



IMMACULATE CONCEPTION CATHOLIC SCHOOLS

29500 Westbrook • Warren MI 48092

(586) 574-2480 • Fax (586) 574-3497 • www.icschoolswarren.org

Immaculate Conception Preschool Registration Checklist 2022-2023

Dear Parents,

Thank you for completing our new online application! There are a few forms we must ask you to review and complete on paper. You can use this convenient checklist to remember those important registration documents! Remember, a new registration packet should be completed for each child being registered.

For your child to be registered at Immaculate Conception Preschool, the following forms must be completed and returned to the Main Office:

- ☐ \$300 Registration Fee. *Per child, non-refundable.* Cash or check – “IC Schools”
- ☐ \$100 Health & Safety Fee. *Per child, non-refundable.* Cash or check -- "IC Schools"
- ☐ Current Immunization Record (Please present the original. A certified English translation is required, if issued in another language.)

or **State of Michigan** Waiver

➤ **A *NEW* waiver is required upon entering each of the following: Preschool, Kindergarten, 7th grade, and NEW-to-IC students entering any grade**

- ☐ Tuition Contract (1 per family)
- ☐ Medical Treatment Release Form
- ☐ Concussion Awareness Acknowledgment
- ☐ State of MI Child Information Record (completely filled out, **no** blank lines please)
- ☐ Health Appraisal Form Signed by Physician (front & back, with vision and physical)
- ☐ Topical Medication Permission and Instruction Sheet
- ☐ Health Records Confirmation Form
- ☐ State of Michigan Consent for Disclosure of Immunization Information to Local & State Health Departments (Please read carefully. Optional)
- ☐ Licensing Notebook Acknowledgment
- ❖ Release for Dispensing of Medication (Please keep for your files **in case/until** medication is needed during the school year.)

The following **originals** must be presented to the Main Office so a copy may be placed on file:

- ☐ Baptismal Certificate
- ☐ Birth Certificate (Please present the original. A certified English translation is required, if issued in another language.)
- ☐ Parents' Driver's License or State ID/Passport

YOUR CHILD WILL NOT BE CONSIDERED REGISTERED UNTIL ALL FEES AND FORMS HAVE BEEN RECEIVED.



Immaculate Conception Catholic Schools

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Tuition Contract 2022-2023

Please return completed contract to IC Schools Main Office

Family Name: _____

☐ NEW Family ☐ Returning Family

1. Student Name: _____ Grade: _____
2. Student Name: _____ Grade: _____
3. Student Name: _____ Grade: _____

Preschool ONLY

☐ Preschool Part Time

☐ Preschool Full Time

REGISTRATION FEE — Non-refundable

Registration Fee, Preschool & K-8 \$300 per child

Health & Safety Fee, Preschool & K-8 \$100 per child

2022-23 PRESCHOOL TUITION

Full-Time \$5,100 per child

Part-Time \$4,100 per child

2021-2022 K-8

FUNDRAISING COMMITMENT — ALL Families: PS, K-8

Benefit Banquet Purchase 2 banquet tickets at \$75ea OR donate \$150
Bengal Raffle Sell/purchase \$100 in raffle tickets

	PARISHIONER	NON-PARISHIONER
1 Student	\$4,700	\$6,500
2 Students	\$8,100	\$11,000
3 Students	\$10,900	\$15,200
4+ Students	- contact Main Office	

Preschool Monthly Tuition Payment Plan

Full-Time Preschool: 10 Month Plan — \$510 month

Part-Time Preschool: 10 Month Plan — \$410 month

K-8 Monthly Tuition Payment Plans

Parishioner/Non-Parishioner	1 student	2 students	3 students
10 Month Plan	\$470/\$650 month	\$810/\$1100 month	\$1090/\$1520 month
12 Month Plan	\$392/\$542 month	\$675/\$917 month	\$908/\$1267 month

➤ For families with more than one child registered at IC Schools, a 5% discount will be applied to the PRESCHOOL student only.

➤ Parishioner Rate is granted to families deemed to be members in good standing by Immaculate Conception or St. Josaphat Ukrainian Catholic Churches.

Service Commitment for Families with Students in K-8

- Each family must complete **25 service** hours at specially designated school functions.
- OR families may choose to fulfill their service hour commitment by paying a \$750 service fee.
- For families in the Sponsor A Child Program, **50 service hours per family** must be completed.
- Any incomplete service hours will be billed at \$30 per hour.

I/We understand these fees and requirements and agree to abide by them.

Parent 1 Initials

Parent 2 Initials

PAYMENT OPTIONS

☐ 10 Month Payment (Preschool, K-8)

- First payment is due July 1
- Final payment is due April 1
- \$25 fee applied for all returned checks

☐ 12 Month Payment (K-8 ONLY)

- First payment due July 1
- Final payment due June 1
- \$25 fee applied for all returned checks

PAYMENT AGREEMENT

I/We, the undersigned, have read and understand the Terms & Conditions of this Agreement and as stated in the Parent-Student Handbook for the enrollment of students listed. I/We agree to abide by said terms and conditions and agree to fulfill the total financial obligation for payment of tuition as set forth. I/We understand that if tuition is in arrears, that sanctions listed in the Terms & Conditions may be imposed including the retention of all student records, diplomas, report cards, etc. until my account is brought up to date.

