

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. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

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	

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HEALTH CARE APPRAISAL

Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems

Licensee Name		Resident Name		Case Number	
AFC Facility Name		Facility License Number	Worker Name / Load Number	Worker Phone Number	
Release of General Medical Information: By signing this form, I understand that I am authorizing the release of medical information concerning me to the licensee and licensee's staff, the responsible agency, and the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems for the purpose of providing appropriate care to me and determining compliance with licensing rules.					
Signature of Resident / Legal Guardian			Title		Date
Release of HIV/AIDS Information: By signing this form, I understand that I am authorizing the release of medical information concerning me, including information regarding Acquired Immunodeficiency Syndrome (AIDS), or Human Immunodeficiency Virus (HIV), if applicable, to the licensee and licensee's staff, the responsible agency, and the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, for the purpose of providing appropriate care to me and determining compliance with licensing rules.					
Signature of Resident / Legal Guardian			Title		Date
1. Height	2. Weight	3. Ideal Weight Range	4. Blood Pressure	5. Age	6. Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
7. Diagnoses			15. Physical Exam:		
			TYPE	NORM	ABN
8. Current Medications and Instructions			1. Skin		
			2. Ears		
9. Allergies			3. Nose		
			4. Throat		
10. General Appearance			5. Mouth		
			6. Neck		
11. Mental / Physical Status and Limitations			7. Breasts		
			8. Chest		
12. Mobility / Ambulatory Status: <input type="checkbox"/> Fully Ambulatory <input type="checkbox"/> Uses Walker <input type="checkbox"/> Uses Cane <input type="checkbox"/> Uses Wheelchair			9. Lungs		
			10. Heart		
13. Susceptibility to Hyper / Hypothermia and Related Limitations			11. Abdomen		
			12. Extremities Upper		
14. Special Dietary Instructions and Recommended Caloric Intake			Lower		
			13. Feet / Toes		
16. Other Health-Related Information or Concerns			14. Lymph Nodes		
			15. Genitalia		
M.D./D.O./P.A. or R.N. (Please Print Name)			16. Testes		
			17. Spine		
Signature			18. Reflexes		
			19. Neurological		
Address			20. Rectal		
			21. Sexually Transmitted Diseases <input type="checkbox"/> YES <input type="checkbox"/> NO		
Title			22. Other:		
			Date of Signature		
Date of Exam			**Deferred, as used here, means examination considered but postponed		
			Date of Exam		
AUTHORITY: 1979 PA 218 R 400.14301(10) and R 400.15301(10)			LARA is an equal opportunity employer/program.		
COMPLETION: Required. R 400.14310 and R 400.15310					
CONSEQUENCE: Violation of AFC Licensing Rules. R 400.14313(3) and R 400.15313(3)					

Sonshine Corner Learning Center Parent Handbook



Our Philosophy:

Sonshine Corner Learning Center believes that all children need-

- To be cherished and loved
- To feel special
- The opportunity to learn through play
- A safe and caring environment

SCLC provides a loving Christian environment that allows children to learn and achieve at their own pace. Our staff is committed to helping your child with social, emotional, physical, intellectual, creative, and spiritual development. Daily activities are planned that will help your child develop self-control, self-esteem, social skills and an awareness of God's love. School readiness skills are also taught by trained staff.

Discipline:

We believe in a positive approach to discipline. We teach children to problem-solve and give them words to express themselves. A time-out may be given to allow the child to think about their actions. We believe that if children are provided with age-appropriate activities and toys, healthy meals and snacks, and an opportunity to rest their bodies, discipline issues can be kept to a minimum.

Hours Of Operation:

SCLC is open Monday-Friday from 5:30AM-6PM. A \$5.00 late fee may be charged if pick-up times are consistently later than 6PM.

Enrollment/Withdrawal Policy:

Children will be accepted into our program when there is an opening in the appropriate classroom and all the necessary documents are returned to the director. These include:

- ✓ Child Information Card
- ✓ Child Health Appraisal
- ✓ Developmental History Form
- ✓ Child Placement Contract

***A two week notice of withdrawal is appreciated should you decide to terminate care.**

If your work schedule varies each week, SCLC needs that schedule by Wednesday of the previous week. **It is not the staffs responsibility to be contacting you about the next weeks schedule.** You will be charged for the days you signed your child up for. Please make it a habit to give it to staff on Wednesday morning. This will enable the Director to staff appropriately for the following week.

Nap/Quiet Time:

All children will be given a two hour rest period every day. Cots will be provided. Please bring a blanket and a small pillow to be used at this time. All bedding will be washed at SCLC as needed.

