L'Anse Creuse Public Schools – Early Childhood Programs

The Full Day Preschool Registration Packet

We are honored you chose to enroll your child in The Full Day Preschool program. We are proud to

serve you and strive to provide an enriching and stimulating school experience. Please provide the items listed below so we may register your child. Please turn in your completed registration packet in accordance with the dates listed on the registration information sheet. Child's original birth certificate Early Childhood Registration Form New Student Enrollment Form Student Residency Technology Use Policy Letter of Understanding Concussion Awareness Volunteer Regulations After your registration is complete, you will be given a link to complete your registration on-line and pay your \$60 non-refundable registration fee. You will also complete the Child Information Record on-line. This form must be completed in full (no blanks are permitted by licensing). THE FOLLOWING DOCUMENTS ARE REQUIRED BY THE FIRST DAY OF SCHOOL (You may bring these documents to Parent Orientation in August) 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. 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)



ENROLLMENT FORM

| Student's Full Legal Name (as shown on the Birth Certificate) | | file in | student's CA6 | iO | | | | |
|---|---|---|---------------------------------------|---|---|--|------------------------|---|
| Last | First | | | Middle | | Gender | □F | Grade Entering Preschool |
| Home Street Address (with apt/suite) | · · · · · · · · · · · · · · · · · · · | Home City & Zip |) | | Pri | mary Phone | | ☐Unlisted? |
| Birthdate | | Birth City/State | Birth City/State (if born in US) Stud | | | Order of Birth (if mu | ltiple) | |
| Ethnicity | | Race | Please check: 01 02 03 04 | | | | |) 04 |
| Is the student Hispanic/Latino? (Choose 1) No, not Hispanic or Latino | | The question to the | he left is ab ing by mar | out ethnicity, not king <u>one or more</u> | race. No boxes to | matter what you s indicate what you | elected, ¡ consider | please continue to your student's race |
| ☐ Yes, Hispanic/Latino (A person of Cuban, Mexicar Rican, South or Central American, or other Spanish cu origin, regardless of race.) | ☐ American India ☐ Black or African ☐ White ☐ Multi-Racial (if | American | | |] Asian American] Native Hawaiian/0] Hispanic or Latino above) | | fic Islander | |
| Fill in Section Below for Students Born OUTSIDE the US | | | | | | | | |
| Date Entered US (month & year) | | First Attend (month & y | | in US | Со | untry of Birth | | " |
| Fill in Sections Below for ALL Students – If any boxes are n | narked "Yes | " fax to 586.783.6309 | | | | | | |
| Is your child's native tongue a language other the lf yes, name of Language? | • | | English* | 7 □No □Yes | if yes, nar | ne of Language? | | t a language other than |
| If you have answered YES to either of the above ques | | CRIIO WIII DE ASSESS | | | | | ona Lang | uage (ESL) services. |
| Attended School in this District Before? (Include Yes No | Pre-K) | | | | d (Includ | e Year or Grade) | | |
| Previous District | | | | ous School | | | | |
| Previous School Address | Previou | s School City, S | tate & Zip |) | | ☐Public School ☐Homeschool | []Chur | ch/Private |
| Has your child ever been retained? | s 🗆 N | 0 | | | | lf yes, grade retaine | d | |
| Did Your Child Receive Special Services at Former School? | | | | □Yes | □No | if yes, check all th of current IEP. | at apply be | elow and provide copy |
| □Special Education □504 | ☐ Spee | ech/Language | 0 | Title I | 0: | Social Work | ☐ Othe | er Services |
| Please Describe Other Services | | | | | | | | |
| Parent/Guardian IN THE HOME | | | | Information | ı will be r | eleased according | to FERP | guidelines. |
| Primary Parent/Guardian Name | Emplo | yer : | | Contact Emergency Priority ☐1 ☐2 ☐3 ☐4 | | | | |
| Home Phone (area code first) | Cell Pi | hone (area code f | irst) | | Wo | ork Phone (area c | ode first) | |
| Relationship: | | □Stepmother □Other | | Email Addres | 5 | | Add | to auto email |
| Secondary Parent/Guardian Name | Emplo | yer | · | | | ntact Emergency]1 □2 □3 □ | | |
| Home Phone (area code first) | Cell Pi | hone (area code f | irst) | | | rk Phone (area c | | |
| Relationship: | | Stepmother Other | | Email Addres | 3 3 | | □Add | to auto email |
| Name of Parent Living Elsewhere | Relation | onship to Child | | | | ntact Emergency | | |
| Home Phone (area code first) Cell Phone (area code first) | | | irst) | | | rk Phone (area c | | |
| Address | | | | | | ovided to the office | | es 🔲 No |
| Custody Restrictions | | | T Ollow | Email Addres | | mingo: Ejica (| | to auto email |
| SCHOOLMESSENGER NOTIFICATION S This service allows us to | ERVICE – send anno | SchoolMessenger is uncements, school r | a communi ewsletters a | cations service the and district news th | it enables irough e-n | our district to stay in nail, phone and/or te | touch wit | h families. |
| Landline/Home Phone (receives voice message |): Cel | l Phone 1 (receive | es text mes | ssage): | Ce | Il Phone 2 (receiv | es text n | ressage); |
| Email address 1 (receives email message): | 1 | | Email add | dress 2 (receive | s email n | nessage); | | |

