

REMIND APP



Please download the remind app, to receive important messages from the office, by typing the following line in your phone internet app.

rmd.at/thecrayon

SCAN NOW !
to access the payment portal



These are the available payment options for Tuition and Fees:

- Cash (name/amount on envelope in safe)
- Check (payable to Andrews University in safe)
- Credit Card (via the online payment portal)

ENROLLMENT PACKET 2026-2027

Forms must be submitted by 5:00 PM on the Wednesday that falls two weeks before your child's requested start date.

Child's Name _____ Date of Birth _____

Enrollment Number _____ Child's Age on Sept 1, 2026 _____

Expected Start Date _____ Child's Shirt Size: YS YM YL S M L XL

Complete and return registration forms and provide documents.

- **Child Information Record (required)**
- **Classroom Promotion / Ratio Statement (required)**
- **Developmental History (required)**
- **Enrollment Agreement (required)**
- Fluid Milk Substitute Request *(completed by parent for soy milk)*
- **Health Appraisal Form (required)**
- **Household Income Eligibility Statement (required)**
- **Illness During Childcare Hours Policy Acknowledgment (required)**
- **Immunization records (required)**
- Infant Formula/Food Sign Off Statement (required for infants)
- **Meal Sign Off Statement (required)**
- **Parent Agreement Schedule Form (required)**
- **Participant Enrollment Form (required)**
- **Pet Presence & Animal Parent Acknowledgment Form (required)**
- Professional Character Clearance Volunteers/Parents (recommended)
- **School Activity and Medical Release Form (required)**
- School Age Child Good Health Statement (replaces physical for school age children)
- Special Diet Statement *(completed by physician for almond milk or food allergies)*
- **Topical Non-Prescription Medication Form (required)**
- **Transportation Authorization (required)**
- **Written Information Packet Documentation (required)**

Pay a registration fee of \$75 per child to reserve enrollment

Sign up for the REMIND App

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

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 |
| Zip Code | | | | |
| Parent/Legal Guardian's Name | | Primary Phone () | Parent/Legal Guardian's Name (Optional) | |
| Primary Phone () | | | | |
| Home Address (if not child's address) | | 2 nd Phone (if applicable) () | Home Address (if not child's address) | |
| 2 nd Phone (if applicable) () | | | | |
| City | State | Zip Code | City | State |
| Zip Code | | | | |
| Email Address (optional) | | | Email Address (optional) | |
| Employer Name | | Work Phone () | Employer Name | |
| Work Phone () | | | | |
| 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/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.) | | | | |

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 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 _____ The Crayon Box _____, 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. | |

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

2026-2027 CLASSROOM PROMOTION / RATIO STATEMENT

I agree to have my child enrolled in the Infant classroom at The Crayon Box. I understand that classroom placement and promotions are based on enrollment, staffing, and licensing requirements. Infant enrollment may begin at any time. I understand that to meet the requirements of the State of Michigan, my child must be at least 2 weeks old by their start date to be placed in the Infant classroom. I also understand that the caregiver-to-child ratio for this classroom is 1:4. I understand that children will be promoted to the Young Toddler classroom at 12 months of age or when space becomes available if immediate transition is not possible

Child's name: _____

Date of Birth: _____

Parent's Signature: _____

Date: _____

2026-2027 CLASSROOM PROMOTION / RATIO STATEMENT

I agree to have my child enrolled in the Young Toddler classroom at The Crayon Box. I understand that classroom placement and promotions are based on enrollment, staffing, and licensing requirements. Current Crayon Box students who are eligible for the Young Toddler classroom may transition beginning August 24, 2026, while newly enrolled children may begin in the classroom starting August 31, 2026, depending on availability. I understand that to meet the requirements of the State of Michigan, my child must be at least 12 months old by September 1, 2026, to be placed in the Young Toddler classroom. I also understand that the caregiver-to-child ratio for this classroom is 1:4. Classroom visits or transition opportunities may occur as staffing and enrollment allow.

Child's name: _____

Date of Birth: _____

Parent's Signature: _____

Date: _____

2026-2027 CLASSROOM PROMOTION / RATIO STATEMENT

I agree to have my child enrolled in the Older Toddler classroom at The Crayon Box. I understand that classroom placement and promotions are based on enrollment, staffing, and licensing requirements. Current Crayon Box students who are eligible for the Older Toddler classroom may transition beginning August 24, 2026, while newly enrolled children may begin in the classroom starting August 31, 2026, depending on availability. I understand that to meet the requirements of the State of Michigan, my child must be at least 18 months old by September 1, 2026, to be placed in the Older Toddler classroom. I also understand that the caregiver-to-child ratio for this classroom is 1:4. Classroom visits or transition opportunities may occur as staffing and enrollment allow.

Child's name: _____

Date of Birth: _____

Parent's Signature: _____

Date: _____

2026-2027 CLASSROOM PROMOTION / RATIO STATEMENT

I agree to have my child enrolled in the Early Preschool (OT2) classroom at The Crayon Box. I understand that classroom placement and promotions are based on enrollment, staffing, and licensing requirements. I understand that to meet the requirements of the State of Michigan, my child must be at least 30 months old to be placed in the Early Preschool (OT2) classroom. Children may transition into this classroom as soon as they reach 30 months of age, depending on classroom availability. I also understand that the caregiver-to-child ratio for this classroom is 1:8. I understand that children who are not yet toilet trained are expected to remain in the Early Preschool (OT2) classroom and at the OT2 tuition rate until they are fully toilet trained, unless classroom capacity requires a different placement.

Child's name: _____

Date of Birth: _____

Parent's Signature: _____

Date: _____

2026-2027 CLASSROOM PROMOTION / RATIO STATEMENT

I agree to have my child enrolled in the Preschool classroom at The Crayon Box. I understand that classroom placement and promotions are based on enrollment, staffing, and licensing requirements. Current Crayon Box students who are eligible for the Preschool classroom may transition beginning August 24, 2026, while newly enrolled children may begin in the classroom starting August 31, 2026, depending on availability. I understand that to meet the requirements of the State of Michigan, my child must be at least 30 months old by September 1, 2026, to be placed in the Preschool classroom. I also understand that the caregiver-to-child ratio for this classroom is 1:10, and classroom visits or transition opportunities may occur as staffing and enrollment allow. I understand that children must be toilet trained to move into the Preschool classroom. Children who are not yet toilet trained will remain in the Early Preschool (OT2) classroom and at the OT2 tuition rate until they are fully toilet trained, unless classroom capacity requires a different placement.

