

Enrollment Packet Instructions

Our teachers and staff are looking forward to meeting you and your child. This is an exciting time for your family and we are glad to be part of your child's educational journey! We are now ready to get your little Cardinals registered for preschool and the plan is as follows:

In order to complete your child(ren)'s student file, please fill out and return the following documents to our office:

1. Additional Child Information Questionnaire. This form gives us valuable information about your child that helps with teacher placement, medical needs and helpful information regarding eligibility and prioritization.
2. Health Appraisal- This is a state required form that must be turned in for all students. A three/four year old physical is due on or before the first day of school. This must be filled out by both the parent/guardian and your child's physician. Be sure to have the physician sign and date.
3. Concussion Awareness form - This form also needs to be completed, signed and dated by one parent. We keep this form in your child's folder for record keeping of any head bumps. (You will be notified of any head bumps at school)
4. Three signed Licensing and acknowledgement documents for Child Care Centers.
5. Filled out Child Information Record

Once these documents are completed and signed, you will need to drop them off at the Cardinal's Nest **ALONG WITH A COPY OF THE FOLLOWING DOCUMENTS:**

1. Your child's birth certificate
2. Your driver's license or state issued ID
3. Updated immunization record.
4. Student's IEP (if applicable)
5. Custody documents (if applicable)
6. Medical forms (if applicable)

*If any of the required documentation is not provided, your child will be considered incomplete and their enrollment will be placed on hold.

DROP OFF INFORMATION: Return completed packet and the above required documents to the Cardinal's Nest, 1490 N. Oak Road, Davison MI 48423. Monday-Friday between 9:00 AM and 3:00 PM. For security and confidentiality reasons, please ring the doorbell at the main entrance and we will meet you to collect your packet. **DO NOT LEAVE COMPLETED PACKETS IN THE BIN OUTSIDE!**

If you have questions, please call our office at 810-591-0821 or email the Cardinal's Nest Preschool Director Lindsey Tate at ltate@davisonschools.org

Cardinal's Nest Additional Child Information

1. Child's full name: _____ DOB: _____
2. Does your child have a nickname they would like to be called at school? _____
3. How did you hear about our program? _____
4. By August 15th is your child: 3 years old or
By September 1st is your child: 4 years old
Is your child bathroom independent? _____
5. Are you interested in the: ½ day A.M or Full day class?
Are you interested in the: M/W/F T/TH or M-F schedule?
6. Has your child attended a previous daycare or preschool? _____ If so, where? _____
7. Please list the biological parents listed on the birth certificate
Mother: _____
Father: _____
8. Please list any step parents, foster parents, legal guardians _____

9. Are there any languages spoken in the home, other than English? _____ If so, what language _____
10. Are there any court ordered custody papers to be aware of? _____
11. Who does the child live with? _____
12. Primary contact information:
Name: _____
Phone number: _____
Address: _____
Email address: _____
13. Do you live in the Davison school district? _____
If out of district, which school district do you reside in? _____
14. Does your child take any medication on a regular basis? _____
Will they need medication at school? _____
15. Does your child have any diagnosed allergies including food allergies? _____
Does your child have any food intolerances? _____
16. Does your child receive Special Education services, have an IEP or IFSP? _____
Do you have any concerns? _____
17. Is there anything else you would like us to know about your child?

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

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
☐	☐	☐	1 Allergies or Reactions (for example, food, medication or other)	Birth History:
☐	☐	☐	2 Hay Fever, Asthma, or Wheezing	
☐	☐	☐	3 Eczema or Frequent Skin Rashes	
☐	☐	☐	4 Convulsions/Seizures	
☐	☐	☐	5 Heart Trouble	
☐	☐	☐	6 Diabetes	
☐	☐	☐	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
☐	☐	☐	8 Trouble with Passing Urine or Bowel Movements	
☐	☐	☐	9 Shortness of Breath	
☐	☐	☐	10 Speech Problems	
☐	☐	☐	11 Menstrual Problems	
☐	☐	☐	12 Dental Problems: Date of Last Exam / /	
☐	☐	☐	Other (please describe): _____	Are there any current or past diagnosis(es) ☐ Yes ☐ No If yes, please describe: _____
☐	☐	☐	Does your child take any medication(s) regularly?	
			Reason for Medication _____	

Parent/Guardian Signature _____ Date / /				If yes, list medications: _____
				Was the health history reviewed by a health professional? ☐ Yes ☐ No Examiner's Initials: _____

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
☐	☐	VISION	Visual Acuity				☐	☐	HEIGHT & WEIGHT	Height			
		Date: / /	Muscle Imbalance						Weight				
			Other: _____				☐	☐	Other: _____	Other			
☐	☐	HEARING	Audiometer				☐	☐	HEMOGLOBIN / HEMATOCRIT				
		Date: / /	Other: _____				☐	☐	BLOOD PRESSURE	Reading: _____			
☐	☐	URINALYSIS	Sugar				☐	☐	TUBERCULIN	Type: _____			
		Date: / /	Albumin						Neg.: ☐ Pos.: ☐ _____ mm				
			Microscopic										
☐	☐	BLOOD LEAD LEVEL	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.						
		Date: / /											