| ENROLLMENT FORM (page 2 of 2) | | | Student Name: | | | | | | |
|--|---|------------------------|--|--|---------------------------------|-------------------------------------|---|--|--|
| Emergency Contacts ~ OTHER | THAN PARENTS: Please I NOTE: | list below Unless o | LOCAL contact | to be called in ca ed, parent/guardia | se of illness/ n will be con | emergency so stude tacted first. | nt can be released. | | |
| Name | Re | elationshi | ρ | | | Contact Emergend | | | |
| Home Phone (area code first) |) Ce | ell Phone | (area code first |) | Work Phone (area code first) | | | | |
| Name | Re | elationshi | р | | Contact Emergency Priority | | | | |
| Home Phone (area code first) Cell Phone (area | | | (area code first | t) | | | | | |
| Name Relationship | | | D | | | Contact Emergency Priority | | | |
| Home Phone (area code first) | | | (area code first | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | □1 □2 □3 □4 | | | |
| Tioms i none (area code mar) | , 06 | on i none | (alea code ilist | , | | Work Phone (area | code liist) | | |
| Other Children Who Reside in the Name | | irth Date | | Grade/School | | Datationabia to Chu | | | |
| rane | Dit | itii Dale | | Grade/School | | Relationship to Stud | pent | | |
| Name | Bir | irth Date | | Grade/School | | Relationship to Stud | Jent . | | |
| Name | Bir | irth Date | | Grade/School | | Relationship to Stud | lent | | |
| Health Information. If your child | d does not have any probl | lems, plea | se write none fo | r each area. | Сору | : □Food Service | ☐Transportation | | |
| Medical Alerts/Health Conditions | , the second of the second of | | en e | and a seem of the particle of the seems of t | | | | | |
| | | | | | | | | | |
| ☐Asthma | Diabetes | | ☐Vision Proble | m | ☐Hearing P | roblem | ☐Heart Condition | | |
| List All <u>Non-Food</u> Allergies and Di | rections/Procedures for Alle | ergic Reac | tion □Epi Pi | en | | | | | |
| Physical Limitations | | | | | | | | | |
| Food Allergies. If your child do Food Allergies | es not have any problems | s, please v | write none for ea | ch area. | Сору | : ☐Food Service | ☐Transportation | | |
| Foods to Omit: | | | | Foods to Substitu | ıte | | | | |
| Foods to Omit: | · | | | Foods to Substitu | ıte | | | | |
| Directions/Procedures for Allergic | Reaction | | □Epi P | en | | | | | |
| 211001001011100001100111101910 | T G G G G G G G G G G G G G G G G G G G | | Дери | | | | | | |
| Physician Name | | Phy | ysician Phone | | Preferred | Hospital | • | | |
| | | | | | | | | | |
| | | | | | | | s his/her responsibility to inform the termination of enrollment in L'Anse | | |
| | t in the event that the schoo | ol must be | dismissed early d | ue to weather con- | ditions or mec | hanical failure in an in | nptly return it to your child's school dividual building. Your child shoul of early school dismissal. | | |
| I authorize the physician and/or he cannot be reached. Any obligatemergency is also given. | | | | | | | | | |
| Parent/Guardian Signat | ure: | | | | | | Date: | | |



