

COMMUNITY Learning Center

a division of Comstock Community Center

Welcome to the Community Learning Center,

Please completely fill out the enrollment packet.

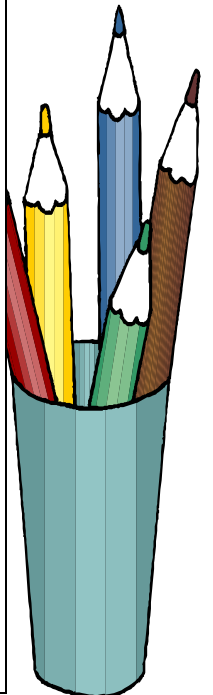
Before your child may attend we need the following items completed:

- **Registration form for each child enrolling.**
- **Registration fee for each child (amount is noted on the registration form)**
- **Completed child information record**
- **Parent /Guardian Self-Certification of Health Records Form for School-aged Children (last page of registration packet)**

We look forward to having your child(ren) in our program. If you have any questions please call the Community Learning Center at 345-7243 and we will be happy to assist you.

Thank you,

Chazlyn Flint
Program Director





Before/After Care(Young Fives-5th grade/12years) 2024-2025 Registration Form

Please complete and turn into the CLC in person, by fax (269-492-0909) or by email (CLCinfo2@comstockcc.com).

Child's Information

Child's Name _____ Today's Date _____ Start Date _____

Child's Birth Date _____ Age _____ Gender: M F

Special Considerations (health, allergies, developmental, etc.):

Parent/Guardian Information

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Address _____ Address _____

City State Zip _____ City State Zip _____

Primary Phone Number (i.e. Home, Cell etc.) _____ Primary Phone Number (i.e. Home, Cell etc.) _____

Secondary Phone Number (i.e. Cell, Work etc.) _____ Secondary Phone Number (i.e. Cell, Work etc.) _____

Email _____ Email _____

Driver's License Number _____ Driver's License Number _____

Billing address (circle one): Parent/Guardian #1 Parent/Guardian #2

Tuition & Billing Information

Bills for weekly tuition will be available on childcare software every week. Invoice balances are due within 5 days of receipt, as represented on the billing statement. Bi-weekly and monthly payment arrangements can be made as requested.

Multiple child and military discounts are available. DHHS clients are responsible for co-pay. Tuition rates are subject to change. You will be notified of any changes. Please see the Family Handbook for additional information.

A non-refundable registration fee of \$35 is required at time of application. This fee will not include any discount that you may qualify for.

Morning Care	\$12.00 per day
Afternoon Care	\$12.00 per day

****When Comstock Public Schools are closed and the CLC remains open, care will be billed at \$45 per day for full days and \$23 for half days regardless of the amount of hours that your child is at the center.**

Hours of Operation & Schedule Request

The CLC operates year-round 6:45am-5:30pm

Please indicate the **days and times** you would like your child enrolled. Schedule changes can be requested by filling out a change of billing form available at reception or contacting the Director at (269) 345-7243.

****SCHEDULE SIGN-UP FOR BEFORE AND AFTER CARE WILL BE SENT TO PARENTS/GUARDIANS ON A MONTHLY BASIS. YOUR ACCOUNT WILL BE CHARGED BASED ON THE DAYS THAT YOU SIGN UP FOR CARE EACH MONTH.**

<i>Drop off time (AM Care):</i>		<i>Pick up time (PM Care):</i>	
<i>Monday:</i>	<i>In at _____</i>	<i>Out at _____</i>	
<i>Tuesday:</i>	<i>In at _____</i>	<i>Out at _____</i>	
<i>Wednesday:</i>	<i>In at _____</i>	<i>Out at _____</i>	
<i>Thursday:</i>	<i>In at _____</i>	<i>Out at _____</i>	
<i>Friday:</i>	<i>In at _____</i>	<i>Out at _____</i>	

Parent/Guardian Agreement

I hereby enroll my child in the CLC's Before and After Care program and agree to pay the tuition indicated above for the schedule I have chosen for my child. I agree to read the CLC Parent Handbook in its entirety and abide by the policies, requirements and procedures stated therein. I further assert that my child is in good health and accept responsibility for my child's health.

Parent/Guardian #1 Name (Print) Parent/Guardian #1 Signature Date

Parent/Guardian #2 Name (Print) Parent/Guardian #2 Signature Date

For Office Use Only			
Registration Fee Paid _____	Applied for DHHS _____	DHHS Authorized _____	Sibling Discount _____
Military Discount _____	Tri-Share _____	Employee Discount _____	Added to Count _____

CHILD INFORMATION RECORD

State of Michigan - Department of Lifelong Education, Learning, and Potential - 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		Primary Phone ()	Parent/Legal Guardian's Name (Optional)		Primary Phone ()
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)		2 nd Phone (if applicable) ()
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/or Special Instructions? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)					

CCL-3731 (Rev. 6/7/2024) Previous editions 7-18, 4-21, & 3-22 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.	()
5.	()	6.	()

Parent/Legal Guardian Initials:

_____ I give permission to ___ Community Learning Center ___, licensed by the Department of Lifelong Education, Advancement, and Potential, 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

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Parent /Guardian Self-Certification of Health Records Form for School-aged Children

Please read and sign this form. Please, return this form to the Community Learning Center.

- a) Are there any allergies, health conditions, or health concerns the CLC should be aware of? _____

- b) Is your child on any medications? _____ If so please list all medications your child takes: _____

- c) Will any medications be need to be given to your child while at the Community Learning Center? _____ If so what medication and how often? _____

1. I hereby certify that my child is in good health, and I accept responsibility for my child's health.

2. I hereby certify that my child's immunization record or appropriate waiver is on file with my child's school. I also give permission to the Community Learning Center to retrieve my child's immunization record on the Health Department Immunization records website.

Child's Name: _____

Parent/Guardian Signature: _____

Parent/ Guardian Signature: _____

Date: _____