

# Kids' Zone - Enrollment Form

**\* Required field**

**Parent • Guardian • Student Information** - please complete this form thoroughly

START DATE: \_\_\_\_\_ Going into Grade: \* \_\_\_\_\_ SCHOOL ATTENDING: \* \_\_\_\_\_  
(TK – 5 th grade)

CHILD'S FIRST NAME: \* \_\_\_\_\_ BIRTH DATE: \* \_\_\_\_\_

CHILD'S LAST NAME: \* \_\_\_\_\_ M \_\_\_\_\_ F PHONE #: \_\_\_\_\_

ADDRESS: \* \_\_\_\_\_ CITY: \* \_\_\_\_\_ ZIP: \* \_\_\_\_\_

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
FIRST NAME: * _____	FIRST NAME: _____
LAST NAME: * _____ If Different from Above:	LAST NAME: _____ If Different from Above:
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 # \_\_\_\_\_

**BEFORE SCHOOL – 7-8AM / Norup 7-8:15am**

Schedule Needed: \_\_\_\_\_

Monthly Tuition: \$ \_\_\_\_\_

**AFTER SCHOOL – 3:15-6pm/ Norup 3:20-6pm**

Schedule Needed: \_\_\_\_\_

Generally, I plan to pick up at: \_\_\_\_\_

Monthly Tuition: \$ \_\_\_\_\_

**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 Kids' Zone Program.

I will provide my child with: \_\_\_\_\_ Nutritious snack \_\_\_\_\_ Bag lunch on ½ days

**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**

**Office Use Only:** \_\_\_\_\_ DHS Extra Payment: \$ \_\_\_\_\_

Non-refundable Fee: \$ \_\_\_\_\_ (\$60 Single/\$100 Family) Enrollment Month Tuition: \$ \_\_\_\_\_ Total Received: \$ \_\_\_\_\_

\_\_\_\_\_ Cash Check #: \_\_\_\_\_ \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

Card #: \_\_\_\_\_ Ex. Date: \_\_\_\_\_ V Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

# 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.

<b>For Provider Use Only:</b>		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 <sup>nd</sup> Phone (if applicable) ( )	Home Address (if not child's address)	
2 <sup>nd</sup> Phone (if applicable) ( )				
City	State	Zip Code	City	State
Zip Code				
Email Address (optional)			Email Address (optional)	
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 \_\_\_\_\_ **Kids' Zone** \_\_\_\_\_, 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.	

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

# Berkley Schools 2023 Kids' Zone 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 Kids' Zone tuition on a monthly basis. I understand that all monthly payments are to be made or mailed 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 to make payments with a charge card.**

All payments are due the 5th of the month. There is a \$40 charge for late payments per student for payments received after the 5th of the month. If my tuition is **not paid** I am aware that my child will not receive services until this obligation is met. I understand that there is a \$25 fee for each program change made after registration, or to re-enroll if I have been dropped from the program.

**Cancellations** - I understand that I must provide a written two weeks' notice to drop from the program. I must contact Berkley Building Blocks to withdraw from Kids' Zone. Andrea Megroet, 248-837-8900, [andrea.megroet@berkleyschools.org](mailto:andrea.megroet@berkleyschools.org)

**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 6:30 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.

**Drop Off and Pick Up Daily Sign In Sheets** - I agree to complete the sign-in / sign-out form 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 Kids' Zone 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 Kids' Zone 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

<b>Child(ren)'s Name(s) (Last, First)</b>	<b>Facility's Name and License Number</b> 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](http://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](http://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.



## KIDS' ZONE LATCHKEY

14700 W. Lincoln, Oak Park, MI 48237

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

[www.berkleyschools.org/kidszone](http://www.berkleyschools.org/kidszone)

### SCHOOL-AGE GOOD HEALTH STATEMENT (KINDERGARTEN – 12 YEARS)

**\* Required Field**

My child, \* \_\_\_\_\_ is in good health and is able to participate in the center's activities. I will assume responsibility for his/her health while attending the Berkley School District's Kids' Zone Program.

Does your child have any physical restrictions?    \_\_\_ YES                    \_\_\_ NO

If yes, please provide a Doctor's note to explain the restrictions.

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

Parent Signature: \* \_\_\_\_\_ Date: \* \_\_\_\_\_.

# Berkley School District Kids' Zone Behavior Information Form

**\* Required Field**

## Kids' Zone Location:

Angell     Burton     Norup     Pattengill     Rogers

Child's Name: \* \_\_\_\_\_ Age: \_\_\_\_\_

Name child likes to be called: \_\_\_\_\_

## Latchkey History:

Has your child previously attended a before or after school latchkey program?     Yes     No

## Developmental Information:

Does your child have any special fears?     Yes     No

(Thunder storms, costumes, separation from mom/dad, loud noises, animals, strangers, the dark, etc)

Please describe this fear (how they react or what they do) \_\_\_\_\_

Does your child have any other allergies? (food, bees, animals...)     Yes     No

Explain. \_\_\_\_\_

Please describe your child's temperament (i.e. highly active, quiet, happy)

Does your child:

Require adjustment time in new situations?

Cry easily?

Have temper tantrums often?

Usually follow directions?

Have a very short attention span?

Feel comfortable speaking to new people?

(more on back)

**Social Information:**

Do you have any specific concerns about your child starting latchkey? \_\_\_\_\_

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How does your child feel about starting latchkey? \_\_\_\_\_

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Please feel free to share any information with us that will help us make your child's latchkey experience successful.

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Parent Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_



## Berkley School District Kids' Zone Sun Screen Permission Slip

Child's Name \_\_\_\_\_.

I give the Kids' Zone staff permission to apply sun screen to my child. I will supply my child's own sun screen labeled with their name on it with the expiration date visible.

I hold harmless the Berkley Schools and their sponsors and supervisors for any injury incidental to applying sun screen to my child.

Parent Signature: \_\_\_\_\_.

Date: \_\_\_\_\_.





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### COMMUNICATIONS CONSENT FORM

**\* Required Field**

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: \* \_\_\_\_\_



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### 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:

**1<sup>st</sup> Phone Number:** \_\_\_\_\_ **2<sup>nd</sup> 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\*:

**1<sup>st</sup> Text Message Number:** \_\_\_\_\_ **2<sup>nd</sup> 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:** \_\_\_\_\_ **2<sup>nd</sup> 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.



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[www.berkleyschools.org/kidszone](http://www.berkleyschools.org/kidszone)

### Kids' Zone Parent Handbook Agreement

\_\_\_\_\_ I have read the Parent Handbook for the Berkley School District Building Blocks programs. I fully understand the stated policies and procedures and agree to follow the policies and procedures stated in the Parent Handbook.

\*

\_\_\_\_\_   
Print student Name

\*

\_\_\_\_\_   
Print Parent/Guardian Name

\*

\_\_\_\_\_   
Parent/Guardian Signature

\*

\_\_\_\_\_   
Date



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

For your convenience, the Berkley Building Blocks uses the Procure App as our primary payment option to process your monthly childcare payments. Monthly payments are due by the 5th of each month. 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

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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 Monthly Amount \$ \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

A new authorization form must be completed each school year.

If you have any questions, please contact Kristin Folsom at 248-837-8439 or [Kristin.Folsom@berkleyschools.org](mailto:Kristin.Folsom@berkleyschools.org)