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 | Grade E | ntering | School | |
|--|--|---|--|--|----------------------------|--|--------------------------|
| | | | | | | | |
| Current Address (with apt/suite) | | City | | <u> </u> | | Zip | |
| | | | | | | | |
| , | | | | | | | |
| 1. Is your <i>current</i> address above a ten | oporary living arra | ngement? | | | | ☐ Yes | П № |
| (If you answer no to this question and this | is a permanent living | g arrangemen | t, skip to botto | m of form | and sigr |)) | ☐ 140 |
| 2. Is this temporary living arrangement | due to loss of hou | sing or eco | nomic hardsl | nip? | | ☐ Yes | ∏No |
| If you answered NO, you may s | ston hare and | eian tha l | anttom of | the for | m | | _ |
| If you answered YES to the abo | | | | | | r of thic f | 'orm |
| in you answered the to the abo | ove questions | , piease c | ompiete t | ne rem | amue | r or uns r | orm. |
| Where is the student currently living (ch | eck one box.) | | | | | | |
| Living in hotel/motel due to lack of other suita | | me and addres | ss of hotel/mote | l: | | | |
| ☐ Living in shelter or other temporary housing | Na | me of agency: | | | | | |
| Car, campsite, or on the street | | | | | | | |
| ☐ Temporary living arrangement by choice that | is a fixed, regular, and | adequate nigh | ttime residence | | | | |
| Doubled up: temporarily with friends/family de | ue to loss of housing o | r economic ha | dship which do | es not mee | t the fixe | d, adequate or | regular |
| nighttime residence. Date the student moved to th | is address: | | | | | | |
| Date the student moved to this address: | | | | | | | |
| | | | | | | | |
| Are you seeking permanent h | nousing? | ☐ Yes ☐ | No | | | | |
| Please Answer the Following Questions: | · · | ☐ Yes ☐ | No | s sanaris un | 17 14 gv 21 X | eu, not hero enhañol de pour | |
| · · · · · · · · · · · · · · · · · · · | edeser (no | ☐ Yes ☐ | No | Birthdate | Carla extens | euroren eo egiro | |
| Please Answer the Following Questions: Any preschool-aged children living in home | Name: | ☐ Yes ☐ | No | Birthdate | | | |
| Please Answer the Following Questions: Any preschool-aged children living in home | edeser (no | Yes [| No | Birthdate Birthdate | | | |
| Please Answer the Following Questions: Any preschool-aged children living in home | Name: | Yes | No | | • | ended . | |
| Please Answer the Following Questions: Any preschool-aged children living in home ☐ Yes ☐ No | Name: | Yes [| No | Birthdate | • | ended . | |
| Please Answer the Following Questions: Any preschool-aged children living in home Yes No Previous Street Address (with apt/suite) | Name: | Yes [| No | Birthdate | • | ended . | |
| Please Answer the Following Questions: Any preschool-aged children living in home Yes No Previous Street Address (with apt/suite) | Name: | Yes [| No | Birthdate | • | ended . | |
| Please Answer the Following Questions: Any preschool-aged children living in home Yes No Previous Street Address (with apt/suite) | Name: | And a second second | | Birthdate | • | ended . | |
| Please Answer the Following Questions: Any preschool-aged children living in home Yes No Previous Street Address (with apt/suite) | Name: Name: City & Zip | nd Educational | Rights | Birthdate | • | ended . | |
| Previous Street Address (with apt/suite) Reason for Leaving Previous Address Students without fixed, regular, and adequate living Previous Previ | Name: Name: City & Zip Residency and situations have the first | nd Educational | Rights | Birthdate School D | : istrict Atl | | all the |
| Please Answer the Following Questions: Any preschool-aged children living in home Yes No Previous Street Address (with apt/suite) Reason for Leaving Previous Address Students without fixed, regular, and adequate living 1. Immediate enrollment in the school they last | Name: Name: City & Zip Residency and situations have the statended or the local statended state | nd Educational following rights school where th | Rights: | Birthdate School D | : istrict Atl | y do not have a | |
| Previous Street Address (with apt/suite) Reason for Leaving Previous Address Students without fixed, regular, and adequate living Previous Previ | Name: Name: City & Zip Residency a ng situations have the attended or the local senrollment without fear | nd Educational following rights school where th | Rights: | Birthdate School D | : istrict Atl | y do not have a | |
| Previous Street Address (with apt/suite) Reason for Leaving Previous Address Students without fixed, regular, and adequate livir Immediate enrollment in the school they last documents normally required at the time of e | Name: Name: City & Zip Residency and situations have the fractional attended or the local senrollment without fear regular school day. | nd Educational following rights school where th | Rights: | Birthdate School D | : istrict Atl | y do not have a | |
| Please Answer the Following Questions: Any preschool-aged children living in home Yes No Previous Street Address (with apt/suite) Reason for Leaving Previous Address Students without fixed, regular, and adequate living 1. Immediate enrollment in the school they last documents normally required at the time of each of the school of origin for the school of origin for the school of origin for the school of the school of origin for the school or origin for the schoo | Name: Name: City & Zip Residency and situations have the fattended or the local senrollment without fear regular school day, ational programs. | nd Educational following rights school where th of being separ | Rights: : :ey are currently | Birthdate School D staying ev | : istrict Atl | y do not have a eir housing situ | ations. |
| Please Answer the Following Questions: Any preschool-aged children living in home Yes No Previous Street Address (with apt/suite) Reason for Leaving Previous Address Students without fixed, regular, and adequate living 1. Immediate enrollment in the school they last documents normally required at the time of each of the school of origin for the 3. Access to free meals, Title 1 and other educations. | Name: Name: City & Zip Residency and a strended or the local strended or the local strended attended attende | nd Educational following rights school where th of being separ | Rights: : ey are currently ated or treated of the state o | Birthdate School D staying evidifferently of | istrict Atl | y do not have a elr housing situ: Coordinator al | ations. 517-373-6066. |
| Previous Street Address (with apt/suite) Previous Street Address (with apt/suite) Reason for Leaving Previous Address Students without fixed, regular, and adequate livir Immediate enrollment in the school they last documents normally required at the time of etc. Transportation to the school of origin for the accurate about these rights can be directed by signing below, I acknowledge that I have reaccurate. False statements may be punishable. | Name: Name: City & Zip Residency and a strended or the local strended or the local strended attended attende | nd Educational following rights school where th of being separ | Rights: : ey are currently ated or treated of the state o | Birthdate School D staying evidifferently of | en if the due to the state | y do not have a elr housing situ: Coordinator al | ations. 517-373-6066. |
| Previous Street Address (with apt/suite) Previous Street Address (with apt/suite) Reason for Leaving Previous Address Students without fixed, regular, and adequate livir Immediate enrollment in the school they last documents normally required at the time of etc. Transportation to the school of origin for the access to free meals, Title 1 and other educations about these rights can be directed by signing below, I acknowledge that I have reserved. | Name: Name: City & Zip Residency and a strended or the local strended or the local strended attended attende | nd Educational following rights school where th of being separ | Rights: : ey are currently ated or treated of the state o | Birthdate School D staying evidifferently of | istrict Atl | y do not have a elr housing situ: Coordinator al | ations. 517-373-6066. |



