

CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult 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 |
| Father/Legal Guardian's Name | | Home Phone () | Mother/Legal Guardian's Name | | 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 (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 Special Instructions (Attach additional sheets, if necessary.) | | | | | |

BCAL-3731 (Rev. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

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. | () | () | () |

| | |
|--|-------------|
| I give permission to _____, licensed by the Department of Human Services <div style="text-align: center; font-size: small;">(Provider's Name)</div> | |
| to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. | |
| 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 |
|--------------------|-----------------------------------|--------------------|-----------------------------------|--------------------|-----------------------------------|--------------------|-----------------------------------|
| | | | | | | | |

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

| |
|---|
| AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation. |
|---|

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Summer Daze 2016 PERMISSION SLIP—page 1 of 2.

CHILDS NAME: _____

____ I give my permission for photographs and/or video to be taken of my child for the Summer Daze Shutterfly Website (registered camp families and camp staff only). The City of Center Line and Center Line Public Schools may also use Summer Daze photos for promotional use on the city's or schools' webpage, Facebook page, or other publication promoting the Summer Daze program.

____ **YES** ____ **NO**

____ I give my permission for my child to view movies rated PG.

____ **YES** ____ **NO**

I give permission to the Summer Daze staff to apply sunscreen that I have provided, or any sunscreen they have available, on my child while he/she is in attendance.

____ **YES** ____ **NO**

I give my permission to the Summer Daze staff to apply insect repellent that I have provided, or any insect repellent they have available, on my child while he/she is in attendance.

____ **YES** ____ **NO**

Summer Daze Shutterfly Website:

Camp Staff will post Field Trip dates, reminders, photos, and other news on the Summer Daze Shutterfly Share Site at summerdaze2016.shutterfly.com. Please provide your preferred email address to receive these notifications.

E-MAIL _____

Summer Daze 2016 PERMISSION SLIP—page 2 of 2.

These field trips are planned for Summer Daze 2016. Please note that some trips may change due to the weather or other circumstances. Please cross off any field trip that your child(ren) does not have permission to attend. Some field trips will require additional permission forms, which you will receive prior to the trip.

- June 28th Hazel Park Bowl 12:00-3:30
- July 7th Marvin's Marvelous Museum 10:30-12:30
- July 12th Spencer Park 10:30-3:00
- July 14th Warren Rec. Center 11:30-3:00
- July 19th Legoland 12:30-3:30
- July 21st Skate World 11:30-3:30
- July 26th MJR Movies, Ice Age
- July 28th Spencer Park 10:30-3:00
- August 2nd Kensington Beach 10:00-4:00
- August 4th Air Time 10:00-12:00
- August 9th Spencer Park 10:30-3:00
- August 11th Detroit Zoo 9:30-3:00
- August 16th C.J. Barrymore's 11:00-3:00
- August 18th Outdoor Adventure 10:00-2:30
- August 23rd Spencer Park 10:30-3:00

Please keep in mind that if your child does not attend the field trips, they will not be able to come to Camp on those days due to the fact that there will be no staff available to watch them.

Parent/Guardian Name (printed)

Signature

Date

SUMMER DAZE T-SHIRT ORDER FORM

2016

CHILD'S NAME: _____

*CHILD'S T-SHIRT SIZE: Please circle shirt size that you wish to order for your child.

(CHILDREN'S) SMALL MEDIUM LARGE X-LARGE

-OR-

(ADULT) SMALL MEDIUM LARGE X-LARGE

PARENT/GUARDIAN

SIGNATURE: _____

SUMMER DAZE T-SHIRTS NEED TO BE WORN ON ALL FIELD TRIP DAYS.

One shirt per child is included in Registration Fee.

*These shirts tend to run small.

Summer Daze 2016

Parent Handbook Acknowledgement Form

It is the parent's responsibility to read the Handbook completely before signing it. Signing this means you agree to abide by the information presented.

I have received, read, and agree to abide by the policies in the Summer Daze Parent Handbook.

The Parent Handbook is available at

<http://www.centerline.gov/images/Recreation/sd2016-parent-handbook.pdf>

| | |
|-------------------------|--------------------|
| X | X |
| _____ | _____ |
| Child's Name | Child's Name |
| X | X |
| _____ | _____ |
| Parent's Name (Printed) | Parent's Signature |
| _____ | |
| Date | |

Summer Daze 2016

Full Week

or

Flexible Days

Monday Tuesday Wednesday Thursday Friday

Child's Name _____

Amount Enclosed: _____ Date: _____

Summer Daze 2016

Full Week

or

Flexible Days

Monday Tuesday Wednesday Thursday Friday

Child's Name _____

Amount Enclosed: _____ Date: _____

Summer Daze 2016

Full Week

or

Flexible Days

Monday Tuesday Wednesday Thursday Friday

Child's Name _____

Amount Enclosed: _____ Date: _____