Gremlin Extended Care Registration

Office Use Only: Start Date: _____ End Date: _____

(Please fill out every line or use "*NONE*" or "UNKNOWN" if it does not apply)

STUDENT INFORMATION

Name (Last, First, Middle Initial.): _____Date of Birth: ____/____/_____

Street Address:_____ City: _____State: _____ Zip Code: _____

Grade (in the 2025-26 School Year): _____

List any medical, allergic, or dietary conditions: _____

What signs or symptoms will be seen if there is a problem? _____

In the event of a reaction, how should staff respond (i.e call 911)_____

	Parent/Legal Guardian's Name	Parent/Legal Guardian's Name (Optional)
Name:		
Can pick up child:	Yes No	Yes No
Home Address (if not child's address):		
City, State, Zip:		
Primary Phone:		
2nd Phone (if applicable)		
Email: (Optional)		
Employer Name:		
Work Phone:		

EMERGENCY CONTACT INFORMATION AND RELEASE OF CHILD:

List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency.

1.	( )	( )
2.	( )	( )
3.	( )	( )
4.	( )	( )
5.	( )	( )

RELEASE OF CHILD ONLY:

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

1.	( )	( )
2.	( )	( )
3.	( )	( )
4.	( )	( )

ADDITIONAL STUDENT INFORMATION

Special Needs and/or Special Instructions? ☐ No ☐ Yes If yes, explain:_____

___

Name of Child's Physician or Health Clinic:_____Phone Number:_____

Hospital Preferred for Emergency Treatment (optional): _____

By signing below, the parent/guardian states that the above named child is in good health …….… Y N
If not, please list restrictions/limitations: _____
and that the child's immunization records are up to date and on file with the school and that all information in this registration is complete and accurate…….. Y N

Parent Signature: _____Date:_____

Staff Signature: _____Date:_____

_____

Staff Signature: _____Date:_____

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 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 Supervisor ahead of time with these dates.

Parent Signature:_____

Please note that all new enrollments are on a trial basis.

Annual Update

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

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

Parental Consent/Release Statement Student name:_____

Please **INITIAL** *in the corresponding box, Y or N, for each statement.*

Y	N	
		I give permission to the program to receive any school records that may be needed for program services, eligibility, and evaluation. All information gathered regarding my child will be held confidential.
		I understand that the program cannot be held responsible for every accident or injury during the after-school or summer portion of the program.
		I have received and reviewed the Parent Handbook and I understand that my child will be expected to abide by the rules as stated in the Handbook.
		I understand the consequences for my child's behavior if they do not abide by the rules as stated in the Parent Handbook.
		The program 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 the program's food service.
		By signing below, I also authorize my child to be transported in Lamers Transportation buses/vehicles.
		I give permission for my child to participate in field trips.
		My signature also gives permission to Houghton Portage Township Schools to secure emergency medical and emergency surgical treatment for the above-named minor child while in care.
		I authorize the application of topical nonprescription insect repellent as needed.
		I authorize the application of topical nonprescription kid's sun block as needed.
		I give permission for my child to be photographed participating in program activities for print or electronic use for education or public relations purposes.
		I am aware that abuse and neglect of children is against the law and will be reported.
		I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Signatures above certify that all information in this registration is complete and accurate.

Meals and snacks are provided by the school.

If you choose to provide food for your child, please indicate what you will be providing:

_____

Parent Notification of Playground

While our playground is regularly maintained, it is a public school's outdoor play area. We have not been inspected by a person certified by the National Playground Safety Institute or the National Program for Playground Safety. By signing this form, you acknowledge that your child will have access to the Houghton Elementary School playground that has not been inspected by a playground safety inspector according to Rule 164 (11).
Please sign to indicate that you have read and understand the above statement.

_____
Parent/Guardian Name (please print)

_____
Parent/Guardian Signature

_____
Date

PARENT NOTICIFATION OF THE LICENSING NOTEBOOK
Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

- ■ The center keeps a licensing notebook containing a summary sheet, all licensing Inspections and special investigations, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.

- ○ The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.

I have read the above statement issued by Houghton Elementary Child Care.

Child(ren)'s Name(s)_____

Parent Name_____

Parent Signature_____Date_____

Parent Notification regarding Child Custody

As per State and Federal Law (MCL 722.30 & FERPA), please be advised, the Houghton school district 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)

AFTER-SCHOOL FEE POLICY

1. Rates

Family Income Category	Determination of Category	Cost per day
Full Pay	n/a	$10.00
Free/Reduced Lunch	Free/Reduced Lunch Application	$4.00

Summer 2025 Rate: $40 per day / $180 entire 5 day week

*Families who quality for DHS childcare assistance are now required by the state to make a weekly contribution prior to release of state aid.

2. Schedules
Programming begins immediately after school until 5:30 p.m., Monday thru Friday, except holidays and scheduled no school days (see school calendar).
We do ask that parents fill out a weekly schedule.
If your child is not scheduled to attend, you must contact the Director to see if there is room for them. GEc Office: 482-5460, Email: aforsell@hpts.us

3. Payments
Payments may be made ahead of time.
Bills will be issued following the week of activity. Payment is expected by Friday of the next week.
Accounts that exceed $200 due will result in termination of services until paid in full.
Statements of payments for tax purposes will be available upon request.

4. Late Fees
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, $25 for more than ½ hour late. Parents who consistently pick up children late will be charged late fees. If a site incurs additional staffing expense due to a parent's lateness, the parent will be charged accordingly for that expense. Parents are encouraged to discuss irregular schedules with the Director.

5. Financial Assistance
Childcare reimbursements are available through the Dept. of Human Services (DHS) to eligible families. Parents can contact DHS (482-0500) to determine eligibility and obtain approval.

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 payment in cash only.

7. Failure to Pay
Parents who fail to pay fees will be notified in writing and required set up a payment plan with the Director.

I understand and agree to this policy:

Signed_____ Date_____
Parent or Guardian