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: | |
| and Guidelines, and have discussed them with my child. I educational purposes and that the Board has taken ava material on the Internet that is obscene, objectionable, inapis impossible for the Board to restrict access to all objection Internet. I will not hold the Board (or any of its employees may acquire or come in contact with while on the Internet child guidance concerning his/her acceptable use of the succession of t | ident Education Technology Acceptable Use and Safety Policy understand that student access to the Internet is designed for illable precautions to restrict and/or control student access to propriate and/or harmful to minors. However, I recognize that it onable and/or controversial materials that may be found on the s, administrators or officers) responsible for materials my child t. Additionally, I accept responsibility for communicating to find the Internet - i.e., setting and conveying standards for my ploring information and resources on the Internet. I further itiolations. |
| To the extent that proprietary rights in the design of a webschild upon creation, I agree to assign those rights to the Bo | site hosted on Board-owned or leased servers would vest in my ard. |
| Parent/Guardian's Signature: | Date: |
| understand that any violation of the terms and conditions constitute a criminal offense and/or may result in discipling | echnology Acceptable Use and Safety Policy and Guidelines. I set forth in the Policy and Guidelines is inappropriate and may nary action. As a user of the Board's Education Technology, I Education Technology in an appropriate manner, honoring all |
| Student's Signature: | Date: |
| Teachers and building principals are responsible for d | etermining what is unauthorized or inappropriate use. The |

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 <u>Student Education Technology Acceptable Use and Safety Policy</u> and related <u>Guidelines</u>, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

