

## Welcome to Summer Blast!

Summer Blast is a free summer program for Newaygo County youth that provides academic support, enrichment activities, field trips, special events, lunch, and snacks.

**Who:** Students in Kindergarten\* through 8th grades  
*\*Students must be 5 when the program begins*

**When:** Monday - Thursday, 11:30 am - 5:30 pm  
June 16 - July 31, 2025  
*(No program the week of June 30-July 3)*

**Where:**

Grant Elementary School	(K -4 <sup>th</sup> )
Grant Middle School	(5 <sup>th</sup> – 8 <sup>th</sup> )
Fremont Middle School	(6 <sup>th</sup> – 8 <sup>th</sup> )
Daisy Brook Elementary School	(K – 5 <sup>th</sup> )
Newaygo Elementary School	(K – 4 <sup>th</sup> )

**Transportation:** Parent drop off and pick up is required, there is no bus service.

**Cost:** Free!

**Before students can begin the program, please return the following completed forms to TrueNorth Community Services (6308 S Warner Ave Fremont, MI 49412) or to your school office:**

1. Summer 2025 Registration Form
2. Child Information Record
3. Student Participation Contract (it's the last page of the Parent Handbook)
4. "Publicity Release" Form
5. "Written Information Packet Documentation" Form

Please reach out with any questions!

Program Coordinator

Brianna Sova

[bsova@truenorthservices.org](mailto:bsova@truenorthservices.org)

Office: (231) 924-0641 ext. 120

Cell: (231) 519-5309

## **SUMMER BLAST PARENT HANDBOOK 2025**

Dear Parents,

Welcome to a Summer Blast! We are pleased to be able to offer Summer Blast, free of charge, in partnership with Michigan's Department of Lifelong Education, Advancement, and Potential!

We promote individual self-esteem while providing opportunities for academic enrichment, recreation, and other creative learning experiences. Summer Blast offers age-specific and mixed-group programming in a safe, supportive learning environment. Our well-trained staff interacts in a positive manner with students creating a climate of mutual respect and attempts to accommodate the needs of all participants. The strength of our program lies in creating a welcoming learning environment that takes each student's interests and uniqueness into account. The program's philosophy is designed to be consistent with the school's Mission Statement and Core Values.

***"Because we believe all youth should have a safe place to grow into their best selves."***

### **Registration:**

Students will be allowed to attend this **free program** only after all registration forms have been completed and returned. This includes a 2-page registration form, a Child Information Record page, Student Participation Contract, Written Information Form, and an optional Publicity Release Form. Forms that are not complete will be returned for parents/guardians to complete. If the parents or guardians have not submitted completed forms after the date when the student was scheduled to start, the student will be sent home and their file will be put on a waiting list. Enrollment priority is on a first-come, first-serve basis. Parents should contact the program Coordinator with questions about the program's enrollment process.

As a licensed child care center, continued participation in this program requires that all forms be kept current. It is very important that parents/guardians provide any new information as soon as that information becomes available. Examples of pertinent information including:

1. Emergency contacts
2. Phone numbers
3. Arrival/departure changes
4. Persons newly authorized to pick up your student

If you have any questions regarding your student's program, please contact the Program

Coordinator, Brianna Sova, at [bsova@truenorthservices.org](mailto:bsova@truenorthservices.org) or call (231) 924-0641.

### **Daily Schedule:**

*This is a general schedule example. Actual schedules will vary according to the program site.*

11:30 – 12:15	Participant check-in and lunch
12:15 – 1:15	Physical activity and/or Team builder
1:15 – 1:45	Academic Support Time
1:45 – 3:30	Enrichment Club Activities
3:30 – 4:00	Snack
4:00 – 5:00	Recreation
5:00 – 5:30	Reflection, Closing, and Pick-Up

### **Is Summer Blast summer school?**

While the core of time during Summer Blast will be spent on recreation, new experiences and activity based projects, Summer Blast staff provide individualized tutoring and skill building lessons designed to prevent summer learning loss. Academic lessons are disguised to ensure Summer Blast does not feel like school, remaining engaging and fun for all students.