Child's name: _____

Date of Birth: _____

Parent's Signature: _____

Date: _____

2026-2027 CLASSROOM PROMOTION / RATIO STATEMENT

I agree to have my child enrolled in the Pre-K classroom at The Crayon Box. I understand that classroom placement and promotions are based on enrollment, staffing, and licensing requirements. Current Crayon Box students who are eligible for the Pre-K classroom may transition beginning August 24, 2026, while newly enrolled children may begin in the classroom starting August 31, 2026, depending on availability. I understand that to meet the requirements of the State of Michigan, my child must be at least 45 months old by September 1, 2026, to be placed in the Pre-K classroom. I also understand that the caregiver-to-child ratio for this classroom is 1:12. Classroom visits or transition opportunities may occur as staffing and enrollment allow.

Child's name: _____

Date of Birth: _____

Parent's Signature: _____

Date: _____

2026-2027 CLASSROOM PROMOTION / RATIO STATEMENT

I agree to have my child enrolled in the Young 5s classroom at The Crayon Box. I understand that classroom placement and promotions are based on enrollment, staffing, and licensing requirements. Current Crayon Box students who are eligible for the Young 5s classroom may transition beginning August 24, 2026, while newly enrolled children may begin in the classroom starting August 31, 2026, depending on availability. I understand that to meet the requirements of the State of Michigan, my child must be at least 57 months old by September 1, 2026, to be placed in the Young 5s classroom. I also understand that the caregiver-to-child ratio for this classroom is 1:18. Classroom visits or transition opportunities may occur as staffing and enrollment allow.

Child's name: _____

Date of Birth: _____

Parent's Signature: _____

Date: _____

2026-2027 CLASSROOM PROMOTION / RATIO STATEMENT

I agree to have my child enrolled in the School Age program at The Crayon Box. I understand that program placement is based on enrollment, staffing, and licensing requirements, and that enrollment in the School Age program is subject to availability. Current Crayon Box students who are eligible for the School Age program may transition beginning August 24, 2026, while newly enrolled children may begin in the program starting August 31, 2026, depending on availability. I understand that to meet the requirements of the State of Michigan, my child must be at least 57 months old by September 1, 2026, and must be enrolled in Kindergarten or a higher grade, to be placed in the School Age program. I also understand that all children enrolled in the School Age program must be fully potty trained. I understand that the caregiver-to-child ratio

Child's name: _____

Date of Birth: _____

Parent's Signature: _____

Date: _____

DEVELOPMENTAL HISTORY

1. Child and Family Information

| | |
|----------------------------------|-------------------------------|
| Child's name: _____ | Parent/Guardian 1: _____ |
| Preferred name / nickname: _____ | Parent/Guardian 2: _____ |
| Date of birth: _____ | Today's date: _____ |
| Classroom / age group: _____ | Person completing form: _____ |

Home language(s): _____ English spoken at home? Yes No

Who lives in your home: _____

Custody arrangements (if applicable): _____

Important family/custody/cultural information staff should know: _____

2. Health, Safety, and Special Care

List only the items that directly affect care at school.

Allergies / food restrictions / doctor orders: _____

Medications taken regularly or emergency medication needs: _____

Medical conditions, disabilities, or other health concerns: _____

Special services, accommodations, equipment, or therapy support needed: _____

Serious illnesses, surgeries, hospitalizations, seizures, high fevers, vomiting, or other concerns staff should watch for:

3. Development, Communication, and Behavior

Any developmental concerns or delays: _____

How your child communicates needs (words, signs, gestures, crying, device, etc.): _____

Speech/language concerns or important words we should know: _____

Motor/development milestones achieved (circle or add notes): sitting / crawling / walking / toilet trained / other

Notes: _____

How your child usually reacts to new situations, adults, and children: _____

Temperament / behavior staff should expect: _____

Best ways to redirect, calm, or comfort your child: _____

4. Nutrition

Does your child have food allergies or restrictions: _____

Preferred foods: _____

Foods your child does NOT eat: _____

Milk your child drinks (cow / soy / almond / other): _____

How does your child eat (spoon / fork / fingers): _____

5. Daily Routines

What time does your child wake in the morning: _____

What time does your child go to bed at night: _____

Does your child sleep through the night: _____

Does your child nap? If yes, what time and how long: _____

What helps your child fall asleep: _____

How does your child usually wake up (mood / behavior): _____

Is your child toilet trained: _____

If not, what support is needed for toilet training: _____

Does your child have a daily routine that you follow: _____

6. Social Information and Preferences

Favorite activities, toys, books, or interests: _____

Fears, triggers, or things that upset your child: _____

7. Family Goals & Expectations

What are your goals for your child in our program: _____

What works best when guiding your child's behavior: _____

Previous child care experience and anything that helped or did not help: _____

Anything else important for staff to know to help your child succeed here: _____

8. Signatures

Parent/Guardian signature: _____ Date: _____

Update this form whenever care needs, routines, medical information, or family information changes.

2026-2027 ENROLLMENT AGREEMENT

Name of Child (Last, First): _____ Date of Birth: _____
Parent/Guardian Name: _____

SECTION 1: TUITION AND FEES

BASIC SERVICES: I understand that The Crayon Box Children's Learning Center provides childcare and early childhood educational services for families with children ages 2 weeks through 12 years old. Enrollment ages may vary depending on classroom availability and program capacity. The school-age program serves children entering Kindergarten who are at least age 5 by September 1 of the current school year through children entering 5th grade.

REGISTRATION FEE: I understand that payment of a non-refundable registration fee is required at the time of enrollment and annually during re-enrollment.

TUITION AND MODIFICATIONS CONDITIONS: Tuition is based on the weekly tuition plan selected for my child and the number of hours scheduled each week. I understand that: the minimum enrollment plan is 18 hours per week, tuition is charged based on scheduled hours, not actual attendance, my child must arrive by 10:00 AM unless prior approval is granted, weekly schedules must be submitted in writing by 5:00 PM on Wednesday for the following week, if no new schedule is submitted, the previous written schedule will remain in effect, schedule changes submitted after the Wednesday deadline may be limited based on classroom capacity and staffing. I understand that tuition rates and policies may change with 30 days written notice.

