEPTED AT REGISTRATION
YOU MUST BRING THESE DOCUMENTS TO THE
GSRP ENROLLMENT FAIR IN AUGUST (Date to be Determined)

- _____ Green Health Appraisal Form. Proof of a physical evaluation signed by a licensed physician or designee must be provided on all new and updated health appraisal forms. Please make sure the month, day, and year is indicated for all exams and your health care provider **stamps** their name and address on all records.
- _____ Immunization records. All new and updated immunization records must be provided. A copy will be made and the original returned to you. Please make sure the month, day, and year is indicated for all shots and your health care provider signs all records.

Parents/guardians seeking a nonmedical (parental) immunization waiver for their child are now required to receive education from the county health department. Waiver education is available by **APPOINTMENT ONLY** at the Macomb County Health Department. Call the School Immunization Program at 586-466-6840. Nonmedical immunization waivers can no longer be issued through our office.
- _____ Custody/Guardianship Orders (if applicable)

.....
CHILD MUST BE INDEPENDENTLY TOILET TRAINED TO ATTEND PRESCHOOL



ENROLLMENT FORM

Student's Full Legal Name (as shown on the Birth Certificate)

file in student's CA60

| | | | | | | | | | | |
|---|--|------------------------------|---|--|--|---|--|---|--|---|
| Last | | First | | Middle | | Gender <input type="checkbox"/> M <input type="checkbox"/> F | | Grade Entering Preschool | | |
| Home Street Address (with apt/suite) | | | Home City & Zip | | | Primary Phone <input type="checkbox"/> Unlisted? | | | | |
| Birthdate | | | Birth City/State (if born in US) | | | Student Order of Birth (if multiple) Please check: <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 | | | | |
| Ethnicity Is the student Hispanic/Latino? (Choose 1) <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) | | | Race The question to the left is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking <u>one or more boxes</u> to indicate what you consider your student's race to be. <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Multi-Racial (if multi please check all appropriate boxes above) | | | | | | | |
| Fill in Section Below for Students Born OUTSIDE the US | | | | | | | | | | |
| Date Entered US (month & year) | | | First Attended School in US (month & year) | | | Country of Birth | | | | |
| Fill in Sections Below for ALL Students – If any boxes are marked "Yes" fax to 586.763.6309 | | | | | | | | | | |
| Is your child's native tongue a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | Is the primary language used in your child's home or environment a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, name of Language? | | | | | |
| If you have answered YES to either of the above questions, your child will be assessed to determine his/her eligibility to receive English as a Second Language (ESL) services. | | | | | | | | | | |
| Previous School | | | | | | | | | | |
| Attended School in this District Before? (Include Pre-K) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | If Yes, School Attended (Include Year or Grade) | | | | | |
| Previous District | | | | | Previous School | | | | | |
| Previous School Address | | | Previous School City, State & Zip | | | <input type="checkbox"/> Public School <input type="checkbox"/> Church/Private <input type="checkbox"/> Homeschool | | | | |
| Has your child ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | If yes, grade retained | | | | |
| Did Your Child Receive Special Services at Former School? | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, check all that apply below and provide copy of current IEP. | | |
| <input type="checkbox"/> Special Education | | <input type="checkbox"/> 504 | | <input type="checkbox"/> Speech/Language | | <input type="checkbox"/> Title I | | <input type="checkbox"/> Social Work | | <input type="checkbox"/> Other Services |
| Please Describe Other Services | | | | | | | | | | |
| Parent/Guardian IN THE HOME | | | | | <i>Information will be released according to FERPA guidelines.</i> | | | | | |
| Primary Parent/Guardian Name | | | Employer | | | Contact Emergency Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | | | |
| Home Phone (area code first) | | | Cell Phone (area code first) | | | Work Phone (area code first) | | | | |
| Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Other _____ | | | | | Email Address | | | <input type="checkbox"/> Add to auto email | | |
| Secondary Parent/Guardian Name | | | Employer | | | Contact Emergency Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | | | |
| Home Phone (area code first) | | | Cell Phone (area code first) | | | Work Phone (area code first) | | | | |
| Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Other _____ | | | | | Email Address | | | <input type="checkbox"/> Add to auto email | | |
| Name of Parent Living Elsewhere | | | Relationship to Child | | | Contact Emergency Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | | | |
| Home Phone (area code first) | | | Cell Phone (area code first) | | | Work Phone (area code first) | | | | |
| Address | | | | | Have custody papers been provided to the office? <input type="checkbox"/> Yes <input type="checkbox"/> No Should this person receive mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Custody Restrictions | | | | | Email Address | | | <input type="checkbox"/> Add to auto email | | |
| SCHOOLMESSENGER NOTIFICATION SERVICE – SchoolMessenger is a communications service that enables our district to stay in touch with families. This service allows us to send announcements, school newsletters and district news through e-mail, phone and/or text. | | | | | | | | | | |
| Landline/Home Phone (receives voice message): | | | Cell Phone 1 (receives text message): | | | Cell Phone 2 (receives text message): | | | | |
| Email address 1 (receives email message): | | | | | Email address 2 (receives email message): | | | | | |

