

Berkley Schools Summer Days Camp- Enrollment Form

Parent ● Guardian ● Student Information - please complete this form thoroughly

START DATE: _____ Going into Grade: _____

*** Required Field**

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

CHILD'S FIRST NAME: * _____ M ___ F PHONE # _____

ADDRESS: * _____ CITY: * _____ ZIP * _____

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
FIRST NAME: * _____	FIRST NAME: _____
LAST NAME: * _____	LAST NAME: _____
STREET ADDRESS: _____	STREET ADDRESS: _____
CITY/ST/ZIP: _____	CITY/ST/ZIP: _____
HOME #: * _____	HOME #: _____
EMPLOYER: * _____	EMPLOYER: * _____
WORK #: * _____	WORK #: _____
CELL PHONE #: * _____	CELL PHONE #: _____
E-MAIL ADDRESS: * _____	E-MAIL ADDRESS: _____

EMERGENCY NAME: * _____

PHONE #: _____

CELL PHONE #: _____

Health / Nutrition Information - I assure the Berkley School District that my child is in good health and I will assume responsibility for his / her health while attending in Berkley School District's Child Care Program.

I will provide my child with: ___ Nutritious snacks ___ Bag lunch
In case emergency service is required and parents cannot be reached,

my child may be taken to the emergency room at Wm. Beaumont Hospital / Royal Oak ● Providence Hospital / Oak Park.

Your electronic signature below indicates your acknowledgment and agreement to all above statements and assurances.

Parent / Guardian Signature: * _____ Date * _____

BERKLEY SCHOOL DISTRICT FEDERAL TAX ID# 38-6003087

Summer Days Camp

7:30 am – 5:30 pm

List Day(s) Needed _____

Check Week(s) Needed

1___ 2___ 3___ 4___ 5___ 6___ 7___

Office Use Only: Non-refundable supply fee \$ 60/100 First Week Tuition \$ _____ Total Received \$ _____

___ Cash Check # _____ ___ Visa ___ MasterCard ___ Discover ___ DHS

Card# _____ Exp. Date _____ V-Code _____

Name on Card _____ Received By _____ Date _____

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

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

For Provider Use Only:		Date of Admission	Date of Discharge		
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Legal Guardian's Name		Home Phone ()	Parent/Legal Guardian's Name (Optional)		Home Phone ()
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)		Cell Phone ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

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

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.	()	()			
2.	()	()			
3.	()	()			
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.	()	2.	()		
3.	()	4.	()		

Parent/Legal Guardian Initials:	
_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.	

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.	
Signature of Parent or Guardian	Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

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

Berkley Schools 2024 Summer Days Camp Policy and Procedures Agreement

*** Required Field**

Child's Name: * _____

ALL CHANGES ARE TO BE MADE AT BUILDING BLOCKS

Tuition - I agree to pay Berkley Schools Summer Days Camp tuition on a weekly basis, there is a minimum of 2 weeks and 3 days a week required for Summer Days Camp. I understand that All weekly payments are to be paid on Procure or brought to: **Berkley School District, Accounts Receivable, 14501 Talbot, Oak Park, 48237**, or left in the after hours drop box outside the Building Blocks (14700 W. Lincoln, Oak Park) family entrance on the west side of the building. **We accept payments with Visa, Master Card, Discover Card, checks, money orders made payable to Berkley School District, or cash.**

Call: Accounts Receivable (248) 837-8439 for any questions

All payments are due Thursday the week before attending. If my tuition is **not paid** Thursday by 5:00pm I am aware that my child will not receive services until this obligation is met. There is a \$40 charge for late payments per camper. I understand that there is a \$25 fee for each program change made after registration.

Cancellations - I understand that I must contact Building Blocks office and provide a written notice at least one week in advance of the week(s) or day(s) that I would like to change my schedule, or withdraw from the program and the program change fee will apply.

Charges for Late Pick-up - I understand that if my child remains past the scheduled closing time I will be charged an additional fee of \$5 per minute. After 30 minutes there is a \$7 per minute late charge. I understand that three (3) late pick-ups can result in dismissal. If the school cannot contact the designated people on the child information record by 6:00 pm, the police will be notified.

Special Programs/Field Trips - I understand that if I do not want my child to participate in a field trip, that I am responsible for providing alternate care. I understand that on a field trip day, care will **NOT** be provided if I choose not to participate. Field trips leave on time; if you are late you will need to find alternate care.