### **What are Enrichment Club Activities?**

This time frame is commonly called our "Enrichment Time". During Enrichment Time, staff deliver planned activities and activity units ranging from one day to full six-week activity units. These Enrichment Club activities cover a wide variety of areas such as Reading & Writing clubs, Cultural Awareness clubs, College & Career Readiness clubs, Youth Development clubs, Drug & Violence Prevention clubs, Nutrition & Health clubs, Character Education clubs, Social Emotional Learning clubs, Arts-Music-Performance clubs, and S.T.E.A.M.-based clubs. The staff works with students to explore and teach enriching concepts in a different way than how they might be learning in the classroom during the school day, and in this way, some academics are embedded within the activities.

Embedded academics allows for a variety of creative teaching methods to appeal to multiple learning styles. If you drop in to observe the program or to pick up your child, it may appear that we are simply playing. While constructive and free play is very beneficial for children and adolescents, we strive to establish meaning in all the projects we complete. For example, if you observe students playing with Lego Robotics, they are using engineering skills to build their creations and then using programming skills to allow their creations to move. An art activity may include a literary piece to strengthen student reading skills as well as a cultural aspect that educates students about people around the world. Researching different careers allows students to discover what interests them and what it takes to pursue those interests.

The projects our staff completes with your children are endless regarding the knowledge to be gained. Ask your child what they did at Summer Blast and what they learned, explored, innovated, or created!

## **Policies & Procedures**

### **Section A: Parent/ Guardian Expectations of the Program**

Parents/guardians may expect that:

- They may visit or call the Site Supervisor about concerns related to their student or the program. With prior notice to the Site Supervisor along with appropriate safety clearances, they may also visit the program for the purpose of observing their student at any time.
- They will be told about any misbehavior on the part of their student. They may also request a visit with the Site Supervisor in order to bring about improvement in the situation.
- Students are supervised at all times, including arrival and departure.
- The Site Supervisor will regularly inform them about program activities.
- The Site Supervisor will have all phone numbers, phone access, and first aid supplies.
- Your child is safe at Summer Blast. Staff is trained in CPR/First Aid as well as Health and Safety for all age groups. We take the safety and well-being of your child very seriously. All staff are Mandated Reporters.

### **Section B: Program Expectations of the Parents/ Guardians**

The Site Coordinator can expect that:

- Parents will contact them about any concerns or questions regarding their student or the program.
- Parents will keep them informed of any changes to the student's contact or dismissal information.
- Parents will notify staff if their student will use another form of transportation other than the one specified on their registration form.
- Parents must come into the building to sign their child/children out at any time they pick them up.
- Parents will pick up the student promptly at the end of programming or field trips. If students are not picked up within one hour following the end of the programming or field trip, all emergency contacts will be called in order to have the student picked up. If all emergency contacts are unavailable, staff will contact the local Sheriff's department and they will pick the child up from the school. Parents must pick up their students from there.

### **Section C: Student Expectations of the Program**

Students may expect:

- To have a variety of creative learning experiences and recreation activities available to satisfy different interests.
- That there will be regular communication between the Site Supervisor and the student's parents.
- That there will be mutual respect, tolerance, and cooperation between staff and students in the program.

### **Section D: Program's Expectations of the Student**

Students are expected to follow the rules listed below as well as any other rules established by the staff:

**We are SAFE!**

We keep our hands, feet, and objects to ourselves and always avoid hitting, pushing, or fighting. We use class materials safely. We follow safety procedures like fire drills and lockdowns. We always avoid bullying. We keep ourselves and those around us safe – emotionally and physically!

**We are RESPECTFUL!**

We use kind words and have a respectful tone. We listen to the Site Supervisor, staff members, and other teachers and staff in the building. We listen to our peers. We treat rooms, spaces, and materials nicely. We respect personal space and others’ personal requests.

**We FOLLOW DIRECTIONS the first time!**

We follow directions for any assignment or activity while in the program. We follow safety procedures and directions right away. We follow all program routines and transitions. We participate in enrichment activities and academic support time as directed.