ENROLLMENT FORM (page 2 of 2)

Student Name: _____

Emergency Contacts - OTHER THAN PARENTS: Please list below LOCAL contact to be called in case of illness/emergency so student can be released.
NOTE: Unless otherwise specified, parent/guardian will be contacted first.

| | | |
|------------------------------|------------------------------|---|
| Name | Relationship | Contact Emergency Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Home Phone (area code first) | Cell Phone (area code first) | Work Phone (area code first) |
| Name | Relationship | Contact Emergency Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Home Phone (area code first) | Cell Phone (area code first) | Work Phone (area code first) |
| Name | Relationship | Contact Emergency Priority <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
| Home Phone (area code first) | Cell Phone (area code first) | Work Phone (area code first) |

Other Children Who Reside in the Home

| | | | |
|------|------------|--------------|-------------------------|
| Name | Birth Date | Grade/School | Relationship to Student |
| Name | Birth Date | Grade/School | Relationship to Student |
| Name | Birth Date | Grade/School | Relationship to Student |

Health Information. If your child does not have any problems, please write none for each area. Copy: Food Service Transportation

Medical Alerts/Health Conditions

| | | | | |
|---------------------------------|-----------------------------------|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision Problem | <input type="checkbox"/> Hearing Problem | <input type="checkbox"/> Heart Condition |
|---------------------------------|-----------------------------------|---|--|--|

Medications Taken

List All Non-Food Allergies and Directions/Procedures for Allergic Reaction Epi Pen

Physical Limitations

Food Allergies. If your child does not have any problems, please write none for each area. Copy: Food Service Transportation

Food Allergies

| | |
|----------------|---------------------|
| Foods to Omit: | Foods to Substitute |
|----------------|---------------------|

| | |
|----------------|---------------------|
| Foods to Omit: | Foods to Substitute |
|----------------|---------------------|

Directions/Procedures for Allergic Reaction Epi Pen

| | | |
|----------------|-----------------|--------------------|
| Physician Name | Physician Phone | Preferred Hospital |
|----------------|-----------------|--------------------|

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information on this form changes. Failure to inform the district will subject the student to termination of enrollment in L'Anse Creuse Public Schools.

In an emergency, the information on this form could be imperative to the welfare of your child; thus we ask that you carefully fill it out and promptly return it to your child's school. This information is also important in the event that the school must be dismissed early due to weather conditions or mechanical failure in an individual building. Your child should know what to do in these situations. Please inform your child of the procedure he/she is to follow **WHEN NO ONE IS AT HOME** in the event of early school dismissal.