PAYMENT OF TUITION: Tuition is billed monthly and due on the 14th day of each month. Tuition must be paid through the Andrews University payment portal or another approved payment method through the office. Invoices are sent out at the end of each month.

LATE OR UNPAID TUITION: If tuition is not received by the due date, a \$30 late fee per week will be assessed beginning on the 21st of the month and continuing weekly until the balance is paid in full. If an account becomes more than 30 days past due, my child may be withdrawn from the program until the account is brought current. The Crayon Box cannot guarantee that a child's placement will be held during withdrawal due to non-payment. Unpaid balances may be referred to a third-party collection agency.

AGENCY REIMBURSEMENT: If tuition is supported by an agency or third-party reimbursement program, I understand that I am responsible for: any portion of tuition not covered by the agency, any late fees or unpaid balances, tuition charges resulting from failure to properly record attendance, promptly reporting any changes that may affect reimbursement eligibility. Regardless of agency participation, the family remains financially responsible for the child's account.

COLLECTION OF UNPAID BALANCES: I understand that any unpaid tuition, fees, or charges owed to The Crayon Box Children's Learning Center remain my financial responsibility. If my account becomes delinquent and is referred to a third-party collection agency or legal process, I agree to be responsible for all reasonable collection costs, including collection fees, court costs, and any other expenses associated with recovering the outstanding balance.

ENROLLMENT RETAINER (HOLDING A CHILD'S SPOT): If my child will be off schedule for one full week or longer but intends to return, an Enrollment Retainer Fee is required to hold my child's placement. Retainer rates are: \$60 per week for children ages 2 weeks through 29 months and \$40 per week for children ages 30 months and older. I understand that: retainer fees are charged per child, per week, retainer dates must be submitted in writing to the office, the retainer fee holds my child's placement during the absence, if the retainer is not paid, the child's space may be released to another family, retainer fees are non-refundable if the child does not return as scheduled, the retainer does not replace the required two-week withdrawal notice.

FAILURE TO COMMUNICATE ABSENCE: If a child is absent for one full week or longer without written communication to the office, The Crayon Box reserves the right to release the child's enrollment space to another family. Families who intend to return after an extended absence must either continue paying regular tuition or pay the required Enrollment Retainer Fee to hold the child's placement. If neither tuition nor a retainer is paid and the center has not received written communication, the child may be considered withdrawn from the program, and re-enrollment will depend on space availability.

CHARGES AND PROCEDURE FOR LATE PICK-UP: The Crayon Box operates 7:00 AM – 6:00 PM Monday through Thursday and 7:00 AM – 5:00 PM Friday. If I fail to pick up my child by closing time, I will be charged a late fee of \$15 per child for every 15 minutes (or portion thereof) until my child is picked up.

ADDITIONAL FEES: School-age programs, summer camp programs, and special activities may include **Activity Fees** to cover supplies, field trips, and special programming. Activity fees may also apply during school breaks or summer camp.

RETURNED CHECKS: A processing fee will be charged for any payment returned by the bank for insufficient funds or other reasons. This fee is in addition to any fees charged by my financial institution. If more than two payments are returned within a six-month period, I may be required to pay using an alternate payment method. I understand that I remain responsible for the original payment amount plus any applicable returned payment fees.

SECTION 2: DAILY PROCEDURES

DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out each day using The Crayon Box attendance procedures. Children may not sign themselves in or out. I understand that I must enter the building to drop off and pick up my child and escort my child to and from the designated classroom and staff member each day. I agree to follow all required electronic or written attendance procedures.

ILLNESS: I understand that if my child becomes ill during the day, I will be notified and must pick up my child promptly or arrange for an authorized emergency contact to pick up my child. If my child is diagnosed with or exposed to a communicable illness, I agree to notify the Director. The Crayon Box may notify families when a communicable illness occurs within the program so that they can monitor their children for symptoms. The identity of the affected child will remain confidential. Children must follow the State of Michigan child illness exclusion policy before returning to care.

MODEL RELEASE: The Crayon Box Children’s Learning Center, Andrews University, its agents, affiliates, and licensees: **May** use photographs, reproductions, or images of my child for advertising, publicity, or other lawful purposes. **May Not** use photographs, reproductions, or images of my child for advertising, publicity, or other lawful purposes.

PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES: I understand that photographs, video recordings, or audio recordings taken by families on school property are for **private family use only**. Images or recordings may not be publicly shared, posted, sold, or distributed without permission. Written permission must be obtained before capturing images of other children or staff members.

INTERVIEWING CHILDREN AND INSPECTING RECORDS: I understand that the Michigan Child Care Licensing Bureau, the Department of Health and Human Services, or other authorized regulatory agencies may interview children or staff, inspect facility or child records, observe children, or conduct investigations without prior notice or consent from parents or the school as permitted by law.

WITHDRAWAL FROM PROGRAM: I understand that I must provide two (2) weeks written notice when withdrawing my child from The Crayon Box. If proper notice is not given, I agree to pay tuition and fees for the two-week notice period whether or not my child attends. If my child withdraws from the program: re-admission will depend on space availability and current enrollment policies, a new Enrollment Agreement and new non-refundable Registration Fee may be required, any outstanding balance must be paid before re-enrollment is permitted. All fees, including tuition, registration fees, and activity fees, are non-refundable.

SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

HOLIDAYS: The Crayon Box Children’s Learning Center is closed on the following holidays: New Year’s Day, Martin Luther King Jr. Day, Presidents’ Day, Spring Break, Memorial Day, Juneteenth, Independence Day, Labor Day, Fall Break, Thanksgiving Break, Christmas Break. The center may also close for scheduled teacher in-service or professional development days, and families will be notified in advance. No refunds, credits, or tuition reductions are issued for holidays or scheduled closure days.

DISCRETIONARY DAYS/VACATIONS: Children receive a number of Discretionary Days based on their weekly tuition plan: Discover Plan – 5 days, Explore Plan – 7 days, Adventure Plan – 9 days, Journey Plan – 11 days, Expedition Plan – 13 days, Quest Plan – 15 days. Discretionary days: apply only to scheduled days missed, require written notice, reset each year, cannot accumulate or carry over, cannot be redeemed for cash.

EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that The Crayon Box intends to remain open each weekday of the year, excluding scheduled holidays. However, severe weather, natural disasters, public emergencies, building issues, or other **circumstances beyond the center’s control** may require delayed opening or closure. Families will be notified of closures or delays through The Crayon Box communication systems when possible. In the event that The Crayon Box is closed for an extended period of time, I understand that I remain responsible for tuition payments for up to three (3) business days.

SECTION 4: STATE LICENSING AND OUR POLICIES

ALL POLICIES AND STATE REGULATIONS: I understand that these policies are not a complete list of all program policies. My child, family members, and authorized agents must follow all Michigan Child Care Licensing Rules, the Family Handbook, and all Crayon Box policies. If a state regulation is stricter than a center policy, the state regulation will apply. Continued enrollment indicates my agreement to follow all policies and licensing regulations.

INDIVIDUALIZED CARE PLANS: I understand that if my child has an IEP, IFSP, allergy plan, medical plan, medication plan, or other individualized care plan, this information must be shared with program management so staff can support my child’s needs. Additional information regarding health plans, allergy action plans, medication procedures, and other individualized care requirements is outlined in the Family Handbook, which I agree to review and follow.

BEHAVIOR MANAGEMENT: I understand that The Crayon Box uses positive guidance, redirection, and offering choices to help children learn appropriate behavior. Additional information is available in the Family Handbook.

FAMILY HANDBOOK: I acknowledge that I have received the Family Handbook, which contains the written information packet required by Michigan child care licensing rules. I have read and understand the policies and agree to follow them.

NO MODIFICATIONS: No terms of this Agreement may be altered, revised, or deleted by any person except through official policy or rate changes issued by The Crayon Box.

NON-DISCRIMINATION: The Crayon Box Children’s Learning Center does not discriminate on the basis of disability in admission, enrollment, or access to programs or services. Information regarding the Americans with Disabilities Act (ADA) is available from program management.

AGREEMENT: I acknowledge that I have received and reviewed the policies contained in this Enrollment Agreement and the Family Handbook. I understand and agree to comply with these policies. These documents constitute the full agreement between the parties and supersede all prior written or verbal agreements.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

School Management Signature: _____ Date: _____

Child and Adult Care Food Program (CACFP) Fluid Milk Substitution Request Form



Participant does not have a disability/medical condition but is requesting a fluid milk substitution that meets USDA nutrient standards for non-dairy beverages.

Non-Creditable Non-Dairy Beverages include: Almond, cashew, coconut, hemp, oat, pea, and rice milks do not contain enough protein to be a creditable non-dairy beverage. Water and juice are also not creditable non-dairy beverages. Non-creditable non-dairy beverages cannot be served as a milk substitution. **These beverages require a completed CACFP Request for Special Meals and/or Accommodations form.**

Enter the name of the requested product and the product's nutritional requirements in the table below. It must be compared to the nutritional standards listed to show the nutritional equivalence is met or exceeded.

Requested Product Name: _____

| Required Nutrients | Required Amounts Per Cup | %DV | Per Cup or %DV in Substitute product |
|--------------------|--------------------------|-----|--------------------------------------|
| Calcium | 276 mg | 28% | |
| Protein | 8 g | 16% | |
| Vitamin A | 500 IU | 10% | |
| Vitamin D | 100 IU | 25% | |
| Magnesium | 24 mg | 6% | |
| Phosphorus | 222 mg | 22% | |
| Potassium | 349 mg | 10% | |
| Riboflavin | 0.44 mg | 26% | |
| Vitamin B-12 | 1.1 mcg | 18% | |

Creditable

Not Creditable

Date verified: _____

- I choose to provide the substitute product to my provider. By providing a creditable milk substitute, I understand that the provider may receive meal reimbursement for the meal/snack served.
- I choose to not provide the substitute requested. I understand the provider is not required, but has the discretion to, purchase and provide fluid milk substitutions as requested.

Participant Name: _____ Age: _____

Parent/Guardian Signature: _____ Date: _____

Provider's Signature: _____ Date : _____

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: USDA Program Discrimination Complaint Form, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider. USDA Civil Rights Complaint Link: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

MDHHS-3305, HEALTH APPRAISAL

Michigan Department of Health and Human Services (MDHHS)

(Revised 7-24)

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual, and emotional needs of the child. Fill out the information requested in Section 1. Section 4 may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse, dentist, dental therapist, and dental hygienist.

(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION).

SECTION 1 – PERSONAL

| | |
|--|--------------------------|
| Child's Name (Last, First, Middle) | Date of Birth (mm/dd/yy) |
| Address (Number, Street, City, Zip Code) | Today's Date (mm/dd/yy) |
| Parent/Guardian (Last, First, Middle) | Home/Cell Phone Number |
| Address (Number, Street, City, Zip Code) | Work Phone Number |

SECTION 2 – HEALTH HISTORY

| Yes | No | Resolved | Is your child having any of the problems listed below? | Birth History |
|--------------------------|--------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Allergies or Reactions (for example, food, medication or other) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Anaphylaxis | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Does your child take any medication(s) regularly? | If yes, list medications |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Hay Fever, Asthma, or Wheezing | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Eczema or Frequent Skin Rashes | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Convulsions/Seizures | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Heart Trouble | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Diabetes | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Frequent Colds, Sore Throats, Earaches (4 or more per year) | Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Trouble with Passing Urine or Bowel Movements | If yes, describe |

| | | | | |
|--------------------------|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Shortness of Breath | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Speech Problems | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Menstrual Problems | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Dental Problems Date of Last Exam OR Date of Last Assessment | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Other (describe) | |

Reason for Medication

Concussion History

Parent/Guardian Signature

Date

Was the health history reviewed by a health professional?