Letter of Understanding – Full Day Preschool at ECC

| Child's | Full Name |
|----------|--|
| | : Please initial next to each statement and sign at the bottom. |
| | I understand 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, newspapers, 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 the Center Director. |
| | I understand tuition is due weekly. Payments are due by Friday of the week before my child attends, before 5:00 p.m. Failure to make payments in a timely manner may result in my child being withdrawn from the program. I will consult with the Director if special financial arrangements become necessary. Families are given one sick/vacation day based on the scheduled number of days attending each week. Sick/vacation days may be taken with appropriate notice to the teacher or Center Director. I understand a late payment penalty fee of 5% will be assessed to the current payment due if my weekly payment is received after 5:00 p.m. each Friday. You will not be charged on days or holidays the district has scheduled off and will be credited for weather-related days declared by the district. |
| | I understand that I will be billed for the set schedule I provide to the center director. If I need to change my child's schedule, written notice of this change will be provided to the center director with at least two weeks' notice. I realize schedule changes may not always be possible. I will also provide the Center Director with at least two weeks' notice if I have to drop my child from the program. |
| | I agree to pick my child up by 4:00 p.m. at the end of each day and understand a late pick-up penalty of \$20 per ¼ hour may be imposed. Chronic or habitual 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 whenever L'Anse Creuse Public Schools close for inclement weather, the Full Day Preschool is also closed. |
| | In order to keep the overall tuition cost affordable to everyone, parents are asked, throughout the year, to donate miscellaneous classroom supplies. This is strictly <u>voluntary</u> although greatly appreciated. Examples may include: soft tissues (i.e. Puffs, Kleenex), absorbent paper toweling (i.e. Bounty), paper plates, napkins, 5 oz. cups, wet wipes, etc. Teachers will communicate wish list items throughout the year, as needed. |
| | I understand if student enrollment in the Full Day Preschool does not meet minimum obligations, it may be subject to cancellation. Every effort will be made to meet the needs of families. |
| | The child I have registered for the Full Day Preschool will turn three years old by September 1st. |
| | I understand any volunteer in the Full Day Preschool will be asked to sign a Volunteer Regulations Form, provided by L'Anse Creuse Public Schools, distributed by the classroom teacher. |
| | Parent Handbooks are available to download at www.lc-ps.org, Schools, Burdi & Early Childhood Center under Quick Links. |
| | I understand the staff will make families aware of food allergies within a classroom space. Treats donated for celebrations must be commercially prepared, with a nutrition label, not homemade. |
| | I understand the Full Day Preschool does not provide lunch. I realize it is my responsibility to provide lunch for my child and will do so by sending one with him/her to the center. I give permission to the staff at the Full Day Preschool to serve this to my child. |
| | I understand my child will be exposed to sunlight while playing outside. It is my responsibility to provide sunscreen/insect repellant. Additionally, it is my responsibility to give written permission to the Full Day Preschool to apply sunscreen/insect repellant. This permission form may be obtained from the classroom teacher and/or the Center Director. |
| Paront's | Signature: Date: |

1.29.24

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 Pressure in the Head Nausea/Vomiting Dizziness Balance Problems Double Vision Blurry Vision Sensitive to Light Sensitive to Noise Sluggishness Haziness Fogginess Grogginess

Poor Concentration Memory Problems Confusion "Feeling Down"

Not "Feeling Right" Feeling Irritable Slow Reaction Time Sleep Problems

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."
- 2. 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 heath 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.
- 3. 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.
 - Appears dazed or stunned
 - Is confused about assignment or position
 - Forgets an instruction

SIGNS OBSERVED BY PARENTS:

- Can't recall events prior to or after a hit or fall
- · Is unsure of game, score, or opponent
- Moves clumsity

- 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 |
|----------------------------|-----------------------------------|
| Participant Name Signature | Parent of Guardian Name Signature |
| 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.