**We WORK HARD and TRY OUR BEST!**

We are prepared and give good effort in all we do. We work together with other students and staff. We make smart choices! We manage our behavior and ourselves, and we reflect on our actions.

Participating in Summer Blast is vital to a positive program experience. Participation in enrichment activities and academic support time are expected. Students should be engaged in all activities and be team players.

Participation is an integral part of our program's success. Students who are continually unwilling to participate in either enrichment activities or academic support time may be dismissed from the program at the discretion of the Coordinator. Rude, defiant, or unruly behavior from a student or parent toward staff will not be tolerated.

**Discipline Policy**

Students who fail to follow the rules of the program will first be warned of their behavior and then the following steps will be followed:

<u>INCIDENT OR INFRACTION</u> <b>Physical, Aggressive or Violent Behavior</b>	<u>INCIDENT OR INFRACTION</u> <b>Uncooperative or disruptivebehavior</b>	<b>DISCIPLINARY CONSEQUENCE</b>
<u>1st Offense</u> Engaging in physically aggressive behavior including minor altercations		Immediate suspension or expulsion from the after-school program
	<u>1st Offense</u> Violation of any rule listed above	Discipline form to parents; phone call follow up with the parent

	<u>2nd Offense</u> Violation of any rule listed above	Discipline form to parents; phone call follow up to parent; Action Plan is written; Suspension for 1 week from all after-school activities
	<u>3rd Offense</u> Violation of any rule listed above	A phone call to the parent; Expulsion from the after-school program for 1 semester or 1 year; Discipline Report written, filed, and sent to the parent

**Uncooperative or Disruptive Behavior:**

First offense: After repeated warnings, a discipline form will be written up by the person witnessing the behavior. The Site Coordinator will also witness and sign the document. This form will be sent home for parents to read/sign and a phone call home will be made.

Second offense: If the behavior persists after the first form has been distributed, another discipline form will be filled out and sent home. A phone call regarding the behavior will take place, and the student will be suspended for one week. A student action plan will be generated at this point.

Third offense: If negative behavior still results, then the student will be removed from the program for the remainder of the semester or year. Parents will be contacted, and a final written discipline report will be sent home with the student.

Notes:

- A copy of the discipline report must be placed in the student file each time that a form is filled out.
- Failure of student or parent acknowledgment (example: failure to sign discipline report) will result in the student not returning to programming until acknowledgment occurs.

**Section E: Reasons for Withdrawal from the Program**

If a parent/guardian wishes to withdraw their student from the program, communication with the Site Supervisor must be made. A student may also be withdrawn from the program by the Coordinator, for, but not limited to, any violation of the above-listed Discipline Policy. It is important to communicate with the Site Supervisor if you plan to withdraw your student from the program so that food service may be notified.

**Section F: Attendance Policy**

Registering to participate in Summer Blast is at no cost to the family and is voluntary; however, regular attendance is encouraged to benefit from the positive impact of the program. Parents/guardians should contact the Site Supervisor if their child will be absent. The program operates Monday through Thursday for six weeks during the summer.

### **Section G: Scheduled/Unscheduled Closings**

All cancellations or any changes in programming will be communicated to parents by the Site Supervisor. Program may be closed during the fourth of July, see annual calendar for details.

### **Section H: Distribution of Medication**

Since the program does not have medically trained personnel, NO medications will be given to students. If a student becomes ill, a parent/guardian will be notified for immediate pick-up.

### **Section I: Student's Personal Property**

Students' personal property (coats, clothing, school bags, etc.) must be cleared from the site in which he/she is participating after each session of the program. Although staff will attempt to help students stay organized, the program will not be responsible for lost personal property.

### **Section J: Surveys and Data Collection**

Staff will conduct a survey of students and parents at the end of the year to be able to measure the program's effectiveness and student progress. If your child comes home with a survey for you to complete, please take the time to do so. **These tools are crucial for the continuation of our program.** If you have any questions or need help filling out a survey, please see your child's Site Supervisor.