Signature of Parent/Guardian/Responsible Party

Please Print Name

DATE

Signature of Parent/Guardian/Responsible Party

Please Print Name

DATE



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Tuition Contract Terms & Conditions

Please retain a copy for your records

Payment of Tuition

1. Tuition for the **2022-2023** School Year shall be paid in full by the due date in accordance with the Tuition Payment Plan
2. To receive the Parishioner Rate, families must be deemed to be a member in good standing with either Immaculate Conception or St. Josaphat Ukrainian Catholic Churches, which includes a minimum, total, yearly donation of \$500 by December 31st.
3. If a Tuition payment is 45 days overdue, the School may impose any or all of the following sanctions, at the School's sole discretion, unless special arrangements have been made in writing by the designated School Administrator. Sanctioned actions include:
 - A. Assess late fees
 - B. Withhold Academic Records
 - C. Disallowing student's participation in sports or other School activities
 - D. Withdrawing students from class participation
 - E. Withholding student from School
 - F. Use of a collection agency
 - G. File a claim in court
4. Any family with an unpaid Tuition and/or fees balance for the current School Year will not be allowed to register for the **next** School Year until the current year's Tuition and fees are paid, unless special arrangements have been made in writing and signed by the designated School Administrator. School records, diplomas, and/or transcripts will not be released until all Tuition and other charges have been paid in full.
5. If one parent signs the Tuition Contract when married, both are liable even if court documents specify who will pay; if one parent signs the Tuition Contract after they are divorced, only that parent is liable; if someone other than a parent signs the Tuition Contract, neither parent is liable for Tuition.

Additional Fees

5. **ALL families, Preschool AND K-8**, at Immaculate Conception is required to complete 25 volunteer hours per year. Families participating in the Sponsor A Child program are required to complete 50 service hours per year per family. Families may elect to fulfill their volunteer requirement by paying a \$750 service fee.
6. Service hours may only be completed at designated IC Schools events. Any incomplete service hours may be purchased for \$30 per hour.
7. **ALL families PS, K-8**, are responsible for the annual Fundraising Fee of \$150 per family or the purchase of 2 Benefit Banquet tickets at \$75 each. **All families PS & K-8** are also required to sell or purchase \$100 in Bengal Raffle Tickets.
8. Families with students in Kindergarten and/or in 8th Grade will be assessed Graduation Fees. All fees will be determined by the Principal. Kindergarten and 8th Grade Graduation Fees are due by April 30th.
9. Prepaid Tuition will only be refunded in full if written notice of cancellation is received by the School at least 10 days before the first day of classes for the 2022-2023 School Year are scheduled to start. The Registration Fee and COVID Health & Safety Fee are NON-REFUNDABLE.

Refunds

10. Once the School Year begins, families with students withdrawing PRIOR to the 15th of the month will receive 50% of the monthly Tuition fee paid. After the 15th of the month, there will be NO refund.
11. If a student is asked to leave or withdraw from School at any time during the School Year, the undersigned remains responsible for the student's annual Tuition which will be prorated through the end of the month in which student withdraws.
12. Tuition Refund Policy does not apply to and no tuition refund will be made due to: change or ability of the School to operate and provide formal academic instruction, including closure for any reason such as by local, State, and/or Federal order; closure due to weather conditions; closure due to building problems such as lack of electricity or water; absences due to family vacation and/or travel including any quarantine requirements upon return.

General Terms and Conditions

13. ALL STUDENT RECORDS, DIPLOMAS, REPORT CARDS, ETC. ARE THE PROPERTY OF IMMACULATE CONCEPTION UKRAINIAN CATHOLIC SCHOOLS. Per policy outlined in the Parent-Student Handbook, School Administration reserves the right to withhold any or all of these records until all financial responsibilities outlined in this Contract are fulfilled.
14. Prior to completing the registration process, payment the non-refundable registration fee in the amount of \$300 per student in Preschool and K-8 and the \$100 COVID Health & Safety fee per student in Preschool and K-8 is required. These fees are NON-REFUNDABLE.
15. The terms and conditions of the School's enrollment attendance policies, and all other policies which may be provided to the student are hereby incorporated into this Agreement.
16. It is further understood that the student and student's parents/guardians will abide by the policies and guidelines as documented in the Parent-Student Handbook.
17. To qualify for PARISH-SUBSIDIZED TUITION RATES, a family must be registered at the parish office of either Immaculate Conception or St. Josaphat Ukrainian Catholic Churches. Parish-subsidized status is reviewed yearly and subject to change.
18. **RETURNED CHECKS: All returned checks will incur a \$25 fee.** If two checks are returned for insufficient funds, IC Schools will no longer accept personal checks and you will be required to pay in cash or with a certified check from a local bank.
19. I/We understand that the School will not reserve a place for my/our student for the **2022-23** School Year until after I/We have returned a completed and signed Tuition Contract, plus the registration fees. I/We further understand that my/our student's eligibility for enrollment is conditioned upon his/her successful completion of the current School Year and upon full payment of all Tuition and fees owed for the current and/or prior School Years.
20. I/We understand that the School reserves the right to deny enrollment and/or expel any student it determines is unsuitable for enrollment.