I authorize the physician and/or hospital listed on this document to treat my child in the event of serious illness or accident, when I or the other persons listed on this form cannot be reached. Any obligation for medical expenses resulting from treatment in such a case is my responsibility. Permission to transport my child in case of emergency is also given.

| | |
|----------------------------------|-------------|
| Parent/Guardian Signature: _____ | Date: _____ |
|----------------------------------|-------------|



L'Anse Creuse PUBLIC SCHOOLS STUDENT RESIDENCY

This questionnaire is in compliance with the McKinney-Vento Homeless Education Act. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act. The McKinney-Vento Homeless Education Act defines "homeless" as "individuals who lack a fixed, regular, and adequate nighttime residence." This includes students who "are TEMPORARILY sharing the housing of other persons due to loss of housing or economic hardship."

| | | | | |
|---|-----------|---|----------------|--------|
| Student Name | Birthdate | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Grade Entering | School |
| <u>Current</u> Address (with apt/suite) | City | | Zip | |

1. Is your **current** address above a temporary living arrangement? Yes No
(If you answer no to this question and this is a permanent living arrangement, skip to bottom of form and sign)
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered NO, you may stop here and sign the bottom of the form.
If you answered YES to the above questions, please complete the remainder of this form.

Where is the student currently living (check one box.)

- Living in hotel/motel due to lack of other suitable housing Name and address of hotel/motel:
- Living in shelter or other temporary housing Name of agency:
- Car, campsite, or on the street
- Temporary living arrangement by choice that is a fixed, regular, and adequate nighttime residence.
- Doubled up: temporarily with friends/family due to loss of housing or economic hardship which does not meet the fixed, adequate or regular nighttime residence.
 Date the student moved to this address: _____
- Are you seeking permanent housing? Yes No

Please Answer the Following Questions:

Any preschool-aged children living in home
 Yes No

| | | |
|---|------------|--------------------------|
| | Name: | Birthdate: |
| | Name: | Birthdate: |
| <u>Previous</u> Street Address (with apt/suite) | City & Zip | School District Attended |
| Reason for Leaving <u>Previous</u> Address | | |

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

1. Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations.
2. Transportation to the school of origin for the regular school day.
3. Access to free meals, Title 1 and other educational programs.

Any questions about these rights can be directed to the local McKinney-Vento Liaison at 586-783-6300 x1010 or the State Coordinator at 517-373-6066.

By signing below, I acknowledge that I have received and understand the above rights and that the information I have provided is true and accurate. False statements may be punishable by law.

| | |
|-------------------------------------|------------|
| Parent/Guardian Name (please print) | Date |
| Parent/Guardian Signature | Cell Phone |



**STUDENT EDUCATION TECHNOLOGY ACCEPTABLE USE
AND SAFETY AGREEMENT**

To access and use the District's Education Technology, including a school-assigned e-mail account and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of the Education Technology is a privilege, not a right. The District's Education Technology, including its Internet connection and online educational services, is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege and possibly further disciplinary action.

The Board has implemented technology protection measures, which protect against (e.g. block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication, and/or services on the Internet that the Board has not authorized for educational purposes and/or that they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students accessing the Internet through the school's computers assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

The Board has the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using the Board's Education Technology. Messages relating to or in support of illegal activities will be reported to the appropriate authorities. Individual users have no expectation of privacy related to their use of the District's Education Technology.

Please complete the following information:

Student User's Full Name (please print): _____

School: _____ **Grade:** _____

Parent/Guardian's Name: _____

Parent/Guardian

As the parent/guardian of this student, I have read the Student Education Technology Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the Board has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the Board to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I further understand that individuals and families may be liable for violations.

To the extent that proprietary rights in the design of a website hosted on Board-owned or leased servers would vest in my child upon creation, I agree to assign those rights to the Board.

Parent/Guardian's Signature: _____ **Date:** _____

Student

I have read and agree to abide by the Student Education Technology Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense and/or may result in disciplinary action. As a user of the Board's Education Technology, I agree to communicate over the Internet and through the Education Technology in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: _____ **Date:** _____

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to and use of the Education Technology to individuals who violate the Board's Student Education Technology Acceptable Use and Safety Policy and related Guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.



L'Anse Creuse Public Schools
Early Childhood Programs

Letter of Understanding

Child's Full Name _____

Parents: Please initial next to each statement and sign at the bottom.