Children that attend school and are in the 1st-5th grade will have a One hour quiet time. Reading, writing, or watching a movie would be appropriate activities during this time.

Meals and Snacks:

SCLC provides meals that are nutritious and meet the government food pyramid guidelines. Meals will be served around the following times-

Breakfast 7:30 am until 8:30 am

Lunch 11:30 am

Snack 3:30 pm

*Times may be adjusted slightly due to morning activities

*A morning snack may be provided if necessary

Illness Policy:

We are not equipped to care for sick children at the center. The following symptoms would indicate that a child is too sick for daily activities:

- ongoing fever
- rash
- eye infections
- vomiting
- diarrhea.

If your child has any of these symptoms, please keep him/her home until they are no longer present for 24 hours. If your child becomes ill while in our care, you will be contacted via phone, text or messenger and may be required to pick up your child. Please keep in mind that the above list is not all inclusive. If your child is not well enough to participate in daily activities, the best place for him/her is at home with one-to-one TLC. Please notify the director if your child has been exposed to Chicken Pox, Measles, Rosello, Scarlet Fever or other contagious diseases.

Please notify the center ASAP if your child won't be attending SCLC for the day. You may call the center at any time of the day or night and leave a message on the machine or with a staff member.

Medication:

If your child requires prescription medication while in our care, please provide written instructions each morning which include when medication was given at home and when the next dose/doses are to be given. Prescription medication must have the pharmacy label with the child's name, medication, and dosage instructions, and dosage spoon. A record will be kept of the time and dose of any medication that

was administered. Non prescription medicine may be left at SCLC with your child's name on the bottle, and is to be given on an as-needed basis.

Accidents/Injuries:

A written record will be kept for each accident resulting in an injury. We will treat all minor injuries with appropriate first aid. If a serious injury occurs, you will be contacted to decide whether medical attention is needed. If you are unavailable, the emergency contact person on the Child Info Card will be contacted. If an accident results in an emergency situation, we will call 911 and notify you immediately. A staff member and your child's records will accompany him/her to the hospital and stay until you arrive.

Arrival/Departure:

Each day you must check your child in using the tablet found in each area. Please don't send your older child in without you. Staff needs to see a parent each morning. For safety reasons, only the people you have listed on the Child Info Card will be allowed to leave with your child. Picture identification is required for the release of a child to anyone the staff cannot identify. Children will under no circumstances be released without parental authorization and proper identification. Please understand that we are required to release children to either parent. If a parent is denied access to the child/children through a court order, a copy of the court order must be provided to the center.

Open Door Policy:

Parents are welcomed to drop in unannounced at any time of the day. Sometimes, however, visits can be upsetting to your child when you leave without him or her. It is up to you to decide whether your child can handle visits. Please remember that during the day, our attention is with the children. If a conference is desired, please call to set up a mutually convenient time with the director or your child's teacher.

Infant Care:

Our staff is trained to work with infants. Infant caregivers will work with parents to develop and maintain an individualized routine for each child. Written reports will be given regarding your child's day. They will include information about eating, napping, diapering, disposition, and daily activities.

Caregivers will plan age appropriate activities to enhance the development of gross and fine motor skills, cognitive and emotional skills. Equipment like exersaucers, swings, and the jumperoo will not be used excessively. Infants need tummy and floor time to develop body strength. Each infant will have a primary caregiver that will be responsible for them on a daily basis.

Each infant will be assigned a crib. For safety reasons, we place children on their back for napping. Blankets can be used to swaddle while awake, but not during naptime. Otherwise we use sleep sacks.

All bottles must be prepared at home. Bottles should be clearly labeled with your child's name. Any unused portions will be discarded or sent home. Bottles will not be "propped". If you're breastfeeding, frozen bags of milk may be sent to use throughout the day. Please label with baby's name.

When jar food is introduced, it will be served heated or unheated, according to parents' preference. Bowls, spoons, and cups will be provided. Unused portions will be refrigerated up to 48 hours, and then discarded or sent home as requested. Parents need to provide baby food.

Diapers will be changed when wet or soiled. Parents need to provide diapers and wipes.

Toddler Care:

Our staff is trained to work with toddlers. Daily lesson plans will encourage growth in all areas. Toddlers will learn to play together, take directions, and do group activities. Caregivers will also help the children achieve basic grooming skills such as putting on their shoes and washing their hands. Toddlers will go outside each day, weather permitting.