### **Section K: Contact Information**

#### **Administration:**

Danielle Siegel, Out-of-School Time Director

[dsiegel@truenorthservices.org](mailto:dsiegel@truenorthservices.org)

(231) 924-0641 Ext. 109

Brianna Sova, Youth Opportunities Coordinator

[bsova@truenorthservices.org](mailto:bsova@truenorthservices.org)

(231) 924-0641 Ext. 120

### **Section L: Transportation**

Transportation to weekly field trips is provided to all program participants. Riding the bus on field trips is a privilege. All school and bus rules apply. If your child misbehaves on the bus, Summer Blast staff will contact you.

### **Section M: Meals**

A nutritious lunch and afternoon snack will be offered every day during regular programming. All meals follow the guidelines established by the USDA.

### **Section N: Required LARA Licensing Communication to Parents/Guardians:**

#### ***Notice of the availability of the center's licensing notebook.***

- (i) The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since the license was acquired in 2025.
- (ii) The licensing notebook is available to parents during regular business hours.

(iii) Licensing inspection and special investigation reports are available on the child care licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare)

### **Outdoor play area**

The school-age center, which operates in a school building approved by the Michigan Department of Education, plans to use the public school's outdoor play area and equipment that may or may not comply with Licensing rule R400.8170 subrule (11) and are exempt from subrule (11) of this rule.

\*R400.8170 Subrule 11: The playground equipment, use zones, and surfacing in the outdoor play area must be inspected by a certified playground safety inspector and an approval granted for playground equipment and areas used before issuance of an original license, upon request of the department, and before using any newly added playground equipment. The center shall provide documentation of the inspection to the department upon request and shall keep it on file at the center

## **PLAN FOR ILLNESSES, ACCIDENTS, INJURIES AND INCIDENTS**

All Summer Blast sites are located inside the public school; therefore all staff will be trained (***up to date***) and drilled (***prepared***) on the emergency procedures of their particular building. There will be fire and tornado drills each summer.

### **SERIOUS ILLNESS PROCEDURE**

**STAFF:** Should an employee or volunteer be visibly sick, run a fever, or suspect that he/she is contagious, that employee/volunteer should report his/her condition to their supervisor. Staff or volunteers that run the risk of infecting students and fellow workers must report the condition by noon of the day that illness is suspected. Staff or volunteers must remain at home if contagious or too ill to function as required by job requirements. Staff and volunteers will be excluded from working/volunteering in the program when they have any of the following symptoms: fever 100.4 degrees F or greater, new or worsening cough, difficulty swallowing, taste disorders, sore throat, shortness of breath, abdominal pain, nausea/vomiting, diarrhea, or a runny nose/nasal congestions (in absence of an underlying condition or known cause). Staff or volunteers may return when there is a 24-hour period with no fever without the use of fever-reducing medications or when there is a 24-hour symptom-free period.

**STUDENTS:** Children will be excluded from participation in the program when a child has a temperature of 100.4 degrees F or greater; has two loose or watery stools; has vomited two or more times; has a rash with fever or change in behavior; or is lethargic, complaining about discomfort, or crying more than usual. The child may return when there is a 24-hour period with no fever without the use of fever-reducing medications; when there is a period of 24 hours without loose or watery stools; when there is a 24-hour period without vomiting; when a physician has determined that the child has no communicable disease with the rash; or when the child is acting normally.

**WHEN THERE IS A CHANGE IN CHILD'S HEALTH OR CHILD TOO ILL TO REMAIN IN THE GROUP:**



1. When a child is visibly sick, the Site Supervisor is notified and a parent/guardian will be contacted by phone to immediately pick the child up. If the parent cannot be contacted, an emergency contact must be called. Parents/guardians will be notified of any incident of illness relating to their child that occurs within the hours of programming or on the bus home. Parent/guardian contact should happen on the day of the occurrence.
2. Summer Blast staff will make appropriate attempts to make the child comfortable until the parent/guardian picks up the child or until the release of the program.
3. For any situation of exclusion due to illness, staff will complete an Incident Form and forward it to the Program Coordinator within 24 hours.