IC Schools 2022-2023 PRESCHOOL Application

Гаряча лінія допомоги з реєстрацією:

П.Оксана Гончарук

sianna30@hotmail.com або

за телефоном: 313.283.1845

We're excited you'd like to join us at Immaculate Conception Catholic Schools -- WARREN, MI! Whether your child is joining us a Bengal Cub in our Preschool or readying for high school in our Academy, this is a positive step towards a bright future. Begin the application process here. Please note: Additional documents will be required to complete the process. This application must be completed by a parent or legal guardian. One application PER CHILD. Registration is not considered complete until all information, forms, documents, and registration fees are received. Thank you!

* Required

1. Email *

To be enrolled in our Preschool program:

*Children must be at least two years (2) and nine months (9) by their first day of school. Parents must complete and return an admissions waiver.

*All students will be sorted by date of birth (birthday) for class placement.

*IC Schools Administration will determine final classroom placement and teacher assignment.

*Students enrolling after March 31 will repeat that level the following year.

*Students turning five (5) years of age by the following September 1st will be eligible for Kindergarten regardless of current class placement.

2. Bengal Family Status *

Mark only one oval.

☐ Returning Family - This student or a sibling attended IC Schools for any period of time last school year or this school year

☐ NEW Family - No child in this family has been enrolled at IC Schools for any length of time in this school year or last school year

3. STUDENT FIRST NAME *

4. STUDENT MIDDLE NAME

5. STUDENT LAST NAME *

6. Date of Birth *

Example: January 7, 2019

7. Age *

8. What education programs, if any, has the student attended in the past? *

Mark only one oval.

- ☐ School-based preschool program including Headstart
- ☐ Day care
- ☐ In-home day care
- ☐ None

9. If you child attended another school, please provide the name and address. If you child did NOT attend another preschool program, please write NONE. *

10. Gender *

Mark only one oval.

☐ Female

☐ Male

11. Place of Birth - City, State and/or Country *

12. Street Address - include Apt or Unit # *

13. City *

14. State *

15. Zip Code *

16. Primary Language/s Used At Home. If OTHER, please note what languages. *

Check all that apply.

☐ English

☐ Ukrainian

Other: ☐ _____

Parent/Guardian Information

17. MOTHER's/Guardian 1 First Name *

18. MOTHER's/Guardian 1 Last Name *

19. MOTHER'S Maiden Name *

20. Birthplace - City and State or Country *

21. Citizen? *

Check all that apply.☐ Yes☐ No

22. Occupation *

23. Place of Work *

24. Mother's Preferred Language *

25. HOME Cell/Phone *

26. WORK Cell/Phone *

27. eMail *

28. FATHER's/Guardian 2 First Name *

29. FATHER's/Guardian 2 Last Name *

30. Father's Preferred Language *

31. FATHER's Birthplace - City and State or Country *

32. Citizen? *

Mark only one oval.

☐ Yes

☐ No

33. Occupation *

34. Place of Work *

35. HOME Cell/Phone *

36. WORK Cell/Phone *

37. eMail *

38. Parent/Guardian Information: Child lives with... *

Check all that apply.

- ☐ Both Parents
- ☐ Divorced, joint custody (IF DIVORCED OR SEPARATED, A COPY OF THE CUSTODY AGREEMENT MUST BE FILED WITH IC'S MAIN OFFICE)
- ☐ Father/Stepmother
- ☐ Mother/Stepfather
- ☐ Father ONLY
- ☐ Mother ONLY
- ☐ Legal Guardian
- ☐ Court Placed
- ☐ Relative
- ☐ Foster Home

**Attendance
Options**

Please indicate when your child will be attending preschool. Please note: Immaculate Conception Preschool does not offer "drop-in" or day-by-day options. Enrollment is for the school year and tuition is charged accordingly.

39. My child will be attending IC's Preschool... (choose only ONE)

Mark only one oval.

- ☐ Full Time: 5 full days per week, Monday-Friday, 7:50A-3:00P
- ☐ Part Time: 3 full days per week, Monday/Wednesday/Friday, 7:50A-3:00P
- ☐ Part Time: 5 half days per week, Monday-Friday, 7:50A-11:30A (dismissed before lunch)

**Potty
Training**

ALL THE CHILDREN ENTERING OUR PRESCHOOL MUST BE FULLY POTTY TRAINED. DISPOSABLE PULL-UP UNDERGARMENTS ARE NOT PERMITTED.

While we understand occasional help may be required for snaps, buttons, and zippers, children must be able to independently take care of their personal bathroom needs. We also understand that accidents will happen, and staff will help children change into dry clothing when necessary. If accidents occur on a regular basis, it will be clear that the child is not yet fully toilet trained. Should this happen, the child will need to be withdrawn from the program until he or she becomes fully trained.

Why do children have to be potty-trained before they begin preschool?

--IC Preschool and Kindergarten are school settings, not daycare centers.

--There are strict standards for changing and disposing of wet or soiled diapers.

--The classrooms are not equipped for diaper changing.

--When an adult is busy changing a child's diaper or soiled clothing, it is taking away from learning time for all students and it removes at least one adult from the direct supervision of and interaction with the rest of the class.

We do understand that even potty-trained children will occasionally have toileting accidents. By definition, "accidents" are unusual incidents and only happen infrequently. In these instances, staff will help children to change their clothes, encouraging independence as much as possible.

