



BHK Youth Services  
**Great Explorations**  
2019- 2020 Registration Procedure



Dear Families,

Welcome to BHK Great Explorations! We are looking forward to another safe and exciting summer. Our staff strives to deliver a program that allows your child to learn, explore, and grow. All elementary sites are licensed and uphold standards of care as defined by the State of Michigan Department of Licensing and Regulatory Affairs.

2019 summer programming will be offered five days/week (Monday through Friday) starting Monday, June 24 through Friday, August 16 (8 weeks). Hours will vary slightly by site, with a typical schedule of 8:00 am to 5:00 pm (9 hours/day). **There is NO programming on Thursday, July 4<sup>th</sup> and Friday, July 5<sup>th</sup>.** We encourage families to allow students to remain on-site for the entire duration of programming so they receive the full benefit of the daily components.

Our registration packet contains several forms that must be completed in order for your child to participate in GE:

- Registration Form
- Parental Consent/Release Statement
- Parent Notification Regarding Child Custody Form

This registration form contains emergency information so **every line of the registration form must be filled out completely and accurately.** For example, if the line asks if your child has allergies and your child does not, please write "**none**"; a blank line or "n/a" is not acceptable. If your child does have an allergy or any other medical condition, please enter the information with as much detail as possible. If your child requires medication to be given during our program, a separate Medication Log and Consent form must be completed. Please request this form from your Site Coordinator.

To help our staff clarify parental custodial/non-custodial situations, **a parent/legal guardian name listed on your child's birth certificate must be provided** on the registration form. (A second parent/legal guardian or secondary main contact name is preferred). We have provided a separate notification of our policies regarding custodial rights for parents. Legal documentation is required to support non-custodial claims. We recognize that every situation is unique, so please feel free to call us and discuss how we can best serve your family.

**A \$25 application fee will be credited towards your bill upon completion of your first week of summer programming.** Application fee checks can be made payable to "BHK Child Development." **If you are planning to apply for Department of Health and Human Services (DHHS) childcare assistance, applications to DHHS must be submitted before June.** Please see your Site Coordinator if you need assistance with this process.

The registration form is good until June 2020. Fill out a separate registration packet for each child participant. **All completed forms must be returned to the site office before your child may attend the program.**

Thank you for thoroughly completing the registration packet. This helps us provide a safe and nurturing environment for every student. Please contact us if there is additional information that you would like to provide, or if you have questions.

Melissa Parker  
Youth Services Director  
mjparker@bhkfirst.org  
Office: (906) 487-6600 ext. 130



# 2019-2020 Great Explorations Registration

BHK Child Development Board



**Office Use Only:** School Name \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**(Please use "none" or "unknown" if it does not apply; a blank line or "n/a" is not acceptable)**

Student Name (Last, First, M.I.): \_\_\_\_\_ Gender: Male Female  
 Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: \_\_\_\_\_  
 School Attended Last Year: \_\_\_\_\_ 2019-2020 Grade: \_\_\_\_\_

List any medical conditions, allergies, dietary or other special needs, and special instructions (**fill in all boxes**):

(If your child requires medication to be given during our program, a separate Medication Log and Consent form must also be completed.)

Allergy/Special Health Concern	Signs or Symptoms to Watch For	Action Plan	Follow-up

	Parent/Legal Guardian	Parent/Legal Guardian/Secondary Contact
Name:		
Child can be released to: If "No," documentation is required	Yes No	Yes No
Mailing Address:		
City, State, Zip:		
Cell Phone:		
Email:		
Preferred Contact Type: (phone call, email, etc.)		
Employer Name:		
Employer Phone #:		
Relationship to Student:	<input type="checkbox"/> Biological parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Step parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Step parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other: _____
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed

### EMERGENCY CONTACT INFORMATION

List local contacts authorized to pick up student in an emergency when parent/guardian is not available.

Name (Last, First)	Relationship to student	Home/Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

List any additional adults other than parent/guardian to whom student may be released.

Name (Last, First)	Relationship to student	Home/Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

### ADDITIONAL STUDENT INFORMATION

Race (mark all that apply):  American Indian or Native Alaskan  Hispanic or Latino  Asian  Other  
 Native Hawaiian or Pacific Islander  Black or African American  White  Arab/Middle Eastern

Primary Language:  English  Spanish  Chinese  Other: \_\_\_\_\_

Special Needs:  No  Yes  
If yes:  Title I  Special Ed  IEP  Medical: \_\_\_\_\_  Other: \_\_\_\_\_

Name and Phone of Child's Physician or Health Clinic: \_\_\_\_\_

Hospital Preferred for Emergency Treatment: \_\_\_\_\_

By signing below, the parent/guardian states that the named child is in good health. If not, please list restrictions/limitations: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing below, parent/guardian states that the child's immunization records are up to date and on file with the school.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

### PERMISSION FOR STUDENTS TO WALK HOME

Please fill in one of the first two statements below if you give your child permission to be signed out by a Youth Services staff member any day they attend programming, **or** permission to be signed out by a staff member only on specific dates. If your child can leave the site without supervision, please note the time they can leave.

I give my permission for \_\_\_\_\_ to be signed out by staff on any day they attend.

OR

I give my permission for \_\_\_\_\_ to be signed out by staff only on certain dates. I will notify the Site Coordinator ahead of time with these dates.