Examiner's Initials

Yes No

SECTION 3 - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Test and Measurements

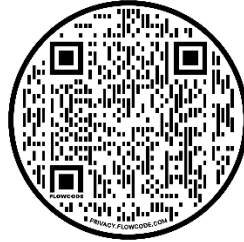
| Yes | No | Was child test for | Tests and results | Normal | Referred | Under Care |
|--------------------------|--------------------------|--------------------|--|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Vision | Visual Acuity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Date | Muscle Imbalance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing | <input type="checkbox"/> Audiometer (R= Right, L=Left) | | | |
| | | Date | <input type="checkbox"/> OAE (R= Right, L=Left) | | | |
| | | | <input type="checkbox"/> Other (R= Right, L=Left) | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Urinalysis | Sugar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Albumin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Microscopic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Blood Lead Level | Level ug/dl | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | Date | | | | |

Note: All children in Medicaid need to be tested at 1 and 2 years of age, or once between 3 and 6 years of age if not previously tested. All children, regardless of Medicaid status, should be tested at those same ages if they live in an area where lead risk is high.

| | | | | | | |
|--------------------------|--------------------------|-----------------------|---------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Height & Weight | Height | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Weight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Other | Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Hemoglobin/Hematocrit | → | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Blood Pressure | Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Complete pediatric tuberculosis risk assessment available at:

https://www.michigan.gov/documents/mdhhs/4._MI_Pediatric_TB_Risk_Assessment_661537_7.pdf OR feel free to use the attached QR code instead of the full link text.



Examinations and/or Inspections

Essential Findings Deviating from Normal

Exam Date

SECTION 4 – IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied based on this information.*

| Vaccines (Select Type) | Date Administered (mm/dd/yy) | | |
|---|------------------------------|----|----|
| | 1. | 2. | 3. |
| Hepatitis B (HepB) | 1. | 2. | 3. |
| | 4. | | |
| DTaP/DTP/DT/Td | 1. | 2. | 3. |
| | 4. | 5. | 6. |
| Tdap | 1. | | |
| <i>Haemophilus Influenzae</i> type b (HIB) | 1. | 2. | 3. |
| | 4. | | |
| Polio (IPV/OPV) | 1. | 2. | 3. |
| | 4. | 5. | |
| Pneumococcal Conjugate (PCV) | 1. | 2. | 3. |
| | 4. | | |
| Rotavirus (RV1/RV5) | 1. | 2. | 3. |
| Measles, Mumps, Rubella (MMR/MMRV) | 1. | 2. | 3. |
| Varicella (Chickenpox), (Var, MMRV) | 1. | 2. | |
| Hepatitis A (HepA) | 1. | 2. | 3. |

| | | | |
|--|-----|-----|-----|
| Influenza (IIV/LAIV) | 1 . | 2 . | 3 . |
| | 4 . | | |
| Meningococcal (MCV4, MenABCWY) | 1 . | 2 . | 3 . |
| Meningococcal B (Bexsero, Trumenba, MenABCWY) | 1 . | 2 . | 3 . |
| Human Papillomavirus (HPV) | 1 . | 2 . | 3 . |

Additional Vaccines Specify Date & Type

| Type of Vaccine(s) | Date of Vaccine(s) |
|--------------------|--------------------|
| 1 . | |
| 2 . | |
| 3 . | |

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable.

***Note:** According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious, and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

History of Chickenpox Disease? If yes, date
 Yes No

Parent/Guardian refused recommended immunizations at visit.

I certify that the immunization dates are true to the best of my knowledge

Health Professional Signature Title Date

SECTION 5 - RECOMMENDATIONS (Required for Child Care and Head Start/Early Head Start)

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other actions?

Yes No

If yes, explain

Should the child's activity be restricted because of any physical defect or illness?

Yes No

Check all that apply

| | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Playground | <input type="checkbox"/> Gymnasium |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Competitive Sports | <input type="checkbox"/> Other |

If yes, explain degree of restriction(s)

Other Recommendations

SECTION 6 - DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS

| | | |
|--|---|--|
| Child's Name | Type of Service <input type="checkbox"/> Dental Exam | <input type="checkbox"/> Dental Assessment |
| Findings (Check all that apply) <input type="checkbox"/> No findings | <input type="checkbox"/> Treated Decay | <input type="checkbox"/> Untreated Decay |
| Recommendations (Check one) <input type="checkbox"/> Routine Care <input type="checkbox"/> Referral for dental treatment <input type="checkbox"/> Referral for urgent dental care | | |
| Provider Signature | | Date |
| Check one <input type="checkbox"/> Dentist | <input type="checkbox"/> Dental Therapist | <input type="checkbox"/> Dental Hygienist |

SECTION 7 - PHYSICIAN'S SIGNATURE

| | | |
|-------------------------|-------------------|-----------------------------|
| Examiner's Name (Print) | Degree or License | Telephone Number |
| Examiner's Signature | | Date |
| Address | City | State Zip Code MI |

Information required for:

Early On – Hearing and Vision Status; Diagnosis; Health status

Child Care Licensing – Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start – Determination that child is up-to-date on a schedule of age-appropriate preventative and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-childcare visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

Privacy Act Statement

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. **mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or 2. **fax:** (833) 256-1665 or (202) 690-7442; or **email:** program.intake@usda.gov

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

Child and Adult Care Food Program (CACFP) Formula/Food Sign-Off Statement



As a participant in the CACFP, we must offer to supply all infant meal food components, as developmentally appropriate, to all infants in our care.

We will supply the following items to your infant:

- Iron-fortified infant formula
- Iron-fortified infant cereal
- Infant foods and/or table foods in the appropriate texture for the age of your infant.

Parents/Guardians may choose to accept our supplied infant formula and/or foods or provide their own. Mothers are always welcome to breast feed on-site and/or provide expressed breastmilk.

Parents/Guardians may provide one food component towards a reimbursable meal. Our center must supply all other meal components, as developmentally ready, to receive reimbursement.

Please check your preferences below for each meal pattern requirement.