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 chil | d: | | | |
|---------------------------------------|---------------------|------------------------|----------------------|-------|
| , , , , , , , , , , , , , , , , , , , | Last Name | First Na | ne | M.I. |
| | | | | |
| | Birth Date | Grade | Date of School Enrol | lment |
| Has had varicell | a disease | | | |
| | W) | /hen did varicella occ | ur: Age or Date?) | |
| Signature: | | Da | nte: | |
| | (Parent or Legal Gu | nardian) | | |
| Witnessed by: _ | | Da | te: | |
| | (School/Program S | taff) | | |
| School District: | Waterand *minim** | | | |
| School/Childcar | e 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: | | | AMERICA (AMERICA (AME |
| 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
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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 Scl | hools | L'Anse Creuse Publ | ic Schools | |
|---|----------------------------|-----------------------------|---|------------------------|--------------|---------------|
| | | New Haven Community Schools | | Richmond Commur | | |
| | | | | | | |
| 2. | Student(s) Information | n (preschool through | 12 th grade): | | | |
| | Student First & La | st Name | School | Attending | Grade | Birthdate |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| *************************************** | | | | | | |
| | | | | | | . |
| 3. | Parent/ Guardian Info | rmation | | | | |
| arent | :/Guardian Name: | | | | | |
| Addre | SS: | | | | | |
| City & | Zip Code: | | · COTTANTOVILLE | | | |
| hone | Number: | | | | - | |
| | please specify numbers or | | | | | |
| etters s | uch as "1" "0" or "I" "0": | | *************************************** | | M | |
| 4. | Which individual has tr | ribal membership? N | Mother Fathe | r Grandmoth | ner (| Grandfather |
| 5. | Please provide the full | name of the person | who holds Americ | an Indian ancestry (in | clude maider | name if |
| | applicable): | | | | | |
| 6. | Name of the Tribe of A | American Indian ances | stry: | WAA | | |
| 7. | Visit http://www.ncsl. | org/research/state-t | ribal-institute/lis | t-of-federal-and-state | e-recognized | -tribes.aspx |
| | to determine is the Tri | be (circle one): Stat | e Recognized | Federally Recognize | ed | |
| 8. | Please indicate the sta | te or area of the coun | try your ancestor | was from: | | |
| | | | | | | |

| CHAT completed |
|----------------|
| pproved |
| enied |

VOLUNTEER REGULATIONS

for L'Anse Creuse Early Childhood Centers

Signature

| Name of Ce | antor: | | | Name of Stu | ıdant: | | | |
|--|---|-------------------------|--------------------|-----------------------|--|-------------|---------------------|--------------------------|
| <u>Name of Ce</u> | enter. | | | Name of Stu | ident. | | | |
| | <u> </u> | | | • | | | | |
| Teacher | | | | Program | | | | |
| A volunteer is a putilized. | person from the comm | nunity w | no is approve | d by the Directo | r at that building, v | vhere h | is/her s | ervices are |
| 2. Volunteers can b | e assigned to assist the | | | | tructional training | to stude | nts. | |
| | ot be assigned to relie work only under direc | | | | r building Director | | | |
| 5. Volunteers must | abide by and enforce | | | | | | ot they | |
| personally suppo 6. Volunteers are n | ort tnem. ot authorized to make | nerson | nel decisions | • | | | | |
| Volunteers are n Volunteers are n | ot to deal directly with | parent | concerns, and | l should refer all | contacts by parer | nts to the | e Direct | or. |
| 8. Volunteers shall | not receive remuneral | tion in a | ny form for the | eir services. | | | | |
| | volunteers are covere | | | | | | | • |
| | not treat injuries, <i>exce</i> rsonally responsible f | | | | duct may result in | an indiv | idual's r | elationship |
| | being discontinued. | 01 11101110 | n dougho. Mi | appropriate com | adde may roodie me | uii iiiui 1 | raudi 5 i | olution for the |
| 12. A volunteer shall | not drive a personal v | ∕ehicle t | o transport st | udents. If an ex | ception is necessa | ary, prio | r approv | /al of the |
| district is required | | | | | | | | |
| | not discipline childrer not have access to st | | ecords | | | | | |
| | wear identification at | | | teer activity. | | | | |
| as the Public Sex | s required for the COffender Registry SOR is prohibited for | y (PSÖ | R) and will | not be used f | or any other pu | | | |
| VOLUNTEER NAM | IE (please print <u>cle</u> | <u>early</u>): _ | Last, | | First | | Middle | Name |
| • | | | ŕ | | • | | | TRAINO |
| Race: | | VI/ | F | | Birth date: | /_ | /_ | - |
| Have you ever bee | n convicted of a mis | sdemea | nor or felon | y offense: | lf yes, explair | າ: | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | 1 | . 1. 1 | | • | | |
| application to volunteer, in | iven here are true and com cluding conducting a crimin | al history | check. I further t | inderstand and lag | ree that I have an oblig | ation to ir | nmediatel | y notify the |
| building administrator and | or a school official of any c | hanges in | the information | provided herein. I | hereby release and for | ever disch | narge L'An | ise Creuse |
| injury, which may be sust | , officers and employees fr ained by me, of any nature | on any ar or kind as | a result of this a | pplication, the crimi | manos, for, upon or by nal history check, or my | activities | any dama asa vol | age, ioss or lunteer. |

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 manital 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, 24075 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.

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.

Date