



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	Zip Code
Parent/Legal Guardian's Name		Home Phone ()	Parent/Legal Guardian's Name (Optional)		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		
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. 7-18) 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 Nanny's Nursery School, 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.



The bottom portion needs to be filled out by your child's dr and returned with an immunization report

HEALTH APPRAISAL

Nanny's Fax#(313)2990801

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)		DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)		HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code) MI WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Resolved</td> <td>#</td> <td>Is your child having any of the problems listed below?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1</td> <td>Allergies or Reactions (for example, food, medication or other)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>2</td> <td>Hay Fever, Asthma, or Wheezing</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>3</td> <td>Eczema or Frequent Skin Rashes</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>4</td> <td>Convulsions/Seizures</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>5</td> <td>Heart Trouble</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>6</td> <td>Diabetes</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7</td> <td>Frequent Colds, Sore Throats, Earaches (4 or more per year)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>8</td> <td>Trouble with Passing Urine or Bowel Movements</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>9</td> <td>Shortness of Breath</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>10</td> <td>Speech Problems</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11</td> <td>Menstrual Problems</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12</td> <td>Dental Problems: Date of Last Exam / /</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>Other (please describe): _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>Does your child take any medication(s) regularly?</td> </tr> <tr> <td colspan="5">Reason for Medication</td> </tr> </table>	Yes	No	Resolved	#	Is your child having any of the problems listed below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Allergies or Reactions (for example, food, medication or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Hay Fever, Asthma, or Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Eczema or Frequent Skin Rashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	Frequent Colds, Sore Throats, Earaches (4 or more per year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Trouble with Passing Urine or Bowel Movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Speech Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Dental Problems: Date of Last Exam / /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other (please describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Does your child take any medication(s) regularly?	Reason for Medication					<p>Birth History:</p> <p>Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p> <p>If yes, list medications:</p> <p>Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____</p>
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SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	→ Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				<p>NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.</p>						

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (Hep B)	1	3	Hepatitis A (Hep A)	1	2
	2		Influenza (TIV/LAIV)	1	3
				2	4
DTaP/DTP/DT/Td	1	4	Meningococcal (MCV4 / MPSV4)	1	2
	2	5	Human Papillomavirus (HPV4/HPV2)	1	3
	3	6		2	
Tdap	1		OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
Haemophilus Influenzae type b (HIB)	1	3		1	
	2	4		2	
Polio (IPV/OPV)	1	3		3	
	2	4	Indicate and attach physician diagnosis or laboratory evidence of Immunity as applicable		
Pneumococcal Conjugate (PCV7/PCV13)	1	3	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your child's school or local health department.		
	2	4			
Rotavirus (RV1/RV5)	1	3	Parent/Guardian refused immunizations: <input type="checkbox"/>		
	2				
Measles, Mumps, Rubella (MMR)	1	2			
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____ Health Professional's Signature			_____ Title		_____ Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other

Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ child's name's teeth. As a result of this examination, my recommendation for treatment is: _____

Dentist's Signature

Date

PHYSICIAN'S SIGNATURE

Examiner's Signature

Date

Examiner's Name (Print or Type)

Degree or License

Number & Street

City

MI _____ ZIP Code _____ Telephone _____

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Departments of Human Services, Education, Community Health, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.



Parent handbook signature

I, _____ have read the parent handbook completely and will abide by all rules and regulations stated in the parent handbook.

Failure to abide by these rules could result in dismissal of your child(ren).

Parent signature

Date

Full day absent days policy agreement

I realize that I am responsible for tuition **whether or not** my child **attends** after my allotted absent days have been used. Switching days is granted upon availability and not guaranteed. (Each child is allowed to miss double the number of days enrolled as absent/sick/vacation days. Example: 3 days of enrollment = 6 absent days.) Flex schedules may change days per week. There is a \$2 per day fee.

Half day absent policy

I realize that I am responsible for tuition **whether or not** my child **attends**. Switching days is granted upon availability and not guaranteed. I understand that I will be charged the monthly fee regardless of how many days my child attends.

Parent Signature



Nanny's Nursery

HEALTH CARE POLICY

Nanny's Nursery is not equipped to administer to sick children at our center. The following procedures will be used to determine whether a child is infectious or too sick to participate in regular day care activities. A child that is removed from the normal day care, public school or private school activities will be readmitted to the day care center no sooner than 24 hours after symptoms have disappeared or if a doctor has examined the child and has determined that symptoms are not infectious.

Please remember that a child is most highly infectious early in the course of infection, i.e.: just prior to or around the time when the symptoms first become apparent. Therefore, it is important that you check a child thoroughly prior to bringing him/her to the center because if his/her symptoms are detected at the center, he/she will expose classmates.

1. The clinical symptoms which indicate that a child is either too sick to participate in normal daily activities and / or may be a source of communicability to the health of other children which may include any of the following:

- a. Fever – any temperature over 100 degrees (or if the child feels badly or acts listless or out of sorts)
- b. Rash – until the cause has been determined
- c. Red or watery eyes, discharge from the eyes / conjunctivitis
- d. Any draining sore
- e. Vomiting 2 or more times in an hour
- f. Diarrhea
- g. Any and all communicable diseases
- h. Ringworm
- i. Scabies and lice
- j. Covid like symptoms

2. If the Director determines that the child is too sick for normal day care activities or that the child may be a suspected source of communicability, the child will be placed in an isolation area and the parents will be called to pick up the child.

