



Oceana County

EARLY LEARNING CENTER

FACT SHEET BEFORE STARTING PRESCHOOL

*Thank you for choosing Oceana County Early Learning Center.
The Early Learning Center appreciates your cooperation in turning in all required documents
as soon as possible so that your child's application can be processed.*

You will receive notification of your child's status as soon as possible.

Preschool begins the beginning of September, 2020. *Specific date to be determined.*

***We need to know if your child has a food allergy BEFORE he/she begins school.**

**Center Hours will be 6 a.m. – 6 p.m.
Monday – Friday
260 days a year**



**Oceana County Early Learning Center
568 N. Oceana Dr.
Hart, MI 49420**

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

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.



Application of Intent

NOTICE: It is the policy of the Shelby Public School District not to discriminate on the basis of race, religion, color, national origin, sex, age, disability, height, weight, or marital status in its programs, services, or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Superintendent, 525 N. State Street, Shelby, MI 49455, (231) 861-5211

CHILD INFORMATION-(Please Print)							
First Name:		Middle Name			Last Name		
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Birth Date:			Birth City & State:		
Address:				Home Phone:			
City:				State:	ZIP:		
<i>List any medical conditions, or allergies</i>				<i>Is the child taking any medication?</i>			
Insurance	(Please circle) <i>Medicaid Private None</i>			Other needs			

CHILD CARE NEEDS								
Circle days of week needed	Mon. Fri.	Tues.	Wed.	Thurs.	List hours of day needed			
School Year Only	Yes	No	Summer Hours Only		Yes	No	List Before and After School times needed	

ETHNICITY:	*Is the student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No *What is the student's race? <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander
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LANGUAGE INFORMATION	
What is the first language the student learned to speak?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
What language is used regularly by the student?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
What language is used regularly by the parent(s)/guardian(s)?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
What language do you prefer for school communications?	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
Has the family moved in the past 3 years for agricultural purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIAL SERVICES INFORMATION	
Does the student have any special needs? (Speech/language, behavior, diagnosed impairments)	<input type="checkbox"/> Yes <input type="checkbox"/> No

STUDENT PRIMARILY LIVES WITH:	
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother/Stepfather
<input type="checkbox"/> Foster Parents	<input type="checkbox"/> Father/Stepmother
<input type="checkbox"/> Relatives: _____	<input type="checkbox"/> Mother Only
	<input type="checkbox"/> Father Only
	<input type="checkbox"/> Other: _____

PRIMARY PARENT/GUARDIAN INFORMATION WITH WHOM THE STUDENT RESIDES: Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name			Relationship to Student:		
:					
Name			Relationship to Student:		
:					
Emergency Contacts Relationship to Student:					
Name			Relationship to Student:		
:					
Name			Relationship to Student:		
:					
Name			Relationship to Student:		
:					
Please list siblings living in the primary home.					
Name	Age	Grade	Name	Age	Grade

Parents Place of Employment	Self	Spouse
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Risk Factor Assessment			YES	NO
1	Severe or challenging behavior	Child has been expelled from preschool or child care center		
2	Primary home language other than English	English is not spoken in the child's home;	—	—
		English is not the child's first language		
3	Parent/s with low educational attainment	Parent has not graduated from high school or is illiterate		
4	Abuse/Neglect of child or parent	Domestic, sexual, or physical abuse of child or parent; Child neglect issues		
5	Environmental risk	• Parental loss due to death, divorce, incarceration, military service, or absence;	—	—
		• Sibling issues;	—	—
		• Teen parent (not yet age 20 when first child born);	—	—
		• Family is homeless or without stable housing;	—	—
		• Residence in a high-risk neighborhood (area of high poverty, high crime, with limited access to critical community services);	—	—
		• Prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays	—	—

I verify that the income and factors listed above are true, and I understand that I must provide documentation of other risk factors if asked.
 Parent signature _____ Date _____

Risk factors verified by: _____
 In Person Interview Phone Interview – Reason why in person interview was not possible. _____
Staff Signature

CDC Income Eligibility Scale and Family Contribution (FC)

FAMILY/ GROUP SIZE	Family Contribution \$0	Family Contribution \$15 (Family Limit \$45)	Family Contribution \$30 (Family Limit \$83)	Family Contribution \$45 (Family Limit \$121)	Family Contribution \$60 (Family Limit \$159)	Family Contribution \$75 (Family Limit \$197)	Family Contribution \$90 (Family Limit \$235)
1	\$0-1005	\$1006-1307	\$1308-1628	\$1629-1949	\$1950-2271	\$2272-2592	\$2593-2913
2	\$0-1353	\$1354-1759	\$1760-2169	\$2170-2579	\$2580-2989	\$2990-3399	\$3400-3809
3	\$0-1702	\$1703-2213	\$2214-2711	\$2712-3210	\$3211-3708	\$3709-4207	\$4208-4705
4	\$0-2050	\$2051-2665	\$2666-3252	\$3253-3839	\$3840-4427	\$4428-5014	\$5015-5601
5	\$0-2398	\$2399-3117	\$3118-3793	\$3794-4469	\$4470-5145	\$5146-5821	\$5822-6497
6	\$0-2747	\$2748-3571	\$3572-4336	\$4337-5100	\$5101-5865	\$5866-6629	\$6630-7394
7	\$0-3095	\$3096-4024	\$4025-4732	\$4733-5439	\$5440-6147	\$6148-6854	\$6855-7562
8	\$0-3443	\$3444-4476	\$4477-5127	\$5128-5778	\$5779-6428	\$6429-7079	\$7080-7730
9	\$0-3791	\$3792-4928	\$4929-5522	\$5523-6116	\$6117-6710	\$6711-7304	\$7305-7898
10	\$0-4139	\$4140-5381	\$5382-5918	\$5919-6455	\$6456-6992	\$6993-7529	\$7530-8066

* To be initially eligible for the CDC program, a family's gross monthly income cannot exceed the income limit by family size in the \$15.00 Family Contribution column. Ongoing eligibility for assistance ends if income exceeds the income limit per family size in the \$90.00 Family Contribution column. Family Contribution amounts are per child, per two-week pay period, not to exceed the family limit amount.