Our center will supply the following formula and infant food:

Formula offered by our center: _____
(Specific brand/type identified by center)

Parent/Guardian check your breast milk/formula preference:

- I want the center to provide formula to my infant I will bring iron-fortified formula for my infant
I will come to the center to breast feed my infant I will bring expressed breast milk for my infant

Iron-Fortified Infant Cereal offered by our center:

- Rice Barley Wheat Oat Multi-grain

Parent/Guardian check your infant cereal preference:

- I want the center to provide iron fortified infant cereal for my infant
 I will bring iron fortified infant cereal for my infant

Food offered by our center:

- Store-bought infant foods
 Table foods at the appropriate consistency for the development of your infant

Parent/Guardian check your infant food preference:

- I want the center to provide developmentally appropriate foods for my infant
 I will bring foods for my infant

If parent/guardian is supplying any breast milk, formula, or infant foods: Specify what we may feed your infant if they are still hungry after they are fed what has been supplied for the day:

Infant Name: _____ Birth Date: _____

Parent/Guardian Signature: _____ Date Signed: _____

USDA Nondiscrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider. USDA Civil Rights Complaint Link: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

ILLNESS DURING CHILDCARE HOURS POLICY ACKNOWLEDGMENT - 2026-2027

I understand and agree to the following policy regarding illness at The Crayon Box:

If my child becomes ill while attending The Crayon Box, I acknowledge that I am expected to pick up my child **within one hour of being notified**. I recognize that this timely response is essential for maintaining a healthy environment for all children and staff at the center. I expect other parents to do the same, and I am committed to working together as a team to uphold this standard.

Furthermore, I understand that my child should only return to the center once they are fully healthy and no longer required to be excluded. This may involve keeping my child at home until symptoms have fully resolved, or, if necessary, providing a doctor's note stating when my child can safely return to The Crayon Box.

Common exclusions include:

- Fever: A child has a temperature of 100.4°F taken by mouth or 99.4°F taken under the arm. The child should not return until 24 hours of no fever, without the use of fever-reducing medications.
- Vomiting: A child that is vomiting will be sent home. The child should have no vomiting episodes for 24 hours prior to returning to school.
- Diarrhea: A child has two loose or watery stools or one occurrence of uncontrolled diarrhea, even if there are no other signs of illness. The child should have no loose stools for 24 hours prior to returning to school.
- Head lice - readmitted after treatment and removal of nits.
- Strep Throat – after 24 hours of treatment.
- Rashes/lesions - Should be checked by a health care provider. Child is to be excluded until the rash/lesions subsides or until a healthcare provider has determined it is not infectious.
- Eye secretions or redness associated with contagious diseases (i.e. conjunctivitis, impetigo) Parents are advised to contact their physician. Conjunctivitis must be treated for 24 hours before returning.

By adhering to this policy, I contribute to creating a safe, healthy environment for everyone in our community.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

MEAL SIGN OFF STATEMENT - 2026-2027

Please initial each statement after reading.

_____ I understand that I am responsible for providing a lunch for my child each day he/she attends The Crayon Box and it must be in the classroom by 11:15 am.

_____ I understand the lunch box must be labeled with my child's first and last name and be clearly visible on the outside of the lunch box.

_____ I understand The Crayon Box will provide cow's milk for my child to drink with lunch.

_____ I understand I am to provide a water bottle.

_____ I understand if my child does not drink cow's milk, I will submit the appropriate forms to request soy milk (form completed by parents) or almond milk (form completed by doctor).

_____ I understand I cannot send pop or candy in my child's lunch.

_____ I understand that all items in my child's lunch will be ready to serve and include any utensils.

_____ I understand all items in my child's lunch must be labeled with first and last name and the date.

_____ I understand my child will be encouraged to eat lunch and given assistance as needed.

_____ I understand I must send foods that are nutritious and well balanced.

_____ I understand that I will be notified if my child is not eating their lunch.

_____ I understand if my child has no lunch by 11:15 am, The Crayon Box will provide one for \$15.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

2026-2027 PARENT AGREEMENT SCHEDULE FORM

Child's Name: _____

Child's Date of Birth: _____

Today's Date: ___/___/___

Expected Start Date: ___/___/___

Parent/Legal Guardian's Name: _____

Primary Phone Number: _____

Parent/Legal Guardian's Name: _____

Primary Phone Number: _____

List special dietary requests[^], food allergies[^] and restrictions[^] (^Doctor signed form required):

.....

❖ **What milk does your child drink? (choose one)**

- Cow Milk
- Soy Milk* (*Parent signed form required.)
- Almond Milk[^] (^Doctor signed form required.)

❖ **Do you feed your child? (choose all that apply)**

Eggs Yes No[^] (^Doctor signed form required.)

Dairy Containing Foods Yes No[^] (^Doctor signed form required.)
 (milk, cheese, butter, yogurt, sour cream, etc.)

❖ **Is your child toilet trained?** Always Most of the Time Almost Not Yet

FIRST WEEK SCHEDULE

Monday _____ : _____ - _____ : _____
 Tuesday _____ : _____ - _____ : _____
 Wednesday _____ : _____ - _____ : _____
 Thursday _____ : _____ - _____ : _____
 Friday _____ : _____ - _____ : _____

Schedule Start Date: _____

- Please schedule on the half hour.
- No arrivals after 10:00 am without approval
- Blank days indicate no hours for that day.
- Schedule will remain until a new schedule is submitted.
- Changes submitted on Wednesday by 5 pm

TYPICAL SCHEDULE (IF DIFFERENT)

Monday _____ : _____ - _____ : _____
 Tuesday _____ : _____ - _____ : _____
 Wednesday _____ : _____ - _____ : _____
 Thursday _____ : _____ - _____ : _____
 Friday _____ : _____ - _____ : _____

Schedule Start Date: _____

- Please schedule on the half hour.
- No arrivals after 10:00 am without approval
- Blank days indicate no hours for that day.
- Schedule will remain until a new schedule is submitted.
- Changes submitted on Wednesday by 5 pm

Return this completed form to: (insert institution's name, address & telephone number)

Participant Enrollment Form

Instructions:

1. List full name of participant enrolled in care
2. Circle the typical days each participant is in care
3. List times each participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino*
6. Select one or more racial designations of each participant using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White*
7. Sign and date the form and return to your care center

| Participant's First and Last Name | Typical Days in Care (circle all that apply) | List Times in Care | Meals/Snacks Received (circle all that apply) | Ethnicity | Race |
|-----------------------------------|---|--------------------|---|-----------|------|
| | Mon Tues Wed Thu Fri Sat Sun | | Breakfast AM Snack Lunch PM Snack Supper Evening Snack | | |
| | Mon Tues Wed Thu Fri Sat Sun | | Breakfast AM Snack Lunch PM Snack Supper Evening Snack | | |
| | Mon Tues Wed Thu Fri Sat Sun | | Breakfast AM Snack Lunch PM Snack Supper Evening Snack | | |
| | Mon Tues Wed Thu Fri Sat Sun | | Breakfast AM Snack Lunch PM Snack Supper Evening Snack | | |

* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

Adult/Parent/Guardian's Address

Adult/Parent/Guardian's Phone Number

Signature of Adult/Parent/Guardian

Date Signed

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: **mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or **fax:** (833) 256-1665 or (202) 690-7442; or **email:** program.intake@usda.gov. This institution is an equal opportunity provider. USDA Civil Rights Complaint Link: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

PET PRESENCE & ANIMAL PARENT ACKNOWLEDGMENT FORM - 2026-2027

Child's Name: _____

Child's Date of Birth: _____

The Crayon Box Children's Learning Center provides developmentally appropriate learning experiences that may include supervised exposure to live animals as part of our educational environment. This form serves as written notice and parent acknowledgment of the animals present on site.

