

STUDENT RECORD INFORMATION

Name of Child _____
(Last) (First) (Middle)

Name of Father _____

Name of Mother _____ Maiden Name _____

Education of Father: High School _____ College _____

Education of Mother: High School _____ College _____

Emergency Phone Number (Other than home) _____

Date of Child's birth _____ Sex _____
(Month) (Day) (Year)

Place of birth _____
(City) (State) (Country)

Race _____
(African American / Asian / Hispanic / American Indian / White / Multi-Race / Hawaiian
– Pacific Islander / Unknown)

Ethnicity _____ Non Hispanic/Latino _____ Hispanic/Latino

Number of children in family _____; Older _____; Younger _____

Occupation of Father _____

Occupation of Mother _____

Home Address _____
(Street) (City) (Township)

Home Phone Number _____ Cell Phone Number _____

E-Mail Address _____

Church Affiliation _____
(Name of Church) (Denomination)

The above information is needed for your child's permanent school record;
please fill in as completely as possible. Thank you.

PLEASE RETURN THIS FORM TO SCHOOL
BY AUGUST 15.

Help Me Get to Know You!

God has placed us in each other's lives this year for His wonderful purposes! We know that He has created every one of His covenant children specially, and so we would like some information about your family and your preschooler so that we can work together for the BEST initial school experience possible! We pray that we get to know your child genuinely as we see him or her in God's image. Return this form with your other enrollment forms by August 15! Thank you for your help and for your trust in us as we partner with you in raising your precious Godly child!

Child's Name _____

Name they will use in school _____ **Child's birthdate** _____

Parent's Names _____

Sibling's Names and ages _____

What pets does your child have? _____

Parent's Occupations _____

Present Church Affiliation _____

Preferred Email Address _____

Phone Numbers _____ (mom) _____ (dad)

I would describe my child as (circle all that apply):

Curious	Usually Cranky	Usually Smiling and Pleasant	Hesitant	
Loving	Confident	Responds Positively to Affection	Prefers to be Alone	
Intense	Demanding	Independent	Anxious	Easily Frustrated

What are his/her preferred toys and activities? _____

My child can do the following things:

speak clearly	write their first name	categorize objects	color with crayons or markers
play with others	count to 10	sing songs with a group	hold a writing utensil correctly
identify 6 shapes	name 6 colors	zip coat	use the bathroom independently
ride a bike	cut with scissors correctly	sit still for a short story	hold scissors correctly

My child is allergic to _____

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
Parent/Legal Guardian's Name			Home Phone ()	Parent/Legal Guardian's Name (Optional)
Home Address (if not child's address)			Cell Phone ()	Home Address (if not child's address)
City	State	Zip Code	City	State
Email Address (optional)			Email Address	
Employer Name			Work Phone ()	Employer Name
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.

CHILD CARES AND PRESCHOOLS



VACCINES REQUIRED FOR CHILD CARE AND PRESCHOOL IN MICHIGAN

Whenever infants and children are brought into group settings, there is a chance for diseases to spread. Children must follow state vaccine laws in order to attend child care and preschool. These laws are the minimum standard for preventing disease outbreaks in group settings. The best way to protect the children in your care from other serious diseases is to promote the recommended vaccination schedule at www.cdc.gov/vaccines. Encourage parents to follow CDC's recommended schedule; by doing so, child care and preschool requirements will be met.



	2-3 months	4-5 months	6-15 months	16-18 months	19 months–4 years	5 years
Diphtheria, Tetanus, Pertussis (DTaP)	1 dose DTaP	2 doses DTaP	3 doses DTaP		4 doses DTaP	
Pneumococcal Conjugate (PCV13)	1 dose	2 doses	3 doses or Age-appropriate complete series	4 doses or Age-appropriate complete series		None
<i>H. influenzae</i> type b (Hib)	1 dose	2 doses		1 dose at or after 15 months or Age-appropriate complete series		None
Polio	1 dose	2 doses			3 doses	
Measles, Mumps, Rubella (MMR)*	None			1 dose at or after 12 months		
Hepatitis B*	1 dose	2 doses			3 doses	
Varicella (Chickenpox)*	None			1 dose at or after 12 months or Current lab immunity or History of varicella disease		

These rules apply to children who are the above ages upon entry into child care or preschool. During disease outbreaks, incompletely vaccinated children may be excluded from child care and preschool. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at www.michigan.gov/immunize.

*If the child has not received these vaccines, documented immunity is required. All doses of vaccines must be valid (correct spacing and ages) for child care and preschool entry purposes.

Updated March 1, 2017

Table 1

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Hepatitis B (HepB)	1 st dose	2 nd dose			←----- 3 rd dose -----→												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose				←----- 4 th dose -----→			5 th dose					
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes		←----- 3 rd or 4 th dose, See Notes -----→										
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose				←----- 4 th dose -----→								
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	←----- 3 rd dose -----→							4 th dose					
Influenza (IIV)					Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only				
or																	
Influenza (LAIV)												Annual vaccination 1 or 2 doses		Annual vaccination 1 dose only			
Measles, mumps, rubella (MMR)					See Notes				←----- 1 st dose -----→			2 nd dose					
Varicella (VAR)									←----- 1 st dose -----→			2 nd dose					
Hepatitis A (HepA)					See Notes	2-dose series, See Notes											
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)																	Tdap
Human papillomavirus (HPV)														*	See Notes		
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos)			See Notes											1 st dose		2 nd dose	
Meningococcal B																	See Notes
Pneumococcal polysaccharide (PPSV23)																	See Notes

 Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Recommended based on shared clinical decision-making or *can be used in this age group
 No recommendation/not applicable