

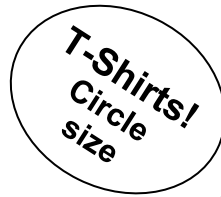
gretchen's house child care centers

2022 Summer Camp Registration

Please use a separate form for each child. Additional copies are available at www.gretchenshouse.com

**Please note: Enrollment for the week of August 22—26 may be limited.
We will be able to confirm availability for that week by April 29th.**

Step 1	Camper's Name	Camper's date of birth (minimum age: 5 on first day at camp)
	Parent Name(s)	School Attended
	Street Address	Grade completed as of June, 2022
	City, State, Zip	
	Home Telephone	Other phone (circle) cell work



Step 2	Each child enrolled by April 29th gets a Gretchen's House T-shirt FREE.	Youth Sizes		Adult Sizes
	<input type="checkbox"/> We would like another shirt \$5	2-4 6-8 10-12 14-16		S M L XL

Step 3 Registration/Deposit

My child is currently (or has previously been) enrolled at Gretchen's House. <i>No registration fee applies.</i> Circle your child's center: Mt. Vernon Mt. Pleasant Stadium WISD Traver Oak Valley Dhu Varren UU Lodge (Huron Hills) Northside	<input type="checkbox"/> \$0.00	Fill in the amount that applies \$ _____
My child has <i>not</i> previously been enrolled at Gretchen's House. One-time, non-refundable fee for <i>newly enrolled</i> child.	<input type="checkbox"/> \$50.00	\$ _____
Deposit. This is not refundable, but will be applied to the total tuition amount (see back).		\$ 100.00
Total—Due with application		\$ _____

Step 4 Desired placement—please indicate First & Second choice

<p>Send this registration to the Mt. Vernon address</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>ALL SPACES AT THIS LOCATION ARE FULL</p> <p>Zion Church 1501 W. Liberty Ann Arbor, 48103 734.822.6668</p> <p>Mt. Vernon 700 Mt. Vernon Ann Arbor, 48103 734.769.4403</p> <p>Grade completed: Young 5—1st gr.</p> <p>CHOICE:</p> </div> <div style="width: 45%;"> <p>ALL SPACES AT THIS LOCATION ARE FULL</p> <p>Traver 2625 Traver Ann Arbor, 48105 734.761.7031</p> <p>Grade completed: K—2nd grade</p> <p>CHOICE:</p> </div> </div>	<p>Send these registrations to the Dhu Varren address</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Oak Valley 2340 Oak Valley Ann Arbor, 48103 734.327.6126</p> <p>Grade completed: K—3rd grade</p> <p>CHOICE:</p> </div> <div style="width: 45%;"> <p>Dhu Varren 1580 Dhu Varren Ann Arbor, 48105 734.821.2801</p> <p>Grade completed: Young 5—K</p> <p>CHOICE:</p> </div> </div>
<p>Northside Church 929 Barton Drive Ann Arbor, 48105 734.821.2801</p> <p>Grade completed: K—4th grade</p> <p>CHOICE</p>	<p>Huron Hills Lodge 3100 Glazier Way Ann Arbor, 48105 734.821.2801</p> <p>Grade completed: K—4th grade</p> <p>CHOICE</p>

Step 5 **Choose your desired enrollment dates & sign on the reverse side.**

Step 6 **Mail the completed application and payment to the address checked above.**

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.	

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.



Directory

initial initial

I/we give permission to Gretchen's House to publish my name, address, email address and telephone number in a center directory to be distributed to Gretchen's House parents and staff.

First Aid

initial initial

I/we give permission for caregivers of Gretchen's House to apply:
Sunscreen
Insect Repellant
Rash Cream (ex. Desitin, Balmex)
Baking Soda (can be applied to bee stings)
Vaseline

Photo/ Video

initial initial

I/we give permission for Gretchen's House to use photographs and video of my child in Classroom bulletin board displays
Classroom parent communication (online for GH families)
Internal training materials for GH teachers
*Gretchen's House will not use any child's photo for public viewing without parent permission. This includes public trainings, recruiting materials, publications, website or social media.

Licensing

initial initial

I/we have been informed of the State's requirements regarding licensing documentation:

- The center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook is available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

Field Trips

initial initial

My child may participate in center-sponsored activities away from the center property, some of which may involve transportation in vehicles. Notification will be given for all off-site trips.

Pool Slide

initial initial

[Summer Camp Only] I/we give permission for my/our child to go on the slides at public pools. I understand that my child must pass the height requirement at the pool. GH staff will supervise my child in cooperation with lifeguards and according to rules for each pool.

Swim Test

initial initial

[Summer Camp] I/we give permission for my/our schoolage child to take the swim test at the public pools. If s/he passes the test, I/we give permission for her/him to swim in the deep end of the pool with Gretchen's House Scamp.

Health Record

initial initial

My/our child is in good health and his/her immunizations are current. Any health restrictions, allergies, medications, or any other needs are noted here:

My/our child requires access to an epi-pen. I/we will provide a non-expired epi-pen with an up-to-date action plan from a physician.

Parent Signature(s) _____

Parent email address(es) _____