Along with regularly scheduled bathroom breaks, IC Staff will ask your child many times throughout the day if s/he needs to use the bathroom. A staff member will assist children as needed, but children should be able to complete toileting activities independently. This is an issue which protects all concerned.

It is not uncommon for a child who is fully potty-trained to have a setback when s/he is in a new environment. Staff are aware of this and will assist the children when necessary. Please dress your child in clothing that can be undone and changed easily. Please send a complete change of clothes appropriate for the season. These will be left at school in case of accidents, and returned as needed and/or at the end of the school year. Parents will be notified if a child has a toileting accident.

40. In accordance with the IC Potty-Training Policy, I verify my child can do ALL of the following:

Check all that apply.

☐ Communicate to the teachers that s/he needs to go to the restroom before they need to go.

☐ Alert him/herself to stop what s/he is doing, to go and use the bathroom.

☐ Pull down his/her clothes and get them back up without assistance.

☐ Wipe him/herself after using the toilet. (With minimal assistance for 3 year olds.)

☐ Get on/off the toilet by him/herself.

☐ Wash and dry hands.

☐ Postpone going if they must wait for someone who is in the bathroom or if we are away from the classroom.

☐ Awaken during nap time should they need to use the bathroom.

☐ I understand students with recurrent toileting accidents may be asked to remain home and/or withdraw from the Early Childhood Program, in accordance with policies outlined in the Parent-Student Handbook.

41. Electronic Signature of Parent *

42. I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Potty Training Policy. *

Check all that apply.☐ I Agree**Special Needs --
MEDICAL**

Please note any special circumstances (medical or otherwise) to which the school should be alerted.

43. Special Circumstances: (If none, write NONE)

44. ALLERGIES -- Mark ALL that apply *

Check all that apply.

- ☐ Asthma
- ☐ Bee/Wasp Sting Allergy
- ☐ Diabetes, Type I
- ☐ Diabetes, Type II
- ☐ Epi Pen
- ☐ Glasses/Corrective Lenses
- ☐ NUT/Peanut Allergy
- ☐ Rescue Inhaler
- ☐ NONE

Other: ☐ _____

Special Needs -- ACADEMIC

45. Does the student require learning accommodations? *

Check all that apply.

☐ Yes

☐ No

46. If yes, please explain...

Background

47. Faith of Mother *

Mark only one oval.

☐ Catholic

☐ Orthodox

☐ Christian, Non-Catholic

☐ Other

48. Faith of Father *

Mark only one oval.

- ☐ Catholic
- ☐ Orthodox
- ☐ Christian, Non-Catholic
- ☐ Other

49. Faith of Student *

Mark only one oval.

- ☐ Catholic
- ☐ Orthodox
- ☐ Christian, Non-Catholic
- ☐ Other

50. Student Sacraments Completed *

Check all that apply.

- ☐ Baptism
- ☐ First Communion
- ☐ First Confession
- ☐ None
- ☐ N/A

51. Parish *

Mark only one oval.

- ☐ Immaculate Conception Ukrainian Catholic Church - Hamtramck
- ☐ St. Josaphat Ukrainian Catholic Church - Warren
- ☐ Other Ukrainian Catholic Church
- ☐ OTHER Catholic Church
- ☐ OTHER Christian Church
- ☐ Other
- ☐ None

52. Race/Ethnic. Check all that apply.

Check all that apply.

- ☐ American Indian/Alaskan
- ☐ Asian/Pacific Islander
- ☐ African American
- ☐ Hispanic
- ☐ White, Non-Hispanic
- ☐ Multi Racial

53. Was the student born outside the USA? *

Mark only one oval.

- ☐ Yes
- ☐ No

54. If the student was born outside of the USA, when did the student arrive in the USA?

55. If YES, type of visa:

56. If YES, citizen?

Mark only one oval.

☐ Yes

☐ No

57. Student's Background - Choose only ONE *

Check all that apply.

☐ STUDENT was BORN in UKRAINE

☐ STUDENT was NOT born in Ukraine, but mother and/or father was born in Ukraine

☐ Student and mother & father were NOT born in Ukraine, but are of Ukrainian descent

☐ Our family is NOT of Ukrainian descent

Authorization to Use Student Images

1. Immaculate Conception Ukrainian Catholic Schools engage in various correspondence with parents, students, faculty and members of the community regarding education, the School, its mission and its educational and other activities, including maintaining a website on the Internet; publishing a parish and/or School bulletin and/or newsletter or brochure; publishing articles in community newsletters; producing videos or DVD's; etc. (collectively, "Publications").
2. In connection with the Student's attendance at Immaculate Conception Schools and participation in School events and activities, or as part of Student's school work or extracurricular activities, Student may create drawings, artwork, etc., stories, essays, poems, reports and other writings or Parents may provide to the School, or the School may create or have created, certain audiotapes, videotapes, photographs, drawings, or other materials which contain the likenesses of the Student (collectively, "Images").
3. Parents authorize the School to use, display, adapt, copy, modify and post any such Images, now or in the future, as the School deems appropriate, in Publications.
4. Parents understand and agree that there will be no compensation of any kind provided to Parents or the Student by the School, or by any third party, for the Images for this Authorization and rights granted to the School by the Parents.
5. Parents or Students may cancel this Authorization at any time by providing written notice to the School at 29500 Westbrook, Warren, Michigan 48092. In addition, Parents may, at any time, direct the School in writing at the same address to remove any particular Image from its website. Within a reasonable time after such direction, the School will remove the Images of the Student from its website and delete them from future Publications.
6. The School will not be liable to the Parents and/or the Student, regardless of the form of action or theory of recovery, for any direct, indirect, incidental, consequential, special, punitive, or exemplary damages in connection with, or in any way related to, this Authorization or the School's use of the Images of the Student authorized in this Authorization.
7. Parents have read and understand this Authorization and have made this Authorization based solely on their judgment and not on any representations or promises from the school. This Authorization constitutes the entire agreement with respect to the School's use of the Images. This Authorization may be amended or supplemented only by a writing signed by the School Parents.

