



# WILL CARLETON ACADEMY

## BEFORE & AFTER SCHOOL

### CHILD CARE

Please indicate your Child Care needs:

Monday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Tuesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Wednesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Thursday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Friday	<input type="checkbox"/> AM	<input type="checkbox"/> PM

Space is limited and scheduled on a first come, first serve basis. Please return this completed form (front and back) to reserve your Child Care spot(s). One form per student is required. Please return this form to the WCA office or email it to Mrs. Dryer at [chelsi.dryer@wcak12.org](mailto:chelsi.dryer@wcak12.org). You will be notified if we are not able to meet your needs due to capacity limitations.

Will Carleton Academy's Before & After School Child Care is open to enrolled students up to 12 years of age. Child Care is located in the third single module. Please provide 48 hours of notice, when possible, when child care is needed. Space is limited and scheduled on a first come, first serve basis. When using AM Child Care, please provide a cold breakfast for your child(ren). WCA will provide a PM Snack. Afternoon Child Care is not available on early dismissal days.

AM Child Care	6:30 am – 7:50 am	\$5.00 per Child per Day
PM Child Care	3:30 pm – 6:00 pm	\$8.00 per Child per Day
AM & PM Child Care		\$12.00 per Child per Day
Additional Siblings		\$8.00 per Child per Day*

\*When attending both AM & PM sessions

Payments are to be made in advance in the WCA Office daily, weekly or monthly.

Checks Payable To: Will Carleton Academy

Memo Line: Child Care

## CHILD INFORMATION RECORD

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

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		Home Phone (    )	Parent/Legal Guardian's Name (Optional)		Home Phone (    )
Home Address (if not child's address)		Cell Phone (    )	Home Address (if not child's address)		Cell Phone (    )
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address		
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 Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

<b>Emergency Contact &amp; Release of Child:</b> 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.	(    )	(    )
<b>Release of Child Only:</b> 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. (    )

<b>Parent/Legal Guardian Initials:</b>	
_____ I give permission to _____, 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.	

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