



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, 2026)

Tuition: \$218 monthly (ten payments)

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

4 & 5-year-old class

Tuition: \$297 monthly (ten payments)

- Option 1:
____ 8:00am – 12:00pm (Monday, Wednesday, Friday)
- Option 2:
____ 8:30am – 3:30pm **GSRP** (Monday-Thursday) *Must qualify for free tuition and be four years old by September 1, 2026.
- Option 3:
____ 9:00am – 1:00pm (Monday, Wednesday, Friday)

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

The Great Start Readiness Program (GSRP) is Michigan's state funded program that provides tuition-free preschool for qualifying 4-year-olds attending a 4-session a week program. Our Monday-Thursday sessions qualify for GSRP. Learn 'n Grow offers a limited number of GSRP grants, and they are awarded based on need.

Scholarships (available for 3 and 4 year olds)

Partial scholarships available for families who need tuition assistance and live within the Otsego Public School district. This is income based. **Please provide a copy of your 2025 W2 at the time of registration.**

___ 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 for tuition sessions only). 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 and certified birth certificate to:

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

Applications will be accepted beginning January 26th for returning families and February 2nd for new families at Learn 'n Grow Early Childhood Education Center. Doors to the office will open at 7:45 am.

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 volunteers will be supervised and ran through the National Sex Offender Public Website(<https://www.nsopw.gov/>) and will be prohibited to volunteer if found in the registry.

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 Lifelong Education, Learning, and Potential - 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		Primary Phone ()	Parent/Legal Guardian's Name (Optional)		Primary Phone ()
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)		2 nd Phone (if applicable) ()
City	State	Zip Code	City	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/or Special Instructions? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)					

CCL-3731 (Rev. 6/7/2024) Previous editions 7-18, 4-21, & 3-22 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.	()
5.	()	6.	()

Parent/Legal Guardian Initials:

_____ I give permission to Learn 'n Grow Early Childhood Education Center Staff, licensed by the Department of Lifelong Education, Advancement, and Potential, 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

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Early Childhood Education Center

Wrap Around Registration Form

2026-2027 School Year

Child's Name

Date of Birth

Parent's Name

Phone #

Schedule

Wrap-around child care is available Monday-Friday

\$5.00 hourly

Hours: 6:30 a.m. until 5:30 p.m.

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: _____