Drop Off and Pick Up Daily Sign In Sheets - I agree to complete the sign-in / sign-out on Procure on a daily basis upon drop off and pick up from the program.

Release of Child - I understand that my child will be released only to those persons whose names I have listed on the *Child Information Record*. For the safety of your child a phone call to the classroom, text, etc. will not be acceptable to add individuals to the *Child Information Record*, I must add or take off persons to release my child to in person with the Summer Days Camp staff.

Sick Child Policy - I understand that if my child becomes ill while attending the program I will make arrangements for my child to be picked up within one hour. ***I understand that failure to do so will result in my child being excluded from the program.***

Medication - It is the Berkley School District policy that all prescription medications dispensed at school require a Medication Form to be filled out completely by the physician and parent/guardian. Over-the-Counter medication will need to be filled out on the Nonprescription Medication Consent Form by a parent/guardian. We will not administer the first dose. All medications must be in the original packaging with the pharmacy or packaging label intact. Once a completed form is received we will dispense the medication to your child. Medications may not be in the possession of children. Staff is not permitted to prescribe, or make available, any medication, including but not limited to Aspirin, Tylenol, Motrin, antacids and/or similar items. Please keep staff informed of any medical concerns your child might have while in our care.

Outdoor Equipment - I understand the program is licensed under State of Michigan Licensing Rules for Child Care Centers, and the outdoor equipment at the School District's Elementary Schools are not required to comply with State of Michigan licensing rule R400.5117(7)(8)(9).

My Child - I give my permission for the school personnel to discuss information relevant to the program planning for my child.

Parent Handbook - I have read and agree to the policies and procedures stated in the Parent Handbook.

I have read the Berkley Schools Summer Days Camp Policy and Procedures Agreement. I fully understand and agree to follow the stated policies and procedures stated on the Policy and Procedures Agreement Form.

Typing your name below as a parent/legal guardian represents both your electronic signature and indicates that you have reviewed these documents and are certifying on behalf of yourself that you understand the rules and procedures of the Berkley School District as referenced above.

Parent Signature: * _____ Date: * _____

WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

Child(ren)'s Name(s) (Last, First)	Facility's Name and License Number Avery (Building Blocks) - DC630019539
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A written information packet has been provided at the time of enrollment. The packet included all the following information (*R 400.8146 (1-2)*):

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open, and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook. **(CENTER MUST CHECK ONE)**
 - The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.
 - The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.
- Other _____

I certify that I received all of the above items.

Parent/Guardian Signature

Date

Note: A single CCL-4340 form may be used for all children in the same family.

LARA is an equal opportunity employer/program.

2024 Summer Days Camp! PERMISSION SLIP

Childs Name: _____

GOOD HEALTH STATEMENT

My child is in good health and is able to participate in the Berkley School District Summer Days Camp activities. I will assume responsibility for his/her health while attending the Berkley School District's Summer Days Camp.

Does your child have any restrictions? () YES () NO
If yes, please provide a Doctor's note to explain the restrictions.

SUN SCREEN PERMISSSION

I give the Berkley School District Summer Days Camp Staff permission to apply sun screen to my child in the afternoon. I will supply my child's own sun screen labeled with their name and expiration date on it. I will apply sun screen before drop off.

FIELD TRIP PERMISSION

My child has my permission to participate in the planned activities and field trips during the 2024 Summer Days Camp Program. I acknowledge that I will be given a calendar that shows dates and times of field trips. I understand that I must have my child at the camp by the specified time with the camp T-shirt provided at registration. If we forget the t-shirt on field trip day I will need to purchase another t-shirt that day for a fee. I understand that bus transportation will be provided by camp for field trips except walking field trips.

I need the following youth size t-shirt: ___ *SMALL* ___ *MEDIUM* ___ *LARGE*

SWIMMING PERMISSION

I give permission for my child to walk to AquaTots pool with Summer Days Camp fo open swim 1pm – 3pm Monday, Wednesday and Thursday during June-August. My child will participate in open swim. There are lifeguards on duty whenever my child is at the pool, and the camp staff will remain in the water to supervise the children.

I understand that the signature provided is for all of the above permission slips. I hold harmless the Berkley School District and their sponsors and supervisors for any injury incidental to applying sun screen, conducting field trips and swimming.

Your electronic signature below indicates your acknowledgement and agreement to all above statements and assurances.