### FOR OFFICE USE ONLY

Bug Spray Y N

Sunscreen Y N

Pictures Y N

Notes:

\_\_\_\_\_

# Parental Consent/Release Statement

Please circle **Y** or **N** for each statement

Student name: \_\_\_\_\_

Y	N	I authorize the BHK Great Explorations program and the participating school district to share demographic information regarding my child that is necessary for program operation. All information gathered regarding my child will be held confidential.
Y	N	I authorize the local participating school district to provide my child's education records including report cards, DIBELS scores, etc. to the BHK Great Explorations program.
Y	N	I understand that the BHK Great Explorations program cannot be held responsible for all occurrences during the after-school or summer portion of the program.
Y	N	I have received and reviewed the Great Explorations Parent Handbook and I understand that my child will be expected to abide by the rules as stated in the Handbook.
Y	N	I understand the consequences for my child's behavior if they do not abide by the rules as stated in the Parent Handbook.
Y	N	Great Explorations will provide food service that consists of breakfast, lunch or snack, as appropriate. I will provide food for my child on the days that my child does not participate in Great Explorations food service.
Y	N	By signing below, I also authorize my child to be transported in school district, Lamers/R&A Bus Lines, or BHK buses by certified drivers.
Y	N	I give permission for my child to participate in Great Explorations field trips. Individual permission slips will be required for specific field trips. I understand that unplanned, last minute field trips within walking distance may happen.
Y	N	My signature below gives permission to BHK Child Development Board and the school district to secure emergency medical and emergency surgical treatment for the above-named minor child while in care.
Y	N	I authorize the application of Off! Brand Skintastic Family insect repellent as needed.
Y	N	I authorize the application of NO-AD or Max Block brand SPF 30 kids sunblock as needed.
Y	N	I also authorize the program to take and use photos, recordings, videos, and other media of my child participating in program activities, for education or public relations purposes.
Y	N	I am aware that abuse and neglect of children is against the law and will be reported.
Y	N	I give permission for my child to participate in program activities near or in area pools, lakes, and other bodies of water under supervision of a lifeguard and other site staff.
Y	N	I understand that because the program occurs on school grounds, the playgrounds may not be inspected by a separate certified playground safety inspector.
Y	N	I understand that this center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. This notebook is available to parents for review during regular business hours.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, the parent/guardian certifies that all information in this registration is complete and accurate.

**BHK/Youth Services**  
**Parent Notification regarding Child Custody**

As per State and Federal Law (MCL 722.30 & FERPA), please be advised, the BHK Child Development Board Youth Services program recognizes the equal rights of parents and guardians as indicated on a certified birth certificate or legal court order.

In cases where parents/guardians are legally separated, or divorced, the parental rights of both parties will be equally recognized by your child's program site, **unless and until** a parent/guardian has a legal court order that specifically restricts or denies the non-custodial parent's access to the child at their program site, the child's records, or other protective order.

To accommodate a custodial parent's request to deny non-custodial parent's rights to access any information on a child, the program site **must** have a copy of the most recent court order on file that indicates that the parent's access and information rights are inhibited. Otherwise either parent with proper identification, may have access to the child at their program site, request and receive information and be included in the child's educational process.

Please sign to indicate you have read this and understand the program's position.

\_\_\_\_\_  
(Parent/guardian name – please print)

\_\_\_\_\_  
(Parent/guardian signature)

\_\_\_\_\_  
(Date)

## BHK GREAT EXPLORATIONS PARENT-PAY PROGRAM SUMMER FEE POLICY AGREEMENT

### 1. Schedule:

Tentative Daily Summer Schedule (Monday – Friday)		
Drop-off	8:00 am	Free
Breakfast	8:00 – 8:30 am	Free
Health & Wellness	8:30 – 9:30 am	Free
Academics & Clubs	9:30 – 11:30 am	Free
Lunch	11:30 – Noon	Free
Afternoon Enrichment	Noon – 4:30 pm	Extended Care
Pick-up	4:30 – 5:00 pm	Extended Care

*Hours may vary slightly by site; there is NO programming on Thursday, July 4<sup>th</sup> & Friday, July 5<sup>th</sup>*

### 2. Rates:

Extended Care Payment Options	
Daily (5 hours)	Full 8-week Session (\$50 discount)
\$15	\$550

**3. Application Fee:** A \$25 application fee will be credited towards your bill upon attendance of your first week of summer programming. Application fee checks can be made payable to “BHK Child Development.”

**4. Payments:** Payments are due in advance or at time of pick up at the beginning of the week. Checks, cash and credit card payments through PayPal are accepted. Payments received are final and cannot be credited for absences. **If you are planning to apply for Department of Health and Human Services (DHHS) childcare assistance, applications to DHHS must be submitted ASAP.** Please see your Site Coordinator if you need assistance with this process or for alternative pre-payment plans.

**5. Late Pick-up Fee:** Parents/guardians are expected to drop off and pick up their child at the designated time and sign their child in and out every day. A late fee will be charged for each child picked up after the closing time as follows: \$5 for up to 15 minutes late, \$10 for 15-30 minutes late, \$20 for more than ½ hour late. Parents must discuss irregular schedules with their Site Coordinator prior to the week of attendance. If no one can be reached within 30 minutes after scheduled pick-up time then the local law enforcement agency and Child Protective Services will be contacted.

**6. Financial Assistance:** Families who qualify for free/reduced lunch during the school year may qualify for childcare assistance through the Department of Health and Human Services (DHHS). Families must apply with DHHS as soon as possible to avoid unnecessary program fees. Call 482-0500 (Houghton County), 353-4700 (Baraga County), or see your Site Coordinator if you need assistance with this process.

**7. Returned Check:** A fee of \$30 will be charged for returned checks. Payment must be made by cash or money order to cover the returned check. Two returned checks will result in future payments by cash or credit card only.

*I understand and agree to this policy:*

Student Name \_\_\_\_\_ Site \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian