


**CHILD INFORMATION RECORD**  
**STATE OF MICHIGAN**  
 Department of Human Services  
 Office of Children and Adult Licensing

Date of Admission		Allergies					
Date of Discharge							
Name of Child (Last, First, Middle Initial)				Address (Number and Street, Building/Apartment Number)			
Child's Date of Birth		Home Phone (    )		City		State	Zip Code
Father/Legal Guardian's Name		Home Phone		Mother/Legal Guardian's Name		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
Employer/School Name				Employer/School Name			
Email				Email			
City		State	Zip Code	City		State	Zip Code
Employer/School Phone (    )		Daily Work/School Times		Employer/School Phone (    )		Daily Work/School Times	
Name(s) of Person other than Parent or Legal Guardian to whom child may be released							

I give permission to _____, licensed by the Department of Human Services (Provider's Name) to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.				
Signature of Parent or Guardian				Date Signed
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number (    )		
Address of Child's Physician or Health Clinic		Name of Health Insurance Carrier		
Hospital Preferred for Emergency Treatment		Health Insurance Policy Number		
Special Needs:		Date of Last DTaP (Diphtheria, tetanus, pertussis) Shot		
Name of Local Person to be Notified in an Emergency When Parents Not Available		Local Address of Emergency Person		
Home and/or Cell Phone (    )	Work Number (    )	City, State		Zip Code
Special Instructions:				
Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.				AUTHORITY: Act 116 of P.A. 1973 COMPLETION: Required PENALTY: Rule Violation Citation.



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**Exemplar Academy:**  
26727 Goddard Road  
Taylor, MI 48180  
(734) 941-7742

**Quest Academy:**  
24745 Van Born  
Taylor, MI 48180  
(313) 299-0534

**Business Office:**  
47845 Denton Road  
Belleville, MI 48111  
(734) 697-1566  
[www.mandmextracare.com](http://www.mandmextracare.com)

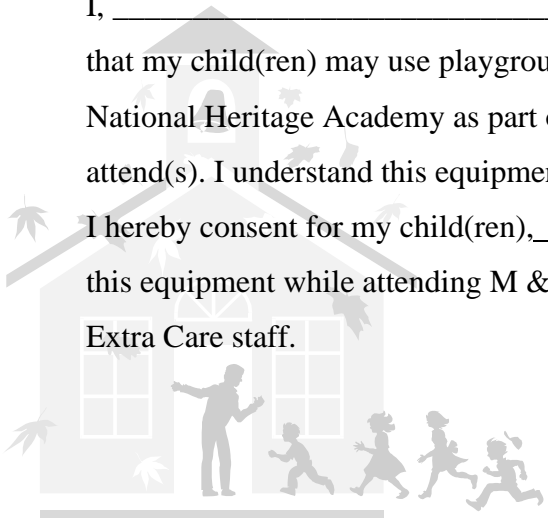
# M & M Extra Care

## CONSENT FOR USE OF PLAYGROUND EQUIPMENT

M & M Daycare, Inc, d/b/a M & M Extra Care, operates in National Heritage Academies' school buildings. As part of regular programming, M & M Extra Care has access to and use of playground equipment during hours of operation. Playground equipment at NHA schools is maintained by each school and meets the standards set forth by NHA and local Department of Education regulations. M & M Extra Care has no role in the selection or maintenance of this equipment. As such, it is possible that playground equipment may not meet the standards laid forth in Rule 400.5117 of the Licensing Rules for Child Care Centers. This information is provided to parents in accordance with Public Act 116 and the State of Michigan Department of Human Services Rules for Child Care Centers.

I, \_\_\_\_\_ (Parent/Guardian Name) understand that my child(ren) may use playground equipment provided on the grounds of the National Heritage Academy as part of the M & M Extra Care program he/she/they attend(s). I understand this equipment is maintained by NHA and not M & M Extra Care.

I hereby consent for my child(ren), \_\_\_\_\_ to use this equipment while attending M & M Extra Care and under the supervision of M & M Extra Care staff.



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

\_\_\_\_\_  
Date

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**Business Office:**  
47845 Denton Road  
Belleville, MI 48111  
(734) 697-1566  
mmextracare@sbcglobal.net

# M & M Extra Care

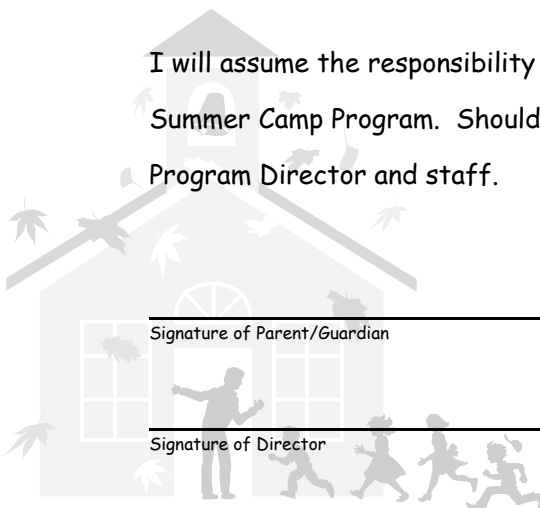
## Parental Health Statement

I attest to the fact that my child \_\_\_\_\_ is in good physical health, there are no changes in his/her physical condition since receiving a physical on \_\_\_\_\_ (date), and his/her immunizations are up-to-date. My child's school, \_\_\_\_\_, has a copy of said immunization records on file.

He/she is physically able to participate in the activities involved in the Before/After School or Summer Camp Program, and is free from any illness or communicable disease at this time.

His/her specific limitations include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I will assume the responsibility for my child's health while in Before/After School Care or Summer Camp Program. Should any of the above conditions change, I will promptly notify the Program Director and staff.



\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Signature of Director Date

**Note to Parents:**

*\*This statement is only applicable to participants in our program who are of school age. Licensing guidelines require our preschool students to present a doctor's report of health in order to participate in our program.*



## Parent Notification of the Licensing Notebook Requirement

Child Care Organizations Act, 1973 Public Act 116

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

I have read the above statement issued by \_\_\_\_\_.  
Name of Child Care Center

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_