### **SERIOUS ACCIDENT/INJURY/INCIDENT PROCEDURE**

To avoid serious accidents, injuries, or incidents, the following prevention measures are employed at each school site:

- Stress safety every day beginning on the first day of programming.
- Establish expectations through discussion with participants (post them and give a copy of student guidelines).
- During meal, homework, and activity time, staff move about the program space, interact with students, and provide support while monitoring student behavior.
- One to two staff members monitor students' movements during program transition times between activities.
- There is a discipline policy for unsafe behaviors (toward self, other students, staff, or volunteers).

### **WHEN INJURY OR ACCIDENT OCCURS**

1. In the event of any serious accident, injury, or incident events, staff will assess the situation for severity. If unable to do so, staff immediately contacts the Site Supervisor to assess the situation
2. Determine if EMS is required.
3. If EMS is required, staff will call 911 (EMS) and provide necessary/life-saving treatment until EMS arrives.
4. If EMS is not required, staff alert the Site Supervisor and provide treatment for the injury.
5. The Site Supervisor will then contact parents of the student by phone and inform them what has happened. If contact with parents cannot be made, the emergency contacts will be notified by phone. Parents/guardians will be notified of any accident/injury/incident relating to their child that occurs within the hours of programming or on the bus home. Parent/guardian contact should happen on the day of the occurrence.
6. Fill out the TrueNorth Incident Report as soon as possible and return Incident Report to TrueNorth Human Resources within 24 hrs. Verbally notify the licensing consultant within 24 hrs. after a child received medical attention for an injury, illness, incident, or accident. Document events accurately. Submit a written copy to the Program Director, put one copy in the student's file, and send a copy to the state licensing consultant within 72 hours.

## **Staff and Volunteers**

All staff and unsupervised volunteers of Summer Blast undergo a criminal background check before being allowed to interact with program participants. Any supervised volunteer must have a Public Sex Offender Registry Clearance prior to having contact with children. Any individual registered on the public sex offender registry (PSOR) is prohibited from having contact with any child in care. (updated)

## **Section O: TrueNorth Community Services**

TrueNorth is the parent organization for Summer Blast. Summer Blast staff are employed by TrueNorth Community Services.

### **Mission**

TrueNorth brings together influencers, innovators, and change-makers to inspire hope and create a better world.

### **Vision**

To lead Michigan in collective impact by creating relationships, enhancing resiliency, and strengthening communities for Individuals and families.

### **Values**

Innovation, Relationships, Social Justice, Inclusion, Integrity, Knowledge, and Excellence

Please visit [www.truenorthservices.org](http://www.truenorthservices.org) for more information on the many programs that are available.

-----

If you have any questions about any part of this Parent Handbook, please see your child's Site Supervisor or Program Coordinator.



## STUDENT PARTICIPATION CONTRACT

I have received, read, and understand the contents of the Summer Blast Parent Handbook.

Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign and return this page along with the other enrollment forms to the school office or to TrueNorth Community Services.

**THIS FORM MUST BE SIGNED AND RETURNED FOR A STUDENT TO PARTICIPATE IN SUMMER BLAST.**

Updated 04/21/2025

# Summer Blast 2025

## Registration Form

### STUDENT INFORMATION

**Student Name \*** \_\_\_\_\_

**Address** \_\_\_\_\_

**Zip Code \*** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Date of Birth \*** (mm/dd/yyyy) \_\_\_\_\_

**School Name** \_\_\_\_\_

**Grade Level \*** \_\_\_\_\_

**Gender \***     Female     Male     Nonbinary/Some other gender     Prefer not to disclose

**Race/Ethnicity \* (check all that apply)**

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic/Latino
- Middle Eastern/North African
- Native Hawaiian/Pacific Islander
- White
- Prefer not to disclose

**Transportation Home (check all that apply)**

- Pick Up/Drive     Walk     Other: \_\_\_\_\_

**Are siblings enrolled?**     No     Yes

**Siblings' Names:** \_\_\_\_\_

**Primary language spoken at home:**     English     Spanish

Other: \_\_\_\_\_

**Does your child have an IEP or 504 Plan with the school?**     Yes     No  
If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PARENT/LEGAL GUARDIAN CONTACT INFORMATION