The Oceana County Early Learning Center will accept Child Care Subsidy.

Payment assistance is available through the state of Michigan.

Use MI Bridges to apply for assistance.

FOR OFFICE USE
 ___ PS ___ NCRESA
 ___ Excel ___ Food

Shelby Public Schools Student Residency Questionnaire

Reviewed for fall 2020

To help our school district obtain extra funding entitled through the McKinney-Vento Homeless Assistance Act, U.S.C.A. 42 Section 11302(a), please complete the following questionnaire for each student and return this form to your child's teacher along with other important enrollment information.

Unaccompanied Youth

I am a high school student living on my own. (Not living with parent or legal guardian) Today's Date: _____

My Name _____ DOB _____ AGE _____ GENDER _____ GRADE _____

Your current living address: _____ Phone Number _____

Name of person I live with: _____ a relative or a friend
(Circle One)

I moved here on _____ because: _____
(Date)

ALL FAMILIES PLEASE COMPLETE THE FOLLOWING:

Your current living address: _____ Today's Date: _____

List all children **in your family** living at this address:

Names of Children	DOB	Age	Gender	Grade
			M F	
			M F	
			M F	
			M F	
			M F	

How long have you lived at this current address? _____ years _____ months

Parent Name(s): _____ Phone Number: _____

My family owns/rents this home. ___ YES **(IF YES, STOP HERE!)** ___ NO **(IF NO, CONTINUE)**

Is this a temporary living address? ___ YES **(IF YES, CONTINUE)** ___ NO **(IF NO, STOP HERE!)**

(check all that apply)

- Temporarily shares the housing of other persons/family for convenience.
- Temporarily shares the housing of other persons/family **due to loss of our own housing or loss of job.** Name of person we live with: _____ Phone Number _____
 This person is: a relative a friend a guardian (Circle One)
- sleeps somewhere different several nights a week/month.
- lives in motels/hotels or campgrounds.
- lives in emergency or transitional shelters. (example: temporary housing due to fire/foreclosure, COVE)
- is awaiting foster care placement or just placed in foster care. Date _____
- lives in substandard housing, cars, parks, public spaces, abandoned buildings, bus or train stations, or similar settings.

SCHOOL USE ONLY

Please forward this form to the school homeless liaison, Karen Fraass, at Thomas Read Elementary.

The student is homeless according to the McKinney-Vento Homeless Assistance Act. ___ YES ___ NO

If yes, the following enrollment requirements are waived under McKinney-Vento

- Proof of residency [Section 721(1)]
- Supervision of parent/guardian [Section 722(4)]
- Proof of immunizations (attendance may be delay until proof obtained or first immunizations administered)
- Proof of birth record (must obtain within 30 days of enrollment)
- Student records/transcript [Section 722(5)]

PARA USO ESCOLAR SOLAMENTE

Food NCRESA
Excel PS

Reviewed for fall 2020

Shelby Public Schools Cuestionario de Residencia Estudiantil

Para ayudar a nuestro distrito escolar a obtener fondos extra a través del Acto McKinney-Veto Homeless Assistance, U.S.C.A. Sección 11302(a), por favor llene el siguiente cuestionario para los estudiantes en su hogar y regrese esta forma a la maestra de su hijo con cualquier otra información de inscripción importante.

Unaccompanied Youth

soy un estudiante de la preparatoria y vivo solo/a. (no viviendo con padres o guardián) Fecha de hoy: _____
Nombre _____ DOB _____ edad _____ sexo ___M ___F grado _____
Su más reciente dirección de Casa: _____ Numero de teléfono: _____
Nombre de personas/familia con quien comparten su casa: _____ un familiar un amigo
(circule uno)
Comencé a vivir aquí en la _____ por qué: _____
(fecha)

Todas las familias favor de completar lo siguiente:

Su más reciente dirección de Casa: _____ Fecha de Hoy: _____

Nombre todos los niños de su familia viviendo en esta casa:

Nombre de niño/as	Fecha de Nacimiento	Edad	Sexo	Grado
			M F	
			M F	
			M F	
			M F	
			M F	

¿Cuánto tiempo ha vivido en esta dirección? ____ años ____ meses

Nombre de padres: _____ Numero de teléfono: _____

Nuestra familia somos dueños/rentamos nuestra casa. ____ si (**en caso que si parar aquí**) ____ no (**si no, continuar**)

¿Es esta dirección temporalmente? ____ si (**en caso que si, continuar**) ____ no (**si no, en caso que si parar aqui**)

(marque todos los que apliquen a su familia)

- temporalmente comparte la casa con otras personas/familias por conveniencia
- temporalmente comparte la casa con otras personas/familias **por perdida de casa/empleo.**

Nombre de personas/familia con quien comparten su casa: _____

Esta persona es: un familiar un amigo un guardián solos (circule uno)

¿En qué mes/año se mudo a esta dirección? _____

- duerme en un lugar diferente varias noches de la semana/mes.
- vive en moteles o lugares para acampar.
- vive en refugios de emergencia o transicionales. (Ejemplo: vivienda temporaria dado a fuego, COVE)
- esta esperando ser colocado en foster care o fue puesto en foster care. Fecha _____
- vive en hogares deficientes, carros, parques, espacios públicos, edificios abandonados, estaciones de autobuses o trenes, u otro arreglo parecido.

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