_____ I understand that throughout the school year, L'Anse Creuse Public Schools use photography as well as other audio/visual equipment to record various school and classroom activities which may appear in district publications and/or newspapers and Internet or air on community access cable. If I do not want my child recorded, I will fill out a Media Release Denial form available from my Center Director.

_____ I understand that there may be a minimal number of required Professional Development Days built into the school calendar. The exact dates for these Professional Development Days have not yet been determined but will be provided to me as soon as they become available. Every attempt will be made to align these dates with the district elementary calendar.

_____ I understand a permanent school record will be started for my preschool student and forwarded to his/her LCPS elementary building when he/she enters kindergarten. If my child will not be attending LCPS, I will provide my school district with LCPS preschool contact information to request records.

_____ I understand that whenever L'Anse Creuse Public Schools close for inclement weather and/or building problems, preschool classes are also cancelled. These classes may or may not need to be rescheduled.

_____ I understand that daily attendance and promptness are required. If my child is continuously late or absent, a meeting with the teacher and/or center director will be scheduled. I agree to pick my child up on time at the end of each class and understand that a late pick-up penalty of \$20 per ¼ hour may be imposed. Chronic or habitual absences, tardiness or late pick-ups may result in my child being dropped from the class.

_____ I understand the 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 all parents for review during regular business hours. Licensing inspection and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

_____ I understand that at the time of print, the staff, locations and times of classes were accurate, yet always subject to change. Cancellation of a GSRP class/program may occur if state funding is withdrawn.

_____ I understand that any volunteer in my child's classroom will be asked to sign a Volunteer Regulations Form provided by the classroom teacher.

_____ Parent Handbooks are available to download at www.lc-ps.org, Schools, Burdi & Early Childhood Center under Quick Links. One paper copy will be provided to me.

_____ I understand that the staff will make families aware of food allergies within a classroom space. Breakfast and lunch will be provided by L'Anse Creuse Public Schools.

Parent's Signature: _____ Date: _____ Staff Initials: _____

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

| | | | | |
|----------------------|--------------------|--------------------|--------------------|---------------------|
| Headache | Balance Problems | Sensitive to Noise | Poor Concentration | Not "Feeling Right" |
| Pressure in the Head | Double Vision | Sluggishness | Memory Problems | Feeling Irritable |
| Nausea/Vomiting | Blurry Vision | Haziness | Confusion | Slow Reaction Time |
| Dizziness | Sensitive to Light | Fogginess | "Feeling Down" | Sleep Problems |
| | | Grogginess | | |

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury, and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

Concussion Awareness

Educational Material Acknowledgement Form

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by: L'Anse Creuse Public Schools (sponsoring organization).

| | |
|-----------------------------------|--|
| Participant Name Printed | Parent of Guardian Name Printed |
| <i>Participant Name Signature</i> | <i>Parent of Guardian Name Signature</i> |
| LCPS School | Grade |
| Date | Date |

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.



Health
Department

Statement of Varicella Disease CHICKENPOX

The Michigan Public Health Code Act 368 of 1978 Part 92 Immunization and Macomb County Immunization Regulations require all children admitted to any public, private, parochial, special education, alternative education, adult education, career/technical education, homeschool cooperative, virtual school or charter academy, childcare center, nursery school, preschool, camp, or any other organized care or educational facility operating in Macomb County to present a certificate indicating dates of all required immunizations.

Complete the portion below **only** if your child has had varicella (chickenpox) disease. **This form must be signed and witnessed at your child's school/childcare program.**

I certify my child: _____
Last Name First Name M.I.

Birth Date Grade Date of School Enrollment

Has had varicella disease _____
(When did varicella occur: Age or Date?)

Signature: _____ Date: _____
(Parent or Legal Guardian)

Witnessed by: _____ Date: _____
(School/Program Staff)

School District: _____

School/Childcare Program: _____

PLACE THIS FORM IN THE CHILD'S PERMANENT RECORD



MILITARY CONNECTED SURVEY

Attention, all families: Did you know it is estimated that 14,000 Michigan children have parents who are currently actively serving in the military? To this date, only 2,500 children are identified as military connected. In order to better serve our children and families we would like to identify our military connected children. There are resources we can provide to the children of our military service men and women.

DEFINITION OF MILITARY CONNECTED CHILDREN

All children residing in Michigan whose parent(s) currently serve in any component of the Army, Navy, Air Force, Marines, or Coast Guard are considered to be military connected children. This includes the children of any uniformed personnel serving with the Michigan National Guard, in any of the Reserve United States forces, or on Active Duty.

If you or your spouse are currently serving in the military or reserves as defined above, please complete the following:

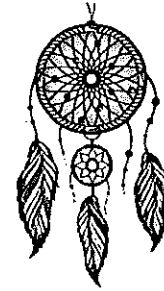
| |
|-----------------------------------|
| Parents Name Serving In Military: |
| Branch of Service: |
| Assigned Station: |

List all students in your household

| Name of Student(s) | Grade | School |
|--------------------|-------|--------|
| | | |
| | | |
| | | |

| | |
|------------------|------|
| Parent Signature | Date |
|------------------|------|

Indian Education Grant Consortium
Chippewa Valley Schools
L'Anse Creuse Public Schools
New Haven Community Schools
Richmond Community School District
19120 Cass Avenue, Clinton Township, MI 48038
Phone: (586)723-2042 Fax: (586)723-2021



Dear Parent or Guardian,

Thank you for your interest in participating in the Indian Education Grant Consortium, hosted by Chippewa Valley Schools. **Our consortium includes students from Chippewa Valley, L'Anse Creuse, New Haven, and Richmond Schools.** If your child has a parent or grandparent that has American Indian ancestry, he/she can enroll in our consortium. The tribe of your American Indian heritage must be state or federally recognized in the USA to be eligible.

Services Provided:

- Reading/Math Tutoring for students (based on academic need)
- Cultural Workshops (Crafts, Historical information, local event field trips)
- Quarterly Newsletter Emails
- Parent Committee & Input (voluntary meetings)

To Enroll (Survey and Certification):

- **Please complete the Indian Education Survey at Home** by visiting <http://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx>, where you will find federally and state recognized tribes, organized by state.
- All responses on the Indian Education Survey must be completed as **part one** of the registration process.
- Send the completed Indian Education Survey to your school's main office.
- Upon approval, **part two** of the registration process will be mailed to your home. This is the **US Department of Education Certification**, the formal documentation required by the grant for families to complete.
- Mail your completed US Department of Education Certification to the address below.
- Once the certification is received your child will be enrolled in the program. You will be added to our email distribution list to receive newsletters on events offered through the Indian Education grant. Tutoring services are determined by academic need and will be coordinated with the district tutors pending availability.

Please contact me if you have any questions.

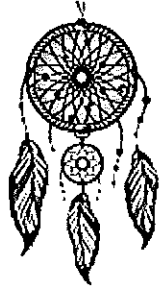
Thank you,

Nicole Faehner
Director of State & Federal Programs & Outreach
Chippewa Valley Schools
(586) 723-2042
nfaehner@cvs.k12.mi.us

Mail Survey & Certification to:

Chippewa Valley Schools
ATTN: Nicole Faehner
19120 Cass Ave.
Clinton Township, MI 48038

Indian Education Grant Consortium
 Chippewa Valley Schools L'Anse Creuse Public Schools
 New Haven Community Schools Richmond Community School District
 19120 Cass Avenue, Clinton Township, MI 48038
 Phone: (586)723-2042 Fax: (586)723-2021



INDIAN EDUCATION SURVEY

All survey answers (#1 - 8) must be completed as Part 1 of the Registration Process
 Part 2 is mailed to your home upon receipt and approval of this survey

1. District (circle one): Chippewa Valley Schools L'Anse Creuse Public Schools
 New Haven Community Schools Richmond Community Schools

2. Student(s) Information (preschool through 12th grade):

| Student First & Last Name | School Attending | Grade | Birthdate |
|---------------------------|------------------|-------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

