

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.	

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Family Information 2021-2022

Only One Thing is Necessary....

Student Name: _____

With whom does the child reside:

Siblings that are at FMCA (name and grade):

Field Trip Permission

I give my permission for my child to participate in school sponsored field trips/activities that may occur as part of the school curriculum.

Parent Signature: _____ Date: _____

Photographic Permission

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

____ Yes, I give consent to Father Marquette Catholic Academy to photograph/video my child for school purposes and/or at school events.

____ No, I do NOT authorize Father Marquette Catholic Academy to photograph/video for my child for any event.

Parent Signature: _____ Date: _____

Family Directory Opt In/Out (Parent Portal)

FACTS Family Portal directory will include the following information: children's name, family's name,

____ Yes, I give my consent to Father Marquette Catholic Academy to have my family information included in the FACTS Family Directory.

____ No, I do NOT give my consent to Father Marquette Catholic Academy to have my family information included in the FACTS Family Directory.

Parent Signature: _____ Date: _____

Additional Room for Medical Information (Child Information Record):

Release of Medical Information

I understand the information on this form will become part of my child's permanent school record. Information on this form may be shared with those persons, identified by the school district, when there is a legitimate interest. If you refuse written consent and it is deemed necessary to share medical information, the principal will make the final determination of what and to whom personally identifiable medical information will be released.

Parent Signature: _____ Date: _____

Centered in the person of Jesus Christ and grounded in the teachings of the Catholic Church, Father Marquette Catholic Academy is a mission of four Marquette parishes. Partnering with parents, we work to form students into disciples who will go forth to improve the world around them. We accomplish this by uniting the pursuits of faith and reason. Through rigorous academics grounded in the perennial Classical Curriculum and a commitment to personal attention of each student and their growth in virtue, we are dedicated to the complete formation of our students, remembering that in the end, only one thing is necessary.

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)

PLEASE SIGN AND RETURN THIS FORM

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: Father Marquette Catholic Academy

A written information packet was 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.

I certify that I received all of the above items.

Parent/Guardian Signature

Date

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