



LEARN-n-GROW

Early Childhood Education Center

Application for Admission Otsego Public Schools

CHILD INFORMATION:

First Name: _____ Middle Name: _____ Last Name: _____
__ Male __ Female Date of Birth: ____/____/____

PRESCHOOL SESSIONS (Please indicate your choice of sessions, in order)

3-year-old class (Must be 3 years old by September 1, 2024)

Tuition: \$195 per month*

- Option 1:
 ___ 8:30am – 12:30pm Tuesday & Thursday
- Option 2:
 ___ 9:00am – 1:00pm Tuesday & Thursday

4 & 5-year-old class

Tuition: \$260/month*

- Option 1:
 ___ 8:30am – 12:30pm (Monday, Wednesday, Friday)
- Option 2:
 ___ 9:00am – 1:00pm (Monday, Wednesday, Friday)
- Option 3:
 ___ 8:30am – 12:30 (Tuesday & Thursday), 12:00pm – 4:00pm (Friday)
- Option 4:
 ___ 8:30am – 12:30pm (Monday & Wednesday), 8:00am – 12:00pm (Friday)
- Option 5:
 ___ 8:00am - 12:00pm (Monday, Wednesday, Friday)

*Discounted rates are available for families enrolling more than one child.

Tuition Assistance (available for 4 year olds)

We have a limited number of spots available that are tuition free for those who qualify. If you believe you qualify, **please fill out the at-risk criteria form and turn it in at the time of registration along**

with the necessary paperwork (i.e. W2, birth certificate, GED, etc.) Parents will be notified by May 31st if their child qualifies. If you do not qualify, we offer other partial and full scholarships.

Scholarships (available for 3 and 4 year olds)

Partial and full scholarship applications are available for families who need tuition assistance. This is income based. **Please provide a copy of your 2023 W2 at the time of registration.**

- Yes, I am interested in applying for a full-tuition scholarship
- Yes, I am interested in applying for a partial-tuition scholarship

Wrap-Around Child Care

Operating hours for wrap-around child care will be from 6:30am – 5:30pm. **Return the wrap-around form with your application at the time of registration.** Spots are limited.

Application fee

Enclosed is my \$100 non-refundable application fee (due at the time of registration)
Make checks payable to Otsego Public Schools.

FAMILY INFORMATION:

Child Lives With:

- Mother & Father Mother & Stepfather Mother & Other Mother only
- Guardian Father & Stepmother Father & Other Father Only
- Relative Other _____

Parent Information

Parent 1 Name (First, Last) _____ Cell Phone: _____
Home Address: _____ City: _____ Zip: _____
Home Phone: _____
Employer: _____ Employer phone: _____
Email: _____

Parent 2 Name (First, Last) _____ Cell Phone: _____
Home Address: _____ City: _____ Zip: _____
Home Phone: _____
Employer: _____ Employer phone: _____
Email: _____

Brothers and Sisters:

Name	Gender	Birthdate	School	Grade
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____

Picture permission for outside publication:

I give consent to have my child's picture and name to be used in school/community publications as deemed appropriate by the school.

Please check one: Yes _____ No _____

STATEMENT OF CONSENT:

I hereby give permission for Otsego Public Schools to seek emergency care at Borgess/Pipp Medical Center if the family physician is not available.

My child is self-sufficient and meets the minimum age requirements. I agree to pay the monthly tuition at the regular class rate.

I certify that all information is true and valid and that I am authorized to enroll this student, and further that my child's immunization information will be shared with the health department as needed.

Parent/Guardian Signature: _____ Date: _____

Return completed form to:
Learn 'n Grow Early Childhood Education Center
485 18th St.
Otsego, MI 49078
269-694-7961

Applications will be accepted beginning January 29th at Learn 'n Grow Early Childhood Education Center. Doors to the office will open at 7:30am.

Office Use Only

____ Returning Family ____ New Family

Payment received by
____ Cash ____ Check # _____

Child's Name: _____

Activity Restrictions: I would like the Learn 'n Grow Program to be aware that my child has the following activity restrictions or special needs (If your child does not have any special needs or restrictions please note that below as well):

Parent Signature

Date

Preschool Handbook

I have read and acknowledge receipt of the Early Childhood Education Center Parent Handbook. I understand that this handbook contains important information pertaining to rules and responsibilities of students and parents. Hard copies can be requested through the ECEC office or are available online.

