

# 2021/2022 WEST MAPLE PRESCHOOL

CHILD'S NAME: \_\_\_\_\_

## HEALTH STATEMENT

My child is in good health, free of all communicable disease and able to participate in all activities of the West Maple Preschool program. His/her immunizations are current (or a signed immunization waiver is on file.)

I understand that if there is a question about my child's health, I will be requested to pick him/her up immediately. I also understand that a doctor's release may be requested before my child is allowed to return to the classroom.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

Does your child have any allergies that you are aware of?  YES  NO

If yes, please list: \_\_\_\_\_

Please note that it may be necessary for you to complete an emergency care plan and a permission to administer medication form prior to the start of school.

Does your child have any dietary restrictions?  YES  NO

If yes, please explain: \_\_\_\_\_

Please note any other restrictions or exceptions below:

**PLEASE SEE REVERSE FOR ADDITIONAL STATEMENTS**

# RELEASE OF CLASS LIST INFORMATION

I authorize West Maple Preschool to publish and distribute a class list that includes my child's name, parents' name(s), address, phone number and email address. I have been informed about the privacy rights of students under FERPA and understand that information on the class list will not be discussed or shared with any other person not having a "legitimate educational interest" in the information.

(If you do not consent to the release of information, do not sign below.)

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

# LICENSING NOTEBOOK REQUIREMENT

## Child Care Organizations Act, 1973 Public Act 116

West Maple Community Education maintains a Licensing Notebook, which includes all licensing inspection reports, special investigation reports and all related corrective action plans developed on and after May 27, 2010. The notebook is available to parents for review in the office of the West Maple Community School Organizer during regular business hours. Licensing inspection and special investigation reports from the past two years are available on the Department of Licensing and Regulatory Affairs website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

# E-MAIL VERIFICATION

Please send West Maple Preschool correspondence to the following e-mail address(es):

\_\_\_\_\_

\_\_\_\_\_

(PLEASE PRINT CLEARLY!)