

## Busy Bee Summer Camp-2020 Registration Form

Child's Name \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Cell Number \_\_\_\_\_ Father's Cell Number \_\_\_\_\_

Mother's Email \_\_\_\_\_ Father's Email \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Child's Grade (Fall 2020) \_\_\_\_\_

FULL WEEK Tuition: \$185.00 for first child FAMILY DISCOUNT FOR MULTIPLE CHILDREN CONTACT PEGGY OR VANESSA

Per day tuition: \$45.00 **3 day minimum for all children!!!**

NON REFUNDABLE Registration fee: \$60.00 per child due by May 1, 2020 to hold your spot.

All families need to have a written schedule. Registration forms are due by: **MAY 1, 2020** (last year we filled up quickly.)

Please register for the days you wish to enroll your child in: Check the boxes

	<u>Full Week</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
June 15-19 Safety Week	_____	_____	_____	_____	_____	_____
June 22-26 Super heroes	_____	_____	_____	_____	_____	_____
June 29-July 2 Stars /Stripes	_____	_____	_____	_____	_____	_____
July 6-10 Survivor Week	_____	_____	_____	_____	_____	_____
July 13-17 Pirates/Princess	_____	_____	_____	_____	_____	_____
July 20-24 Rainforest/Jungle	_____	_____	_____	_____	_____	_____
July 27-31 Diversity Week	_____	_____	_____	_____	_____	_____
August 3-7 Science Week	_____	_____	_____	_____	_____	_____
August 10-14 Camping Week	_____	_____	_____	_____	_____	_____
August 17-21 Spirit Week	_____	_____	_____	_____	_____	_____
August 24-28 Bon Voyage	This week is not for sure...Waiting for teacher contract to see when we go back to school. Due to Labor day being late. Stay tuned....					

\$60.00 Registration Fee	DATE:	Check Number:	Check amount:
Received by:	CASH Amount:	PayPal Amount:	

## 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

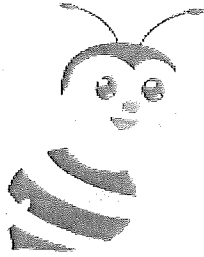
<b>Emergency Contact &amp; Release of Child:</b> List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)							
1.		( )		( )			
2.		( )		( )			
3.		( )		( )			
<b>Release of Child Only:</b> 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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## Busy Bee Parent Agreement

### Acceptance of State and District Policies and Procedures

I have received a Parent Handbook and agree to comply with all of the policies and procedures described within. I understand that a State Of Michigan licensing notebook and an Emergency Procedure notebook is available to review during regular business hours. I also understand that not following State and District policies and procedures may result in dismissal from the program. I acknowledge I am responsible for my bills and understand that I am billed each week for the week I am in. I must pay for the current week on **MONDAY OF THAT WEEK** or can't return the following week! I also understand that not paying my bills each week may result in dismissal from the program. All past due bills will incur a \$10 late fee. All unpaid bills will be taken to small claims court. All court costs are the responsibility of the person who owes the bill.

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

School \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Email address dad \_\_\_\_\_

Email address mom \_\_\_\_\_

Please return this with all your paperwork. It **MUST** be attached to your registration form. Thank You!

By signing this form you give us permission to communicate by email.