

Father Marquette Catholic Academy
After School Program - Grades preK through 13 year olds

Date_____

Information about the Child/Children to be enrolled:

Child's Name_____ Sex:_____

Entering Grade_____ Birthdate_____

Parent Information:

Mother's Name_____

Father's Name_____

Address_____

Address_____

Email_____

Email_____

Phone_____

Phone_____

Place of Employment_____

Place of Employment_____

Work Phone_____

Work Phone_____

Marital Status_____

Marital Status_____

In the event of an emergency, which parent should be our first attempted contact?

Phone Number_____

If there has been a divorce, which parent has custody?_____

As space is limited, please provide Erin Linderoth with your next week's schedule by 5:00pm the Thursday prior. This commits you to the space and you will be charged unless your student is sick, or we do not have school. If space is not available, Erin will let you know on Friday.

Fee: \$4.50/hour per student

A \$10 annual registration fee will be applied after the first-time aftercare is used to your FACTS account.

The after-school program closes promptly at 5:30. Late fees (\$2 per child/ per minute late) will be assessed beginning at 5:30. The clock on the log-in computer will serve as the official timekeeper.

By enrolling my student(s) in FMCA After School Program and signing this form, I am accepting and agree to abide by the rules, regulation, and code of conduct of the school. I understand that all payments will be through FACTS.

Signature of Person Financially Responsible_____

Date_____

Good Health and Immunization Statement

By signing this form I do hereby declare that the following applies to my child(ren):

(a) He/She is in good health and any activity restrictions are noted on the Health Appraisal form.

(b) His/Her immunizations are up-to-date.

(c) The Health Appraisal form AND immunization record, or appropriate waiver, is on file with Father Marquette Catholic Academy.

Parent Signature

Date

Name of Child(ren)

WRITTEN INFORMATION PACKET DOCUMENTATION

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

Child(ren)'s Name(s) (Last, First)	Center Name
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A written information packet has been provided at the time of enrollment. The packet included all the following information:

- 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, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
 - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
 - The licensing notebook is available to parents during regular business hours.
 - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at www.michigan.gov/michildcare.
- Other _____

I certify that I received all of the above items.

Parent/Guardian Signature

Date

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

LARA is an equal opportunity employer/program.