Animals Present on Site

The following animals are part of the center's educational environment:

Ducks and Chickens

Ducks and chickens are housed in secure outdoor enclosures located in the garden area. These animals remain fully secured during routine outdoor activities and are not accessible to children unless part of a planned, staff-supervised educational experience. As part of our educational programming, the center may occasionally hatch duck eggs in a classroom incubator. Children may observe and, under direct staff supervision, may gently touch eggs or newly hatched ducklings as part of a structured learning activity. Staff closely supervise all interactions and provide instruction on safe and gentle handling.

Guinea Pigs

Guinea pigs are housed in secured cages in the following areas: The Station (Room 101), The Hive (Room 107) and The Fun Zone. Children may observe or interact with the guinea pigs only under direct staff supervision. Guinea pigs are small animals that may bite if a child places fingers inside or through the cage bars.

Rabbit

The rabbit is housed in a secure enclosure. Children may observe or interact with the rabbit only under direct staff supervision. Rabbits may scratch or bite if startled, handled improperly, or approached too quickly.

Health & Safety Practices

The center maintains the following procedures: Animals are housed in clean, secure enclosures. Children are taught proper and gentle animal interaction. Staff supervise all animal contact. Handwashing is required after animal exposure. Ducks and chickens are not accessible to children during gardening activities.

Parent Acknowledgment and Consent

I acknowledge that animals are present in my child's learning environment at The Crayon. I understand that reasonable precautions are taken to ensure safety; however, interaction with animals carries some risk, including the possibility of minor injury such as bites/scratches if safety rules are not followed by my child. By signing below, I give permission for my child to participate in supervised activities in areas where these animals are present.

Parent/Guardian Name (print): _____ Date: _____

Parent/Guardian Signature: _____

Professional Character Clearance for Classroom Observers/Visitors,
Volunteers and/or Parents

Please print neatly and complete in blue or black ink

Please initial before each statement.

_____ I have never been convicted of a crime other than a minor traffic violation.

If you have, please explain: _____

_____ I have not had a substantiated abuse or neglect of children and adults.

If you have, please explain: _____

_____ I swear that I will never abuse, neglect, or molest any child or minor under my care.

_____ I understand and agree that if I suspect of any child abuse and/or neglect, I will immediately report this to the child care authorities.

_____ I am aware that abuse and neglect of children is against the law.

_____ I have been informed of the center's policies on child abuse and neglect (see reverse).

_____ I know that caregivers are mandated by law to report abuse and neglect.

I, _____, hereby give permission to The Crayon Box to verify information given to the center on application to observe/volunteer/have contact with children other than your own and to hereby release The Crayon Box, Michigan State Police and their assigns or successors from all liability or claims and authorize the Michigan State Police to release to The Crayon Box my conviction criminal history information.

My home address is _____

My school address is (if different) _____

My Driver's License # is _____ State of _____

My date of birth is _____ Sex _____ Race _____

My AU ID # is _____

The Crayon Box agrees to use the information from the Michigan State Police to verify information on my observation/volunteer application, statements I have made in regard to my ability to observe/ volunteer, and for any determination into my good moral character. The Crayon Box further agrees that this information will not be released without my written permission unless The Crayon Box is required or is authorized by federal or state statute or administrative rule to disclose this information.

Date signed ____/____/20____, in Berrien Springs, Michigan by _____

Classroom Observers/Visitors, Volunteers and/or Parents Signature

The Crayon Box Policy on Abuse and Neglect.

All employees and volunteers (including minors) of a child care centers are mandated reporters. Under the Child Protection Law, center employees and volunteers must contact Children's Protective Services

(CPS) **immediately** when they suspect child abuse and/or neglect. The immediate verbal report must be made to Centralized Intake by calling (855) 444-3911. The verbal report must be followed by a written report.

The written report must be submitted within 72 hours. DHHS encourages the use of the Report of Suspected or Actual Child Abuse or Neglect (DHS-3200) form which includes all the information required by the law. The written report may be faxed to (616) 977-1154 or (616) 977-1158 or emailed to DHS-CPS-CIGroup@michigan.gov. Reporting the situation to administration or other staff person does not relieve the center employee or volunteer of their mandated responsibility to report to CPS.

When child abuse and/or neglect is suspected, the center employee or volunteer needs to **only** obtain enough information to make a report. If a child starts disclosing information regarding abuse and/or neglect, the center employee/volunteer must ask **only** open-ended questions, if necessary, to determine whether a report needs to be made to CPS.

The child must not be led during the conversation. The center employee/volunteer must not attempt to conduct their own investigation either before reporting it to CPS or during the CPS investigation.

All staff and volunteers shall provide appropriate care and supervision of children at all times. All staff and volunteers shall act in a manner that is conducive to the welfare of children. All supervised volunteers shall receive a public sex offender registry (PSOR) clearance before having any contact with a child in care, including volunteers who are parents of a child in care. A copy of this clearance must be kept on file at the center. Any individual registered on the public sex offender registry (PSOR) is prohibited from having contact with any child in care,

It is the policy of the Crayon Box Andrews University Children's Learning Center to receive a public sex offender registry (PSOR) clearance for all classroom observes/visitors and volunteers, including parents with access to other children, before having any contact with a child in care.

