



BHK Youth Services
Great Explorations
2023-2024 Registration Procedure



Dear Families,

Welcome to BHK Great Explorations! We are looking forward to another safe and exciting school year. 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.

The Great Explorations (GE) programming will run *four days a week* during the 2023-24 school year for two hours after school is dismissed. Due to licensing requirements of staff to student ratios, space is limited, and your child may be put on a waiting list. Priority will be on a first come, first served basis. We encourage families to allow students to remain at GE for the entire duration of programming so they may receive the full benefit of the daily components.

Due to a lack in funding, there will be program fees this year. We encourage families who qualify for free/reduced lunch to apply for childcare assistance through the Department of Health and Human Services (DHHS). **If you are planning to apply for Department of Health and Human Services (DHHS) childcare assistance, applications to DHHS must be submitted ASAP and can be found at www.mibridges.michigan.gov.** Please see your Site Coordinator if you need assistance with this process.

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
- School Year Fee Policy

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 also required.* 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.

The registration form is good until June 2024. Fill out a separate registration packet for each child participant. **All completed forms must be returned to your school's elementary office or Site Coordinator before your child may attend the program. Your Site Coordinator will contact you before your child begins.**

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
ge@bhkfirst.org
Office: (906) 487-6600 ext. 61424



2022-2023 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: _____ 2022-2023 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: <small>If "No," documentation is required</small>	Yes No	Yes No
Mailing Address:		
City, State, Zip:		
Cell Phone:		
Email:		
Preferred Contact Type: <i>(phone call, text, email)</i>		
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 Lotion: Y N

Registration Review: (Sept) Parent Int. _____ Staff Int. _____ (Jan) Parent Int. _____ Staff Int. _____

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 afterschool or summer portion of the program.
Y	N	I have read and understood the Great Explorations Parent Handbook and I understand that my child and I will be expected to abide by the rules as stated in both documents.
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	I have read and understood the Attendance Policy and acknowledge that if my child does not register for and attend at least 3 days a week, he/she/they will be put on a waiting list.
Y	N	I understand that reasonable accommodations will be made for children to be successful and make academic progress, unless a child's behavior is disruptive to the learning environment or a threat to the safety of others or themselves, or such accommodations fundamentally alter the program.
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	Great Explorations will provide food service that consists of breakfast, lunch, dinner, 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	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	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 authorize the application of insect repellent as needed (check with site coordinator for specific brand).
Y	N	I authorize the application of SPF 50 kids' broad-spectrum sunscreen as needed (check with site coordinator for specific brand).
Y	N	I authorize the application of hand/body lotion for dry or cracked skin as needed (fragrance free/hypoallergenic - check with site coordinator for specific brand).
Y	N	I 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 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 AFTER-SCHOOL FEE POLICY
AGREEMENT**

1. Rates:

2023-24 Barkell GE Parent Payment Schedule (includes Early Release & Half Days)	
cost per session - attend up to 4 days	\$ 567.00
cost per session - up to 3 days	\$ 425.00
cost per session - up to 2 days	\$ 284.00
cost per session - attend once per week	\$ 142.00

**Based on 142 days of programming with 3 snow days (split into 4 sessions)*

**Payment due by the first day of attendance & are non-refundable*

**We will need at least 10 regular attending students (4 days per week) to operate the program*

2. Schedules: GE programming will run for two hours after school is dismissed, Monday through Thursday (except holidays and any days school is closed, see school calendar). *Please contact your Site Coordinator for site flyers with program end times and additional program information.*

3. Payments: Payments are due in advance or at time of pick up at the beginning of the session. Checks, cash, and credit card payments through PayPal are accepted. Payments received are final and cannot be credited for absences.

4. 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.

5. 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. Online applications can be found at www.mibridges.michigan.gov or you can call (906) 482-0500 (Houghton County) or (906) 353-4700 (Baraga County). See your Site Coordinator if you need assistance with this process.

6. 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 _____

Parent/Guardian Signature _____ Date _____