Parent's Name: _____ Date: _____

Parent Signature: _____

Drop Off/Pick Up Policy

If you are dropping off or picking up for preschool class, please use the back door of the classroom through the gated playground. Gates will be opened 10 minutes before class starts and 10 minutes before class is released for the day.

If you are dropping off or picking up from wrap around, please use the first entrance off the parking lot and enter your code. Codes will be distributed at parent orientation or you may call the office for more information. A late pick up fee of \$5.00 will be applied to your account if you pick your child up from wrap-around after the closing time of 5:30pm. By signing the drop off/pick up statement you are agreeing to pay the late fees if it applies.

Parent Signature: _____ Date: _____

Learn 'n Grow Early Childhood Education Center
485 18th Street
Otsego, MI 49078
(269) 694-7960

Effective December 7, 2006 the provisions of 1975 PS 238, MCL 722.621 requires a written statement signed and dated.

I, _____ am aware and responsible for the following information.
Name of Volunteer/Parent

1. I am aware that abuse and neglect of children is against the law.
2. I have been informed of Otsego Public Schools/Learn 'n Grow Early Childhood Education Centers policies on child abuse and neglect.
3. I am aware that caregivers are required by law to immediately report suspected abuse and neglect to children's protective services.
4. I am aware that all supervised volunteers will be ran through the National Sex Offender Public Website.

Signature: _____ Date: _____

**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.

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

I have read the above statement issued by Otsego Learn 'n Grow Preschool Program.

Parent Name: _____ Child's Name: _____

Parent Signature: _____ Date: _____

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.



LEARN-n-GROW

Early Childhood Education Center

Wrap Around Registration Form

2024-2025 School Year

Child's Name _____

Date of Birth _____

Parent's Name _____

Phone # _____

Please fill the times and days needed:

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Pick-up Time					

Wrap Around Payment Policy

I understand that I will be billed bi-weekly and failure to pay by the due date will result in a \$30 late fee. I also understand that failure to pay in full in a timely manner will result in removal from the wrap around program.

Payment Options:

- Pay online at www.myprocare.com
- Pay at the Early Childhood Center, make checks and money orders out to Otsego Public Schools, receipt will be issued. Office hours are 7:30am-3:30pm
- Mail in your payment (allow extra time so we will receive your payment on time) at:
Otsego Community Education
400 Sherwood Street
Otsego, MI 49078

Parent Signature: _____ Date: _____



At-Risk Criteria Worksheet Application

Dear Parent/Guardian:

Otsego Public Schools has an opportunity to provide a tuition-free preschool for the 2024 – 2025 school year. If your child is 4 years old on or before September 1, 2024, he/she may qualify for this educational experience. Please review the list below and check any factor that may have had an impact on your child's educational future. If you check one or more boxes, your child qualifies for tuition-free preschool at our Early Childhood Center.

- Low Birth Weight
- Single Parent
- Long Term or Chronic Illness
- Lack of Stable Support System of Residence (moves often or homeless)
- Substance Abuse or Addiction (parent)
- Language Deficiency
- Non-English or Limited English Speaking Household
- Parent History of Low School Achievement or Dropout
- Unemployed Parent/Parents
- Low Family Income
- Parental/Sibling Loss by Death or Parental Loss by Divorce
- Teenage Parent
- Chronically ill parent/Sibling (physical, mental or emotional)
- Incarcerated Parent
- Foster Care or Adoption

If you have checked one or more boxes, you will need to fill out an application and return it to the Early Childhood Education Center with the **necessary paperwork (ie. W2s, birth certificate, GED, etc)**. Registration applications are available on our website www.otsegops.org under the link Early Childhood Education Center.

Parents will be notified by email by May 31st if their child qualifies.

If you do not qualify, we offer other partial and full scholarships. Tuition rates are listed on the application. For more information you may contact Heather Buskard at 269-694-7963 or email hbuskard@otsegops.org.