



St. Peter Lutheran School

Summer SPLASH Information Record

Only NEW families to Summer SPLASH who do not have children attending St. Peter need to fill out this form.

State of Michigan Department of Human Services - Bureau of Children and Adult 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			
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	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 Special Instructions (Attach additional sheets, if necessary.)			
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.	()

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

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
Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, 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: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

Name child goes by: _____

Baptism Date: _____

Parents' Marital Status: _____

Church Membership: _____

Names and ages of siblings: _____

Are there any special custody issues? (please attach any court orders) _____

Please read, sign and date the following statements:

My child, _____ is in good health and any restrictions are noted on the front of this registration form. My child's immunizations are up to date and I have provided the record or waiver to St. Peter or it is on file at my child's school. I assume responsibility for the child's state of health while at St. Peter Toddler Care. I also understand that I will be notified immediately if anything unforeseen in this regard occurs.

I have read and agree to the conditions of St. Peter Parent Handbook and the Toddler Care Guidelines. This includes: criteria for admission and withdrawal, schedule, fee policy, discipline of children, nutrition and food program, program philosophy, daily schedules, etc.

I will provide snacks and meals for my child.

I understand and will support the purpose and philosophy of St Peter Toddler Care. I look forward to my partnership with St. Peter in its programs, educational activities and fellowship events.

The center maintains a licensing notebook of all licensing inspection reports, special investigation reports, and all related corrective action plans. The notebook is available to parents for review during regular school hours. Licensing inspection reports from the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

Please check your choices below:

I give my permission for St. Peter to use pictures of my child:

_____ for classroom use and on displays internally within the St. Peter Lutheran School building.

_____ for external use on social media and in brochures, displays or other advertisement.

Furthermore, I consent that such photographs and or videos shall be the property of St. Peter, which has the right to duplicate, reproduce and make other uses as they deem necessary within the parent's choices for use.

Please select the ethnicity of your child: _____ Hispanic or Latino _____ Not Hispanic or Latino

Please select one of more racial designations of your child: __ American Indian or Alaskan Native __ Asian

__ Black or African American __ Native Hawaiian or Pacific Islander __ White

Parent Signature

Date

Information below is for reporting purposes only (to St. Peter Lutheran Church Missouri Synod, State or Federal Agencies):
In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.