58. Parents are the parents or legal guardians of the child, identified below who is a student at Immaculate Conception Ukrainian Catholic Schools ("Student"). ENTER STUDENT NAME: *

59. I give my consent to Immaculate Conception Ukrainian Catholic Schools and its School Board, committees, agents and assigns to use student's name and likeness to promote the Immaculate Conception Ukrainian Catholic Schools program, its fiscal agent, and/or their activities. *

Check all that apply.

☐ Yes

☐ No

60. Electronic Signature of Parent *

61. I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Authorization to Use Student Images. *

Check all that apply.

☐ I Agree

Release of
Liability &
Hold
Harmless
Agreement

AGREEMENT, made in the city of Warren, state of Michigan, on the date below, between ORDER OF ST. BASIL THE GREAT OF THE STATE OF MICHIGAN, a Michigan Ecclesiastical Corporation ("OSBM"), IMMACULATE CONCEPTION UKRAINIAN CATHOLIC SCHOOL ("ICUCS"), and "Parent" (listed below).

WHEREIN IT IS MUTUALLY AGREED AS FOLLOWS:

1. That OSBM is the owner of property located at 29500 Westbrook, Warren, Michigan (the "Property").
2. That ICUCS operates a preschool through eighth grade school at the Property.
3. That the normal hours of operation for the school are 7:45 a.m. through 3:15 p.m., Monday through Friday.
4. That during the normal hours of operation, including after-hours school sponsored activities, ICUCS is responsible for and provides supervision for its school children.
5. That after 3:15 p.m., ICUCS is not responsible for providing supervision for its school children.
6. That OSBM and ICUCS has consented to allow the children to use the school field/playground after 3:15 p.m. as long as their parents are supervising in the play area.
7. That in consideration of the foregoing, the undersigned Parent agrees as follows:
 - A. To supervise his/her child/children while using the school field/playground after 3:15 p.m.
 - B. To indemnify and hold harmless OSBM and ICUCS against all loss, costs or damage on account of any injury (including death) to their child/children, or injuries caused by their child/children to other children on the field/playground, or any damage caused by their child/children to any playground equipment or other school property as a result of any related activity due to the use of the property after 3:15 p.m.

The undersigned hereby binds his/her heirs, executors, administrators, personal representatives, successors and assigns to the terms of this Agreement. The undersigned further acknowledges that he/she has read the foregoing Release of Liability and Hold Harmless Agreement, fully understands the contents thereof and signs this Agreement as his/her free act and deed. By signing my name below electronically, I agree to these terms.

62. Electronic Signature of Parent *

63. I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Release of Liability & Hold Harmless Agreement. *

Check all that apply.

☐ I Agree

Online Parental Consent & Privacy Policy

While face-to-face instruction is ideal, there may be circumstances under which our best method of educating your child is through remote instruction. Distance learning may be necessary at any time that we are required to close the building or isolate (a) class(es) or (an) individual student(s) or teacher(s) due to continuing challenges with the COVID-19 virus or under any unforeseeable circumstances such as inclement weather. During these times, Immaculate Conception Ukrainian Catholic Schools will employ the Dojo, Google Classroom, and Zoom platforms and other tools for distance learning for its students, teachers, staff, and parents. At any time, learning and study resources may also be made available using electronic means. These tools will allow us to stay in touch with you and interact with your child. We rely upon a strong partnership with our parents for success in this new way to learn.

Remote Instruction Policy: Protecting our students is a priority for Immaculate Conception Ukrainian Catholic Schools. The intent of our remote instruction policies to prevent unlawful activities by online users and to prevent the access to, and the disclosure of, your child's sensitive and personal information.

Our remote learning tools and associated applications include electronic methods of direct or indirect instruction. This may include Google Classroom, Zoom, email, instant/private messaging, virtual office hours, videoconferencing, pre-recorded lessons, and other electronic means of instruction or interaction between our teachers and students. Only students and parents are authorized to use and access our applications. Families should have no expectation of privacy while using our equipment, network, accounts, Internet access, files, or any electronic communication in a remote learning environment.

Technology use in our school is governed by laws including:

Children's Online Privacy Protection Act (COPPA): COPPA limits the ability of commercial companies to collect personal information from children under the age of 13. Advertising will be blocked and no personal student information will be collected for commercial purposes. The school's use of student information is solely for education purposes and will not be shared with Zoom, Google Classroom, or any other outside party.

Child Internet Protection Act (CIPA): We are required by CIPA to have policies and technology in place to protect students from harmful electronic materials, including those that are obscene and pornographic. No materials such as these will be allowed in any classroom, "chat," private or group setting.

