

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 – 3:15-5:30pm/ Norup 3:20-5:30pm
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: \$ _____ (\$75 Single/\$125 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.

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 (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.	

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Berkley Schools 2025 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. Sarah Pinch, 248-837-8900, sarah.pinch@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 6:00 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.

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

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.



KIDS' ZONE LATCHKEY

14700 W. Lincoln, Oak Park, MI 48237

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

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? _____

How does your child feel about starting latchkey? _____

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

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:

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.



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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, 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.

We accept Visa, Mastercard and Discover on Procure.

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

I will pay by DHS Funding (Additional forms required, contact Angela Dagle)

Total Monthly 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