I have read the Health Care Policy, understand its implications, and agree to my responsibility in the execution of this policy

Parent Signature

Date



Health & Restriction Sign-off

To the Parent(s)/Guardian(s) of _____

My child is in good physical health and has no restrictions for regular day care activities.

My child is school-aged and has an up to date physical and immunization report on file at their school

Signature

Date

Transportation Form

I give permission for my child _____ to be transported by the Nanny's Nursery School bus or private vehicle, to school or in case of an emergency. My child may also ride on transportation provided by the school district.

My child attends _____

Signature

Date

ALLERGY LIST



Child's Name: _____

Child's Birthday: _____

___ Yes, My child has allergies

___ No, My child does not have allergies

Please list all allergies in detail:

Please list a plan of action if your child has severe reaction to food.



Nanny's Nursery Over The Counter Medication Form

Child's Name

I give permission to Nanny's Nursery to administer the following over the counter product(s) to my child.

- Neosporin
- Oral teething gel (Orajel)
- Sunscreen
- Diaper Ointment
- Bug Spray
- Tylenol or other pain reliever ** Must provide physician note stating the name of the product or medicine, child's name, dosage amount, and how often the product is to be administered to the child.**

Parent Signature

Date



Photo/Video Release Form

I give my permission for my son/daughter to have his/her photo to be taken or to be video-taped for classroom or facility purposes. This may include hanging them on the wall or bulletin board, placing them on poster or in photo albums, or on their own papers.

Your child's photo may also be placed on our website or Facebook page. Nanny's will not tag anyone or use child's name in photos.

_____ I give permission

_____ I do not give permission

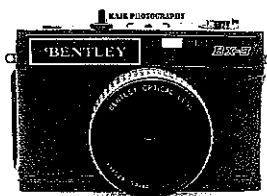
If permission is not granted, no pics will be taken of your child. This includes first day of school, parties or special events, preschool graduation etc.

Child's Name _____

Parent's Signature _____

Date _____

Parent's email address (please write clearly)





Nanny's tuition must be paid in advance. Tuition is due on Friday by 6:00pm before the week of care to be provided. When Nanny's is closed for Holidays, tuition is due by 6:00pm on the last day of business for that particular week. Non-payment of tuition could be grounds for dismissal. If you anticipate difficulty paying on time, please discuss the matter with the Director immediately to discuss the possibility of other arrangements. DHS co-pays are due the week prior to care

Half day program monthly tuition is due on the first of the month, or the date the child was enrolled.

I agree to abide by Nanny's tuition payment policy

Parent's signature

Date

Dear Parent or Guardian:

State of Michigan law requires that schools and day care centers that may apply pesticides on school or day care property must provide an annual advisory to parents or guardians of students attending the facility. Please be advised that Nanny's Nursery School and Infant Center utilizes an Integrated Pest Management (IPM) approach to control pests. IPM is a pest management system that utilizes all suitable techniques in a total pest management system with the intent of preventing pests from reaching unacceptable levels or to reduce an existing population to an acceptable level. Pest management techniques emphasize sanitation, pest exclusion, and biological controls. One of the objectives of using an IPM approach is to reduce or eliminate the need for chemical applications of pesticides. However, certain situations may require the need for pesticides to be utilized. As required by State of Michigan law, you will receive advance notice regarding the non-emergency application of a pesticide such as an insecticide, fungicide or herbicide, other than a bait or gel formulation, that is made to the school or day care grounds or buildings during this school year. Please note that notification is not given for the use of sanitizers, germicides, disinfectants or anti-microbial cleaners. In certain emergencies, such as an infestation of stinging insects, pesticides may be applied without prior notice to prevent injury to students, but you will be notified following any such application.

Advance notification of pesticide applications, other than a bait or gel formulation, will be given by at least 2 methods.

The first method will be by posting at the main entrance to the school / day-care center, which is located at 9529 Pardee / 21085 Goddard Taylor Michigan

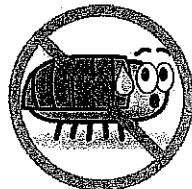
The second method will be by posted on in schools main office.

Please be advised that parents or guardians of children attending the school or day care center are entitled to receive the advance notice of a pesticide application, other than a bait or gel formulation, by first class United States mail postmarked at least 3 days before the pesticide application, if they so request. If you prefer to receive the notification by first class mail, please complete the attached form and return it to our office. Please be advised that parents or guardians of children attending the school may review the school's Integrated Pest Management program and records of any pesticide application upon request.

Child's name _____

Parent signature _____

Date _____





Michigan Department of Human Services
Bureau of Children and Adult Licensing

WRITTEN INFORMATION PACKET DOCUMENTATION

Child(ren)'s Name(s) (Last, First)

Nanny's Nursery School

Center Name

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.

Child Care Organizations Act, 1973 Public Act 116

- 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