The Crayon Box requires a comprehensive background check on its employees and unsupervised volunteers. For an individual who is determined ineligible by the department, The Crayon Box shall immediately do all of the following: (a) Prohibit the individual from being on the premises of the child care center. (b) Prohibit the individual from having any contact with children in care.

SCHOOL ACTIVITY AND MEDICAL RELEASE FORM - 2026-2027

1. I hereby grant permission for my child, _____ to:
child's full name

- Use all the play equipment and participate in all camp activities.
- Leave Marsh Hall and surrounding yard under the supervision of the program director or a counselor for campus walks and activities on the Campus of Andrews University.

2. I give permission to the Crayon Box Children's Learning Center, licensed by the State of Michigan, to secure emergency medical and/or emergency surgical treatment for my child while in care.

3. I understand that The Crayon Box Children's Learning Center cannot:

- Be responsible for anything that may happen as a result of false information at the time of enrollment.
- Assume responsibility for a child who has not been checked in and delivered to his/her classroom/group and left with the counselor.
- Release a child to anyone who appears to be under the influence of alcohol or narcotics, or to anyone who is not listed on the child's Emergency Card.

4. I understand that The Crayon Box Children's Learning Center staff are under legal and professional obligation to report any cases of suspected abuse, neglect, or incest.

Parent or Guardian's signature

DATE

SCHOOL AGE CHILD GOOD HEALTH STATEMENT - 2026-2027

I hereby certify that my child _____, d.o.b. _____, is in good health.

My child has the following health or physical restrictions: _____

_____.

My child's physical and immunizations (or waiver) are up to date and on file at (child's school) _____ in (city, state) _____ where my child is enrolled full time in grade _____.

If my child does not have their physical and immunizations (or waiver) at a K-12 school, I will provide a copy of both to be in their file at The Crayon Box.

Parent Signature

Date

Special Diet Statement

Why am I being asked to fill out this form?

Institutions or organizations who sponsor and operate a federally funded Child Nutrition Program must make reasonable substitutions to meals and/or snacks on a case-by-case basis for participants who are considered to have a disability that restricts their diet.* According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability.

Sponsors are not required to accommodate special dietary requests that are not a disability. This includes requests related to religious or moral convictions or personal preference. **If these requests are accommodated, sponsors must ensure that all USDA meal pattern and nutrient requirements are met.**

This form must be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner. **Updates to this form are required only when a participant's needs change.**

Note to Districts/Schools: Parents/Guardians may provide a written request for lactose-free milk without a physician's signature. Lactose-free milk served must meet meal pattern requirements for the program.

Submit this completed special diet statement to: _____

Participant Information:

Participant's Full Name: _____ Today's Date: _____

Date of Birth: _____

Name of School/Center/Site Attended: _____

Parent/Guardian Name: _____

Home Phone Number: _____ Work Phone Number: _____

Required Information: Dietary Accommodation

1. List the food to be avoided:

2. Briefly explain how exposure to this food affects the participant:

3. List foods to be omitted and substituted. Attach a sheet with additional instructions as needed.

| Foods to be Omitted | Foods to be Substituted |
|---------------------|-------------------------|
| | |
| | |
| | |

Additional Information

Texture Modification: Pureed Ground Bite-Sized Pieces Other: _____

Tube Feeding Formula Name: _____

Administering Instructions: _____

Oral Feeding: No Yes If yes, specify foods: _____

Other Dietary Modification or Additional Instructions (Describe): _____

Required Signature

This form must be signed by a licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner. The medical person signing it should keep a copy of this document in his/her records.

Prescribing Authority Credentials (print): _____ Date: _____

Signature: _____ Clinic/Hospital: _____

Phone Number: _____ Fax Number: _____

Voluntary Authorization

Note to Parent(s)/Guardian(s)/Participant: You may allow the director of the school/center/site to talk with the medical person about this Special Diet Statement by signing the Voluntary Authorization section:

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize _____
(physician/medical authority name) to release such protected health information as is necessary for the specific purpose of Special Diet information to _____ **(program name)** and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. **Optional:** My permission to release this information will expire on _____ **(date)**. This information is to be released for the specific purpose of Special Diet information. The undersigned certifies that he/she is the parent, guardian, or authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.

Parent/Guardian: _____ Date: _____

OR Participant's Signature (Adult Day Care ONLY): _____

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf) (https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at: [How to File a Complaint](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) (<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary of Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

TOPICAL NON-PRESCRIPTION MEDICATION ANNUAL PARENT AUTHORIZATION 2026-2027

Please initial each statement after reading.

_____ I give permission for staff of The Crayon Box to apply the following topical, non-prescription medications marked "YES" to my child as needed.

_____ I understand The Crayon Box will not provide the items on the list and it is my responsibility to provide these items to The Crayon Box in the original packaging and labeled with my child's name (first & last).

_____ I understand that I must provide one item per child if I have multiple children. Children may not share Topical Non-Prescription Medication.

_____ I understand The Crayon Box will administer sunscreen and insect repellent in the afternoons only and I will apply to my child before arriving in the morning.

Child's Name: _____ D.O.B. _____

| | | |
|-----------------------------|------------------------------|-----------------------------|
| Insect Repellent* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sunscreen* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Triple Antibiotic Ointment* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature of Parent _____

Date _____



* Not provided by The Crayon Box

This form must be renewed annually.

TRANSPORTATION AUTHORIZATION - 2026-2027

Authorization for Transportation and Field Trips

The school may plan carefully arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and riding in strollers, wagons, etc. I give the school permission to take my child on these field trips. I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site will be posted in the school and provided to parents.

Parent/Guardian Signature: _____ Date: _____

Parents/Guardians of Children Ages 4 Years Old and Older Only

I give the school the permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to or from his or her local school. By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

Parent/Guardian Signature: _____ Date: _____

WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

| | |
|---|---|
| Child(ren)'s Name(s) (Last, First) | Facility's Name and License Number The Crayon Box - DC110016352 |
|---|---|

A written information packet has been provided at the time of enrollment. The packet included all the following information (*R 400.8146 (1-2)*):

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open, and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook. **(CENTER MUST CHECK ONE)**
 - The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, 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.
- Other _____

I certify that I received all of the above items.

Parent/Guardian Signature

Date

Note: A single CCL-4340 form may be used for all children in the same family.

LARA is an equal opportunity employer/program.