Because playing can be messy, please send your child in play clothes. An extra set of clothes should be left at the center. During cold winter months, snow pants, boots, hats, and mittens are needed on a daily basis.

Toilet Training:

We will be happy to assist you and your child as he/she progresses toward this goal. We have found that this milestone is more successfully obtained when your child is ready and willing to begin the process. We recommend that at least 3 complete sets of extra clothes be available during this process. Some signs that your child may be ready are:

- ❖ Can pull pants up and down
- ❖ Distinguishes between wet and dry
- ❖ Follows simple verbal directions
- ❖ Shows interest in sitting on the potty
- ❖ Stays dry all night

Preschool Care:

Our staff is trained to work with preschool age children. September thru May, SCLC provides pre-school lessons for children ages 2.5 to 5 years old. This includes:

- ❖ Letter & number recognition
- ❖ Color & shape recognition
- ❖ Letter sounds
- ❖ Writing
- ❖ Calendar
- ❖ Music & Movement
- ❖ Corporate reading
- ❖ Crafts
- ❖ Fine & large motor activities
- ❖ Character building
- ❖ Bible stories, songs, & verses

Your child will also learn how to follow a three-step direction. For example:

Take off your shoes (1), put them under your locker (2), and then go sit on your assigned number (3).

We also work on self-help skills. For example; putting on their own shoes, jacket, etc., washing their own hands and faces, putting things in **their** locker, and putting on their pull-up at naptime.

Pre-school usually starts around 9 AM. We begin with circle time which lasts until 9:30-9:45. It is very important that your child be at SCLC before 9 AM on a regular basis. Bringing your child consistently after 9 interrupts our teaching time. We understand that this may happen due to Dr. appointments, etc.

This is a kindergarten readiness program. Participating in this program will help your child be ready for young 5's and/or kindergarten. You don't need to send your child to another pre-school program, as your child will have consistency for those important first few years of life at SCLC. If you choose to send your child elsewhere for pre-school, please inform the director by June, as most pre-school programs start in September. SCLC staff does not transport children to other programs.

School-Age Care:

Our staff is trained to work with school-age children. SCLC provides care for children attending young 5's and up at Kent City schools. A staff member will take your child to school and escort them back to SCLC after school.

Your child will have time to complete homework daily. They will also get a time to unwind after their busy school day in a relaxed environment. Activities include:

- ❖ Outside play
- ❖ X-box
- ❖ Age appropriate toys like Barbie's, Race Tracks, Board Games, Books, Etc.
- ❖ Crafts

A snack is provided, or they may finish their lunch from school.

Summer Care:

SCLC cares for children all year round. Our summer program for all ages is very different during June, July, and August. We believe that children need to be outdoors and exploring our community as much as possible during those months. Activities include:

- ❖ Going to the park. There are several in Kent City within walking distance
- ❖ Going to the track and running/walking
- ❖ Library
- ❖ Going to the ball diamond and playing kickball or whiffle ball

Groups start leaving SCLC around 9 AM. If your child is dropped off after that time, you will need to "find" your child's group.

Vacation Policy:

After your child has been attending SCLC for 6 months, you are eligible to have a certain amount of days Tuition Free. If your child attends 5 days a week, you will have 5 days that you can use for vacation, sick days, etc. Please let staff know at least 1 week in advance when you plan vacation or plan to keep your child/children home. Also note when you are taking a day(s) on your tuition payment.

*Teachers & Others - If your child/children take a break from SCLC during the summer, you are not eligible for vacation time. Your vacation is the summer.

Absent Days:

If your child/children are absent for any reason (sickness, vacation relatives, etc.), you will still need to pay for that day. Staffing is driven by numbers of children and the schedule is set one week in advance. Extended absent days due to Funerals, Sickness, Hospital Stays, Etc. will be handled on a case by case basis. Please speak with the director about any extenuating circumstances that prevent your child/children from attending.

Permission slip for SonShine Corner Learning Center

- I have received the written information packet from SCLC.
- I am enrolling an infant and agree to provide formula/breast milk, cereal and baby food.**
- I give permission for the staff of SCLC to apply diaper ointment as needed for my child in diapers or pull ups.
- I give permission for the staff of SCLC to apply sunscreen as needed.
- I give permission for the staff of SCLC to administer non-prescription medication in the correct dose as needed.
- I give permission for my child to go on walking field trips with SCLC staff.
- I give permission for my childs picture to be posted on the secret SonShine Corner Facebook group page.
- I am aware of the licensing notebook located in the entry way.

Childs name _____

Parents name _____

Parents signature _____

Date _____