**PARENT/GUARDIAN 1**     Authorized to Pick Up

**Name \*** \_\_\_\_\_

**Relationship to Student\*** \_\_\_\_\_

**Phone Number\*** \_\_\_\_\_

**Email \*** \_\_\_\_\_

**Address** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**PARENT/GUARDIAN 2**     Authorized to Pick Up

**Name \*** \_\_\_\_\_

**Relationship to Student\*** \_\_\_\_\_

**Phone Number\*** \_\_\_\_\_

**Email \*** \_\_\_\_\_

**Address** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

### EMERGENCY CONTACTS (AUTHORIZED FOR PICK UP IF NEEDED)

**EMERGENCY CONTACT #1**

**Name** \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

**Phone Number 1** \_\_\_\_\_

**Phone Number 2** \_\_\_\_\_

**EMERGENCY CONTACT #2**

**Name** \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

**Phone Number 1** \_\_\_\_\_

**Phone Number 2** \_\_\_\_\_

**HEALTH AND MEDICAL INFORMATION**

Please Mark Below if Student Has Needs Related to (check all that apply):

- Allergies     Asthma     Diabetes     Hearing Impairment     Heart Troubles     Learning Disability  
 Physical Limitation     Seizures     Vision Problems     Other: \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_ **Allergic to Bees?**     Yes     No     I don't know

**Any other health concerns we should know about?** \_\_\_\_\_

**Name and Phone Number of Student's Physician/Health Clinic** \_\_\_\_\_

**Preferred Hospital for Medical Treatment** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN CONSENT AND AUTHORIZATIONS**

This program receives funding from the State of Michigan to serve your child. Michigan State University and Public Policy Associates are contracted to evaluate program quality and impacts. By enrolling my child in this program, I agree that the program will share the asterisked\* attendance and demographic information with the contracted evaluators.

**All data will be kept confidential.**

**Read each statement and write your initials to indicate agreement:**

- \_\_\_\_\_ Enrollment in the program is voluntary. I understand that regular attendance is expected.
- \_\_\_\_\_ I have received a copy of the family handbook. I agree to the program's policies. I will tell the program if my contact information changes.
- \_\_\_\_\_ I have told staff about any restrictions to my child's activities.
- \_\_\_\_\_ My child's immunization records are up to date. I agree to provide the immunization record or appropriate waiver with the program upon request.
- \_\_\_\_\_ I give the staff permission to get emergency medical treatment for my child.
- \_\_\_\_\_ I understand the discipline policy and agree to cooperate with all written Summer Blast policies in order to ensure the fun and safety of the program.
- \_\_\_\_\_ I give my child permission to go on walking field trips during programming.

**Student Name** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

**Date** (mm/dd/yyyy) \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**INTERNAL USE ONLY**

**Asterisked\* Data Entered in EZReports**

**Admission Date \*** \_\_\_\_\_

**Discharge Date \*** \_\_\_\_\_

# 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.

<b>For Provider Use Only:</b>		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 <sup>nd</sup> Phone (if applicable) (    )	Home Address (if not child's address)		2 <sup>nd</sup> 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 \_\_\_\_\_, 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

## WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems

Child(ren)'s Name(s) (Last, First)	Center Name <b>Summer Blast</b>
------------------------------------	------------------------------------

A written information packet has been provided at the time of enrollment. The packet included all the following information:

- 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, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
  - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
  - The licensing notebook is available to parents during regular business hours.
  - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

I certify that I received all of the above items.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

LARA is an equal opportunity employer/program.





## PUBLICITY RELEASE

I release TrueNorth Community Services and all their employees or agents from all liability for use of any image and/or legal name, which, includes myself or any of my family members for public relations purposes including, but not limited to, articles, brochures, videos, TV, internet, newspaper and magazine advertisements, Internet images, and all other Internet web site usage.

---

**Participant Name (print)**

---

**Address**

---

**City / State / Zip Code**

---

**Signature**

---

**Date**

If under 18, parent/guardian signature required: