Paddock Early Childhood Center

Summer Infant/Toddler Childcare 2026

Child's Last Name _____ First Name _____ Birthdate _____ M/F

Address _____ City _____ Zip Code _____

Parent 1 _____ Primary phone _____ Cell phone _____

Parent 1 Job Title _____ Place of Employment _____

Parent 1 e-mail address _____

Parent 2 _____ Primary phone _____ Cell phone _____

Parent 2 Job Title _____ Place of Employment _____

Parent 2 e-mail address _____

Summer Childcare Fees:
*Full week $315
*Daily $63
*Half Day $32

Mornings 7:00 a.m. – 12:30 p.m. **Afternoon 12:30 p.m. – 5:00 p.m.**

☐ June 8-12	☐ M	☐ T	☐ W	☐ R	☐ F	
☐ June 15-19	☐ M	☐ T	☐ W	☐ R	☐ F	
☐ June 22-26	☐ M	☐ T	☐ W	☐ R	☐ F	
☐ June 29-July 2	☐ M	☐ T	☐ W	☐ R		
☐ July 6-10	☐ M	☐ T	☐ W	☐ R	☐ F	
☐ July 13-17	☐ M	☐ T	☐ W	☐ R	☐ F	
☐ July 20-24	☐ M	☐ T	☐ W	☐ R	☐ F	
☐ July 27- 31	☐ M	☐ T	☐ W	☐ R	☐ F	
☐ August 3-7	☐ M	☐ T	☐ W	☐ R	☐ F	
☐ August 10-14	☐ M	☐ T	☐ W	☐ R	☐ F	
☐ August 17-21	☐ M	☐ T	☐ W	☐ R	☐ F	

No Childcare August 24-28

Return this form along with a $25.00 registration fee (non-refundable) to:

Paddock Early Childhood Center
707 Marvin St.
Milan, MI 48160

Payments are due on the first business day of the month.

For more info call:
Sheila Meyer 439-5118
meyers@ milanareaschools.org

Paddock Early Childhood Center
Infant/Toddler
CONTRACT FOR SUMMER CAMP

1. I AGREE to pay my bill in full by the due date each month, in return for Summer Camp/ Childcare services provided to or reserved for my child.

2. I UNDERSTAND that tuition is billed in advance and paid for the month before my child is scheduled to attend, and that failure to pay each bill by the due date may result in termination of Summer Camp/Childcare services. If I do not receive a statement before the due date, I understand it is my obligation to request a copy.

3. I AGREE to give one week written notice when requesting a schedule change for my child. If I choose to withdraw my child from Paddock Early Childhood Center Summer Camp, a one week notice is required in writing. I UNDERSTAND that I am responsible for any charges incurred because I did not provide said notice.

4. I AGREE to the policies outlined in the Summer Camp Information Handout. I have received and read through a current copy of the Summer Camp Information Handout, and understand that I may call Paddock Early Childhood Center office with questions.

5. I AGREE that all information provided to the staff of Paddock Early Childhood Center is correct. I will provide complete and current contact information in writing, including changes when necessary.

I understand and agree to the conditions as outlined above.

_____

Signed (Parent or Guardian) Date

_____

Signed (Program Director) Date

Paddock's Early Childhood Center
Child Health Acknowledgement

The staff of Paddock's Early Childhood Center wants to provide the best care for your child. It is important that we have a record of medications, physical limitations and medical issues that might affect a child's growth and development. Please be sure to discuss any health or behavioral concerns with the staff so they can help your child be safe and comfortable with all planned activities.

I acknowledge that my child, _____,
(Child's Name)
is in good health and his/her immunizations are current. I understand and will adhere to the health policies of Paddock's Early Childhood Center. I have discussed any health, behavior, and developmental concerns with the staff of Paddock's Early Childhood Center.

Please list any medications your child takes regularly:

Please describe any physical restrictions, allergies, and behavior or health concerns:

Signed X_____ Date _____
(Signature of Parent or Guardian)

Paddock's Early Childhood Center
Photo Permission

Paddock's Early Childhood Center recognizes the need to protect students' privacy rights when promoting activities within our school. There are times when we photograph or videotape school activities in an effort to share information with families and the community about our school.

Please check the appropriate boxes below.

☐ I give my child permission to be photographed for use in the local newspaper, family newsletters, social media, or advertisements for our school.

☐ I do not give my child permission to be photographed.

I have specific concerns or requests:

Child's Name

Signed X_____ Date _____
(Signature of Parent or Guardian)

Consent for
Non-Prescription Medications

Child's Name_____

I hereby give Paddock's Early Childhood Center staff permission to apply any of the following external preparations that are checked, in accordance with the directions for use on the appropriate container:

☐ Non-prescription ointment (ie. Vaseline)
☐ Insect Repellent
☐ Sprayable Sunscreen
☐ Don't Sunscreen
☐ Lotion
☐ Other (please specify)_____

Special instructions:

Please bring any of these items from home and label each with your child's name. These will be left at school.

Parent's 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.)			

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: _____

_____ give permission to Paddock Early Childhood Center, 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.

Field Trip: I hereby give my permission to Paddock's Early Childhood Center for my child to participate in walking and bus field trips.

Signature of Parent or Guardian _____ **Date** _____