Health Insurance Portability and Accountability Act (HIPAA): HIPAA applies to schools that offer healthcare services to students and sets requirements under which your child's medical care records are maintained and restrictions on the sharing of information relative to a student's medical care.

Parent & Student Responsibility

Parent acknowledges, understands, and agrees to all of the following user requirements:

- Parent will monitor and guide student activity at home, including monitoring the websites and applications that student accesses or uses.
- Parent and student will practice positive digital citizenship, including appropriate behavior and contributions during videoconference instruction and all other electronic communications. Parent/Student will not engage in behavior that disrupts the learning environment or videoconference instruction or compromises school and student safety and security.
- Parent/Student will not record any videoconference instruction. Any student violating this section shall be subject to appropriate disciplinary action.
- Parent/Student will not share personal information about themselves or others, including, but not limited to, names, home addresses, telephone numbers, birth dates, or email addresses.
- Parent/Student will abide by all laws and all School policies including this Remote Instruction Policy.

- Parent/Student will not share any passwords or classroom links with anyone, nor directly or indirectly allow another person to use them.
- Parent/Student will not access the account information of others.
- Parent/Student will log out of classroom links when online instruction has ended in order to maintain privacy and security.
- Parent/Student will not use School equipment or websites and applications associated with the school's remote learning practices to obtain unauthorized information, attempt to access information protected by privacy laws, or impersonate other users or persons.
- Parent/Student will report system security weaknesses or security events to school administrators.
- Parent will reimburse the school for the cost of repair or replacement of a lost or broken device.
- Parent/Student will, at all times, act in accordance with the school's Code of Conduct and in keeping with the tenets of the Catholic Church.

Consequences for Misuse and Inappropriate Behavior

Parent/Student who misuses the school's equipment and/or abuse the access or use of websites, applications, or other means of electronic instruction, will have their access restricted and will face disciplinary action. Such misuse may also lead to legal action.

Disclaimer

The school makes no guarantees about the quality of the electronic platform services provided and is not liable for any claims, losses, damages, costs, or other obligations arising from use of said platforms. The school reserves the right to revise its policies from time to time.

Consent

Parent acknowledges that remote instruction requires the student to be photographed, videotaped, or recorded. Parent consents to allowing student to be photographed, videotaped, or audio recorded for purposes of remote instruction and for the student's image and voice to be transmitted and viewed by other students, teachers, and others involved in the school's remote instruction, via the Internet and in diverse settings and with an unrestricted geographic area.

Acknowledgement

By utilizing and participating in the school's remote instruction program, Parent is consenting and agreeing to all of the terms of use as outlined in this document. This agreement shall continue until revoked in writing, delivered to the School Principal.

All parents need to acknowledge receipt of this document by signing below.

64. Electronic Signature of Parent *

65. I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Online Parental Consent & Privacy Policy. *

Check all that apply.

☐ I Agree

ASBESTOS: ANNUAL LETTER OF NOTIFICATION

Immaculate Conception Ukrainian Catholic Schools has had asbestos management plans prepared for our school building in compliance with the USEPA Asbestos Hazard Emergency Response Act (AHERA). These plans and subsequent updates are available for your inspection Monday through Friday during normal school hours at the Main Office.

In June 2022, a 6 Month Periodic Surveillance/Inspection, required by the AHERA regulation, was conducted at the school to re-evaluate the condition of asbestos-containing materials at the facility. The inspector also evaluated Operations and Maintenance procedures that will keep asbestos materials in good condition.

If you have any questions, please contact Mr. Matthew Bazzell, our designated person for asbestos activities.

66. Electronic Signature of Parent *

67. I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above ASBESTOS: ANNUAL LETTER OF NOTIFICATION. *

Check all that apply.

☐ I Agree

ADVISORY TO PARENTS

As required by Michigan Department of Agriculture

As part of Immaculate Conception Ukrainian Catholic Schools' pest management program, pesticides are occasionally applied. You have the right to be informed of any pesticide application made to the school grounds or buildings. In certain emergencies, pesticides may be applied without prior notice, but you will be provided notice following any such application. If you need prior notification, please complete the information below and submit to the school office.

You may contact our school office at 586-574-2480 if you have any questions regarding this notice.

68. I request prior notification be sent to me. *

Check all that apply.

☐ Yes

☐ No

69. Electronic Signature of Parent *

70. I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above ADVISORY TO PARENTS. *

Check all that apply.

☐ I Agree

Who Can Pick
Up My Child In
Case of
Emergency or
When When I
Can't?

In the event of an emergency, IC will attempt to contact the student's parents/guardians first. If we are not able to reach a parent/guardian, please list relatives or responsible adult (18 years of age or older) who will assume temporary care of student if parent/guardian cannot be reached.

Or, maybe traffic is heavy and you're stuck on the other side of town 5 minutes before dismissal. Parents get sick sometimes too. Maybe there's an after school playdate.

For the safety of our students, we require written consent for anyone else that is picking up your child from school. Photo ID must be presented at pick up.

If none, write NONE.

I give the following people permission to pick up my child from school:

71. My Child's Name: *

72. Pick Up 1: First and Last Name, Relationship to Student *

73. Pick Up 1: Phone Number *

74. Pick Up 2: First and Last Name, Relationship to Student

75. Pick Up 2: Phone Number

76. Pick Up 3: First and Last Name, Relationship to Student

77. Pick Up 3: Phone Number

78. Pick Up 4: First and Last Name, Relationship to Student

79. Pick Up 4: Phone Number

80. Pick Up 5: First and Last Name, Relationship to Student

81. Pick Up 5: Phone Number

How Did You Learn About IC Schools?