Parent Signature:* _____ Date:* _____

For information contact the Building Blocks Office
14700 W. Lincoln, Oak Park, Ph. 248.837.8900



berkley
building blocks
early childhood education





COMMUNICATIONS CONSENT FORM

Child's Name: * _____ Current Teacher: _____

Our district communication provides us with many opportunities to showcase students and their work. Each month, our Board of Education honors students for special accomplishments, the weekly district newsletter displays student artwork, photos, and success stories; our Building Blocks newsletters, Shutterfly, Facebook and Twitter accounts publish photos of classroom activities and our website gives us the chance to highlight our curriculum and student learning and student achievements. If you have questions, please call the Communications Office at 248.837.8095.

Please select yes or no.

_____ **YES**, the Berkley School District and the Building Blocks program has my permission to use my child's work, photo, video, voice, and/or name in district communications or other media.

_____ **NO**, the Berkley School District and the Building Blocks program does not have my permission to use my child's work, photo, video, voice, and/or name in district communications or other media. I understand that if I select No, my student cannot be recognized for any accomplishments in district and school communications and/or local media.

Typing your name below as a parent/legal guardian represents both your electronic signature and indicates that you have reviewed these documents and are certifying on behalf of yourself that you understand the rules and procedures of the Berkley School District as referenced above.

Signature: * _____ Date: * _____



BERKLEY BUILDING BLOCKS

14700 W. Lincoln, Oak Park, MI 48237

p. 248-837-8900 f. 248-546-9238

www.berkleyschools.org/bbb

SCHOOL COMMUNICATION

In order to best communicate with you in a school closure or other emergency situation, the Berkley School District will send a School Communication to all families. School Messenger is an emergency notification system that has the ability to call, text, and email families with important information or emergency messages from the school.

In the event of an emergency or closure impacting Berkley Building Blocks, we will notify you immediately via School Messenger. School Messenger phone calls and/or texts will be sent to the phone number(s) you request so please be sure it is a direct line to you not a main line switch board at your place of work. Please make sure this telephone number is one that you have access to during school hours, update new phone numbers in the Building Blocks Office.

Please also be sure to include a valid email address. Several District and Building Blocks communications are sent via email only and will not reach you without a valid email address.

Student Name: _____ Room#/Teacher _____ Date _____
(Please Print)

Phone Number. Please print your primary telephone number (to be called, not texted) below. Again, this should be a *direct* line to you – not a main switch board or operator at your place of work:

1st Phone Number: _____ **2nd Phone Number** _____

Text Message: If you wish to receive emergency text messages (snow days and other emergencies), please enter a telephone number in the space provided. In order to receive text messages, every parent must opt-in. In order to opt in, text the word YES (in message field) to the phone number 67587 (in the To field). Please note that the district is not responsible for any fees you may incur through your cell phone provider*:

1st Text Message Number: _____ **2nd Text Message Number** _____

*Please note that not all providers will allow texting from the district. Most of the major carriers (Verizon, AT&T, etc.) will allow texting from School Messenger, but some may not. Check with your provider if you have concerns about texting.

E-Mail Address: Several District and Building Blocks communications are sent via email only and will not reach you without a valid email address.

E-mail address: _____ **2nd E-mail address:** _____

If at any point your information changes (new phone number, new email address, etc.), you are responsible for contacting the office to update the information in our database.

**BERKLEY BUILDNG BLOCKS / KIDS' ZONE
PAYMENT AUTHORIZATION FORM**

For your convenience, Berkley Building Blocks uses the Procure App as our primary payment option to process your monthly childcare payments. **Weekly Summer Camp payments are due the Thursday before each week of care at 5pm.** When you set up your Procure account you will select "make a payment" and "set up payment". You can select auto-pay, in which case the payment will be deducted on the due date of each invoice. If you do not initiate auto-pay, card information can be saved, but you will be responsible for initiating payment and any related late fees if payment is not made by the due date. If you choose to opt out of the Procure card payment altogether, you must select your method of payment below.

Checks and cash should be placed in the drop box at the address below.

Berkley School District
ATTN: Accounts Receivable
14700 W. Lincoln Blvd. Oak
Park, MI 48237

Name of Child(ren): _____

School(s): _____

Class(es) to be included: _____

Home Address: _____

Choose a method of payment (Recommended) I will pay using Procure Auto-Pay

I will initiate each monthly payment on Procure

I will pay by Check

I will pay by Cash

Total Weekly Amount \$ _____

Print Name: _____

Signature : _____

A new authorization form must be completed each school year.

If you have any questions, please contact Angela Dagle at 248-837-8439 or Angela.Dagle@berkleyschools.org