

Date of Admission(Office Use Only)
Date of Discharge (Office Use Only)



Program Registration Form SUMMER 2012

Use only Blue or Black ink pen to fill out registraton form!
This registration must be COMPLETE in order for the child to begin the program.

Child's Information

Last Name		First Name		Middle Initial	
Child's Date of Birth:			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Address (Number & Street, Building/Apartment Number)			City		State Zip Code
Phone Number ()	Alternate Number ()	Participate in School Lunch Program? No <input type="checkbox"/> Free Lunch <input type="checkbox"/> Reduced Lunch <input type="checkbox"/>		Is English the Second Language? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Race (check all that apply): African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Arab/Middle Eastern <input type="checkbox"/> Other: <input type="checkbox"/> (Please Specify) _____			Child's Primary Language: English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Other: <input type="checkbox"/> _____		
Child's School		Grade	Enrolled in School's Special Education Programming? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Transportation Mode (Circle One): Bus Picked Up Walk Walk/Picked up					
Name(s), Birthdate(s), and School(s) of Child's Siblings in a First Chance Program:					

Child's Health Information

Name of Child's Physician or Health Clinic	Hospital Preferred for Emergency Treatment
Address of Child's Physician or Health Clinic	Name of Health Insurance Carrier
Physician's or Health Clinic's Phone Number ()	Health Policy Number
Medical Conditions, Special Needs or Allergies:	Date of Last Dtap (Diphtheria, Tetanus, Pertussis) Shot

Parent/Guardian's Information

Parent/Guardian #1			Parent/Guardian #2		
Last Name	First Name		Last Name	First Name	
Date of Birth	Primary Parent? YES <input type="checkbox"/> NO <input type="checkbox"/>		Date of Birth	Primary Parent? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Primary Language (circle): English Spanish Arabic Other: _____		Relationship to Child:	Primary Language (circle): English Spanish Arabic Other: _____		Relationship to Child:
May the Child be released to this individual? YES <input type="checkbox"/> NO <input type="checkbox"/>			May the Child be released to this individual? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Home Address (if not child's address)		Aptment/Building #	Home Address (if not child's address)		Aptment/Building #
City	State	Zip Code	City	State	Zip Code
Home Phone: ()		Cell Phone: ()	Home Phone: ()		Cell Phone: ()
Email:			Email:		
Employer/School Name			Employer/School Name		
Address (Employer/School)			Address (Employer/School)		
City	State	Zip Code	City	State	Zip Code
Employer/School Phone ()		Daily Work/School Times	Employer/School Phone ()		Daily Work/School Times

Emergency Contact Information

Name and Relationship to the Child of a Local Person to be notified in an Emergency when Parent/Legal Guardian(s) not available.	Local Address & Phone Number(s) of Emergency Person
May the Child be released to this individual? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name(s), Address(s), and Phone(s) and Relationship to Student of Person(s) other than Parent or Legal Guardian to whom child may be released:	

BACKSIDE, FLIP OVER →

BACKSIDE, FLIP OVER →

BACKSIDE, FLIP OVER →

Parent Notification of the Licensing Notebook Requirement

Child Care Organizations Act, 1973 Public Act 116

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be 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.

I have read the above statement issued by First Chance, Inc.

→ Name of Parent/Guardian (PLEASE PRINT):

→ Signature of Parent/Guardian:

Date

ALL PURPOSE FIELD TRIP PERMISSION SLIP

I hereby give my permission to First Chance, Inc. for my child to walk or be transported in a vehicle and participate in field trips.

→ Signature of Parent/Guardian:

Date

CONTRACT

1. I agree to attend all sessions of the First Chance Summer Program. If I will not be able to attend I will contact First Chance, Inc. office at (269) 277-5411 or the Program Site Coordinator.
2. I agree to conduct myself in accordance with the rules and disciplinary guidelines outlined by the school and First Chance Summer Program.
3. I agree to do my best to learn and succeed in the First Chance Summer Program.

I understand that my failure to live up to these agreements will impact future program benefits and my continued participation in the program.

→ Signature of Parent/Guardian:

Date

→ Signature of Student:

Date

Parent Release Authorization

→ Check

I give permission to First Chance, Inc., licensed by the Department of Human Services, to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

I grant permission to First Chance, Inc. to obtain **any** school related academic documents for the aboved named minor to be used for any lawful purpose as it relates to the First Chance Afterschool Program.

I grant permission to First Chance, Inc. for my child's image to be used in promotional materials or press media through the First Chance, Inc. Programs or its community partners for positive public relations.

→ Signature of Parent/Guardian:

Date

AUTHORITY: 1973 PA 116

COMPLETION: Required

PENALTY: Rule Violation Citation

First Chance will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to First Chance.

First Chance, Inc., P.O. Box 607, Benton Harbor, MI 49023 • Phone: 269-277-5411 • Website: WWW.1STCHANCEINC.ORG

FIRST CHANCE, INC. IS AN EQUAL OPPORTUNITY ORGANIZATION