82. How did you learn about IC Schools? *

Check all that apply.

- ☐ I am an IC Schools Alumna/Alumnus
- ☐ Parishioner of IC Church or St. Josaphat
- ☐ Facebook
- ☐ IC Schools Website, www.icschoolswarren.org
- ☐ Magazine/Newspaper
- ☐ www.detroitcatholicschools.org or other AoD website
- ☐ Friend
- ☐ Community Event (Preschool Expo, Sunflower Fest, etc.)
- ☐ TV/Radio

Other: ☐ _____

What Now?

Thank you for completing this application to Immaculate Conception PRESCHOOL! We look forward to reviewing it. We will contact you through the information you provided above if we have any questions or need more information. Remember, your child/ren will not be considered "enrolled" until all forms, documents, and registration fees are received.

Do you have older children who could also benefit from an IC Schools education?

From Preschool to Kindergarten, all the way to Grade 8, IC Schools has you covered!

Interested in applying to our Kindergarten, grade school, or Academy programs? Return to our Admissions page and look for our special K-8 application. Seats are limited so don't delay!



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MEDICAL TREATMENT RELEASE FORM 2022-2023

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Address of Minor: _____ Phone: _____

Emergency Phone: _____

Reason for which release is intended: _____

Family Physician: _____ Phone: _____

Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Sign: _____ Date: _____
(Parent or Guardian)

Some common symptoms

- Headache
- Pressure in the head
- Nausea/vomiting
- Dizziness
- Balance problems
- Double vision
- Blurry vision
- Sensitivity to light
- Sensitivity to noise
- Sluggishness
- Hazy
- Foggy
- Grogginess
- Poor concentration
- Memory problems
- Confusion
- "Feeling down"
- Not "feeling right"
- Feeling irritable
- Slow reaction time
- Sleep problems
- Appears dazed and stunned
- Disoriented or confused
- Forgets an instruction

UNDERSTANDING Information for parents and students (Content meets MDCH requirements)

CONCUSSION

What is a concussion?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. It can also be caused by the shaking or spinning of the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away.

If you suspect a concussion

1. SEEK MEDICAL ATTENTION RIGHT AWAY A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports.

2. KEEP YOUR STUDENT OUT OF PLAY

Concussions take time to heal. Don't let the student return to play the day of the injury and until a health care professional says it's OK. Students who return to play too soon while the brain is still healing-risk a greater chance of having a second concussion. Repeat or second concussions can be very serious. They can cause permanent brain damage, affecting the student for a lifetime.

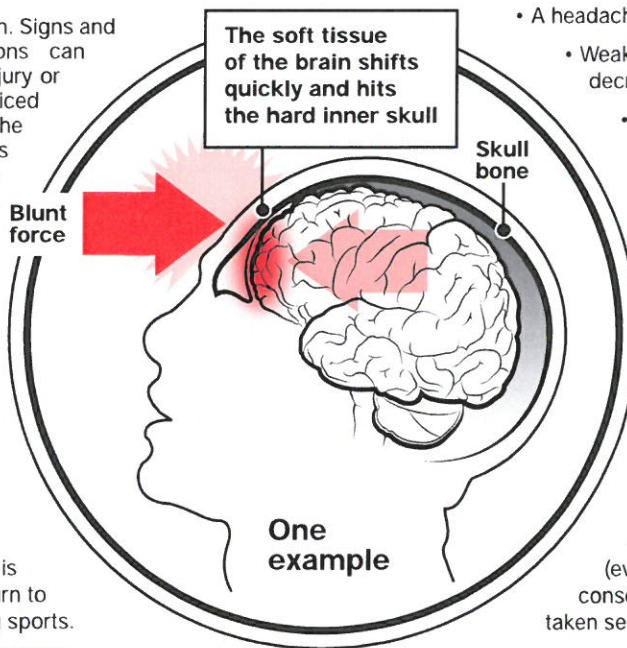
3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION

Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

Concussion danger signs

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)



How to respond to a report of a concussion

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion.

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

Sources: Michigan Department of Community Health and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

!!! WHEN IN DOUBT...SIT OUT !!!



CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and Students provided by Immaculate Conception t/krainian Catholic Schools.

School/Parish

Student Name Printed

Parent or Guardian Name Printed

Student Name Signature

Parent or Guardian Signature

Date

Date

Return this signed form to the School/Parish. The School/Parish must keep this on file for the duration of enrollment/participation and until age 25.

Students and parents should review and keep the educational materials available for future reference.



Catholic Schools
Teaching Minds. Reaching Hearts.

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.	

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.



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Immaculate Conception Preschool

TOPICAL MEDICATION PERMISSION AND INSTRUCTIONS 2022-2023

CHILD'S NAME _____

I give permission to the staff of Immaculate Conception Preschool to give or apply the following medications as needed:

_____ Neosporin

_____ Sun block (provided by parent)

_____ Insect repellant (provided by parent)

_____ Non-alcohol Hand Sanitizer

_____ other _____

All medications will be administered following the instructions on the original container.

Parent signature

Effective date



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"Excellent educational opportunity" -- Elementary School and Academy Accreditation Team

HEALTH RECORDS CONFIRMATION

2022-2023

This form is required for ALL students.

CHILD'S NAME: _____

My child is in good health with restrictions noted:

Restrictions: _____ or ☐ NONE

Parent Signature: _____

Date: _____

My child's immunizations are up-to-date.

Parent Signature: _____

Date: _____

My child's IMMUNIZATION RECORD OR **STATE OF MICHIGAN WAIVER** have been submitted to the school and are on file.

Parent Signature: _____

Date: _____

Important Message

Consent for Disclosure of Immunization Information to Local and State Health Departments

Parents,

Please review the attached **Consent for Disclosure of Immunization Information to Local and State Health Departments** form from the State of Michigan.

We ask that you review it and **return it with your response.**

Імунізація є важливою частиною збереження здоров'я наших дітей. Школи та державні та місцеві відділи охорони здоров'я повинні контролювати імунізації, щоб забезпечити усіх спільнот від потенційно небезпечних для життя захворювань та, якщо необхідно, негайно реагувати на загрозу, що постає перед суспільством. Важливо, щоб загроза захворювання була мінімізована шляхом перевірки імунізації студентів.

Спільний доступ до імунізації та індивідуальної інформації, включаючи ім'я студента, дату народження, стать та адресу місцевим і державним відділень охорони здоров'я допоможуть зберегти Вашу дитину від хворіб, які можна запобігти вакцинаціями. Закон про захист прав та приватності у сфері освіти (FERPA), 20 U.S.C. § 1232g, вимагає письмової згоди батьків, перш ніж персональна інформація з шкільних записів Вашої дитини буде розкрита відділом охорони здоров'я. Якщо дитина є віком до 18 років, батьки мусять надати згоду на розкриття інформації з шкільних документів.

Ви можете скасувати свою згоду на передачу цієї інформації в письмовій формі в будь-який час.

Прошу виконати з підписом залучену анкету, даючи школі дозвіл переслати інформації Вашої дитини місцевим відділам охорони.

IMMACULATE CONCEPTION UKRAINIAN CATHOLIC SCHOOLS

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

*I authorize **IMMACULATE CONCEPTION UKRAINIAN CATHOLIC SCHOOLS** to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.*

Student's Name: _____ Date of Birth: ____/____/____

Signature of Parent/Guardian
or Eligible Student: _____ Date: ____/____/____

Printed Parent/Guardian Name: _____

WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

Child(ren)'s Name(s) (Last, First)	Facility's Name and License Number
	Immaculate Conception Preschool
	License #DC500294867

A written information packet has been provided at the time of enrollment. The packet included all the following information (*R 400.8146 (1-2)*):

- 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, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- 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 for the last 5 years.
 - The licensing notebook is available to parents during regular business hours.
 - Licensing inspection and special investigation reports, and corrective action plans from at least the past 3 years are available on the department's website at www.michigan.gov/michildcare.
- Other _____

I certify that I received all of the above items.

Parent/Guardian Signature

Date

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

LARA is an equal opportunity employer/program.

MEDICATION PERMISSION AND INSTRUCTIONS

CHILD CARE HOMES AND CENTERS

Department of Licensing and Regulatory Affairs

Bureau of Community and Health Systems

Child Care Licensing Division

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY PARENT

I give my permission for _____ to give or apply the medication
(Caregiver, Facility)

_____, to my child _____, as follows:
(Specify, prescribed medication/over the counter product) (Child's Name)

DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

LARA is an equal opportunity employer/program.

TO BE COMPLETED BY THE CAREGIVER GIVING MEDICATION:

[illegible]

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	Birth History: <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
			Reason for Medication	
			_____ / /	Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____
			Parent/Guardian Signature _____	
			Date _____	

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other:				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other:	Height Weight Other:			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other:				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	 Reading: _____ Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> mm			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /				
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS <small>Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*</small>			
VACCINES (Circle Type)	DATE ADMINISTERED <small>MM/DD/YYYY</small>		
Hepatitis B (HepB)	1	3	
	2		
DTaP/DTP/DT/Td	1	4	
	2	5	
	3	6	
Tdap	1		
Haemophilus Influenzae type b (HIB)	1	3	
	2	4	
Polio (IPV/OPV)	1	3	
	2	4	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	
	2	4	
Rotavirus (RV1/RV5)	1	3	
	2		
Measles, Mumps, Rubella (MMR)	1	2	
Varicella (Chickenpox)	1	2	
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____			
I certify that the immunization dates are true to the best of my knowledge			
_____ Health Professional's Signature		_____ Title	_____ Date

		SECTION IV - RECOMMENDATIONS <small>(Required for Child Care and Head Start/Early Head Start)</small>
No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:

<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness?
		If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other

Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)
I have examined _____ child's name _____'s teeth. As a result of this examination, my recommendation for treatment is: _____

<div style="display: flex; justify-content: space-between;"> _____ _____ / _____ / _____ </div> <div style="display: flex; justify-content: space-between;"> Dentist's Signature Date </div>

PHYSICIAN'S SIGNATURE			
_____ Examiner's Signature	_____ / _____ / _____ Date	_____ Examiner's Name (Print or Type)	_____ Degree or License
_____ Number & Street	_____ City	MI _____ ZIP Code	(_____) _____ Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.