3. Parent/ Guardian Information

| | |
|---|--|
| Parent/Guardian Name: | |
| Address: | |
| City & Zip Code: | |
| Phone Number: | |
| Email (please specify numbers or letters such as "1" "0" or "l" "O"): | |

4. Which individual has tribal membership? Mother Father Grandmother Grandfather

5. Please provide the full name of the person who holds American Indian ancestry (include maiden name if applicable): _____

6. Name of the Tribe of American Indian ancestry: _____

7. Visit <http://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx>

to determine is the Tribe (circle one): State Recognized Federally Recognized

8. Please indicate the state or area of the country your ancestor was from: _____

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 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 | Primary Phone () | Parent/Legal Guardian's Name (Optional) | Primary Phone () |
| Home Address (if not child's address) | 2 nd Phone (if applicable) () | Home Address (if not child's address) | 2 nd Phone (if applicable) () |
| 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/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.) | | | |

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 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 L'Anse Creuse Public Schools, 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.

I CHAT completed _____

Approved _____

Denied _____

VOLUNTEER REGULATIONS

for L'Anse Creuse Early Childhood Centers

Name of Center:

Name of Student:

Teacher _____

Program _____

1. A volunteer is a person from the community who is approved by the Director at that building, where his/her services are utilized.
2. Volunteers can be assigned to assist the school district staff in providing instructional training to students.
3. Volunteers cannot be assigned to relieve staff of their responsibilities.
4. Volunteers shall work only under direct supervision of the designated staff or building Director.
5. Volunteers must abide by and enforce all school regulations and decisions regardless of whether or not they personally support them.
6. Volunteers are not authorized to make personnel decisions.
7. Volunteers are not to deal directly with parent concerns, and should refer all contacts by parents to the Director.
8. Volunteers shall not receive remuneration in any form for their services.
9. Only authorized volunteers are covered by school district liability insurance.
10. Volunteers shall not treat injuries, *except emergency first aid*.
11. A volunteer is personally responsible for his/her actions. Inappropriate conduct may result in an individual's relationship with the program being discontinued.
12. A volunteer shall not drive a personal vehicle to transport students. If an exception is necessary, prior approval of the district is required.
13. A volunteer shall not discipline children.
14. A volunteer shall not have access to student records.
15. A volunteer shall wear identification at all times during volunteer activity.

This information is required for the Michigan State Police Internet Criminal History Access Tool, as well as the Public Sex Offender Registry (PSOR) and will not be used for any other purpose. Any individual registered on the PSOR is prohibited from having contact with any child in care.

VOLUNTEER NAME (please print clearly): _____
Last, First Middle Name

Race: _____ M ___ / F ___ Birth date: ___ / ___ / ___

Have you ever been convicted of a misdemeanor or felony offense: _____ If yes, explain: _____

I certify that the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application to volunteer, including conducting a criminal history check. I further understand and agree that I have an obligation to immediately notify the building administrator and/or a school official of any changes in the information provided herein. I hereby release and forever discharge L'Anse Creuse Public Schools, its agents, officers and employees from any and all actions, causes, claims and demands, for, upon or by reason of any damage, loss or injury, which may be sustained by me, of any nature or kind as a result of this application, the criminal history check, or my activities as a volunteer.

I also certify that I am aware that abuse and neglect of children is against the law, I have been informed of the center's policies on child abuse and neglect and that all staff and volunteers are required by law to immediately report suspected abuse and neglect to children's protective services.

Signature _____ Date _____

NOTICE OF NONDISCRIMINATION. It is the policy of L'Anse Creuse Public Schools not to discriminate on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to: Civil Rights Coordinator, Assistant Superintendent for Human Resources, L'Anse Creuse Public Schools, Harry L. Wheeler Community Center and Administrative Offices, 24076 F. V. Pankow Blvd., Clinton Township, MI 48036, and (586) 783-6300. Nondiscrimination inquiries related to disability should be directed to: Section 504 Coordinator, Director for Special Education, (586) 783-6300.