

2021-2022 State Licensing Requirements PRESCHOOL STUDENTS ONLY



MONROE CATHOLIC
ELEMENTARY SCHOOLS

Student **Last Name:**

Gender: F M

Student **Last Name:** _____ **First Name:** _____ **Middle Name:** _____

Street: _____ **City:** _____ **Zip:** _____ **Phone:** _____

Date of Birth: _____

Student Lives With: Both Parents Mom Dad Other: _____

Custody Arrangements (if Applicable): _____

Health Care and Topical Nonprescription Permission Form

My child's immunization records are *on file* and *up-to-date* records at school: Yes No

My child's known medical conditions are: _____

My child has the following physical activity restrictions: _____

- A signed form is required by a physician

Known allergies (Not seasonal): _____

My child takes the following medication daily: _____

- A signed **Release of Medication Form** must be on file **and** signed by a physician (**this includes over the counter medication**)
- Please see **the handbook** for further information

Field Trips

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from Monroe Catholic Elementary School and/or Parish.

Name of Event: School Year Activities

Destination: St. Michael Campus and Church, Front St., O'Brien St., and Island St.

Designated Supervisor of Activity: MCES Childcare Staff

Date and Time of Departure: Various times throughout the school year multiple times daily

Method of Transportation: Walking

Student Cost: 0

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*****STATEMENT OF CONSENT*****

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release **MCES** School and/or Parish, the Roman Catholic (Arch)diocese of **Detroit**, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

Photo Release

I do **I do not** Give **Monroe Catholic Elementary Schools (MCES)** permission to use photographs of my child / ren, taken during class time, playground time, school functions, and field trips. These photos will be used internally (classrooms, hallways, for teacher education, and historical record). I also understand that all photos will be available for review.

I do **I do not** Give **Monroe Catholic Elementary Schools (MCES)** permission to use photographs of my child / ren to be used on the school website, in brochures, or other means of publicity. I also understand that my child **will not** be identified by name when photos are used for publicity purposes.

Illness Policy

If your child becomes ill at school parents will be notified by phone and your child will be excluded for the remainder of the day and wait in the office for pick up. If you are unable to be reached, the staff will begin to call other approved emergency contacts on the card. **Please see handbook for further information.**

Injury Policy

Staff will assess and provide first-aid such as ice, band aide, etc. If further care is needed, the parent will be notified by phone. For any injury an accident report will be filled out by a staff member and the parent will be notified by phone or in person. If any head injuries should occur, parents will be notified by phone from an MCES staff member. **Please see handbook for further information.**

Parent Notification of the Licensing Notebook

Child Care Organizations Act, 1973 Public Act 116 Michigan Department of Human Services

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.

- The 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 at least the past two years are available on the Department of Children and Adult Licensing website at www.michigan.gov/michildcare.

***I have read the above statement issued by St. Michael's School.**

Acknowledgement

***The link to the MCES handbook is: <http://www.mcesmonroe.com/early-childhood-parent-handbook.html>**

I acknowledge that I have read the policies and information contained in the MCES Early Childhood handbook. I understand that the contents there in are part of a cooperative agreement between parents and school to ensure a quality education and care for my child. I agree to share the information form in this handbook with those who play a role in my child's experience at MCES.

Print Mother's Name

Mother's Signature

Date

Print Father's Name

Father's Signature

Date