Examinations and/or Inspections

Essential Findings Deviating from Normal:

SECTION III - IMMUNIZATIONS			
Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.			
VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)
	2		Influenza (IIV/LAIV)
DTaP/DTP/DT/Td	1	4	
	2	5	Meningococcal (MCV4 / MPSV4)
	3	6	
Tdap	1		Human Papillomavirus (HPV9/HPV4/HPV2)
Haemophilus Influenzae type b (HIB)	1	3	
	2	4	OTHER Vaccines
Polio (IPV/OPV)	1	3	Specify Date & Type
	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? ☐ Yes ☐ No If yes, date:		Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable	
I certify that the immunization dates are true to the best of my knowledge		*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms. Parent/Guardian refused immunizations: ☐	
Health Professional's Signature _____		Title _____ Date ____/____/____	

SECTION IV - RECOMMENDATIONS (Required for Child Care and Head Start/Early Head Start)	
☐	Is there any defect of vision, hearing or other condition for which the school could help by sealing or other actions? If yes, please explain:
☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ 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: _____
Dentist's Signature _____ Date ____/____/____	

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.



Where Kids Come First and Futures Begin

DAVISON COMMUNITY SCHOOLS

Administrative Offices
1490 N. Oak Road
Davison, MI 48423

Matthew Lobban
Superintendent
(810) 591-0801

Amy Chorley
Executive Director
Student Services
(810) 591-0913

Christine Kuzinski
Director
Human Resources &
Operations
(810) 591-0808

Dr. Angela Hards
Director
Curriculum & Grants
(810) 591-0445

Michelle Edwards
Director
Public Information,
Community Outreach &
Culture/School Safety
Liaison
(810) 591-0852

Joshua Evans
Director
Business Services
(810) 591-0803

Dana Melaragni
Director
Special Education
(810) 591-0913

www.davisonschools.org

August 2023

Dear Parents or Guardians:

Michigan law requires all school districts and sports-related organizations to provide educational materials about concussion awareness and the risks of concussions to each student. The law also requires parents or guardians to sign a form acknowledging that they have received Concussion Awareness information from the school district. This signed form must be kept on file with the district until the student turns 18.

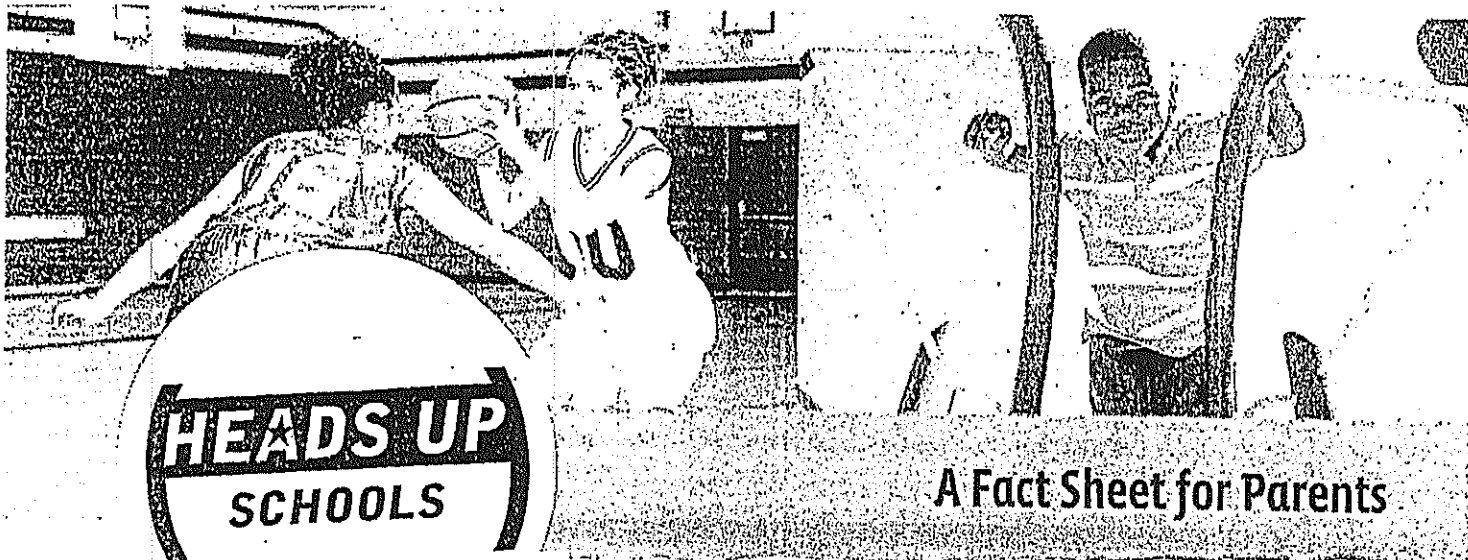
Attached to this letter, please find educational material about concussion awareness and a Concussion Awareness Educational Material Acknowledgement Form. Please take a few minutes to read and sign the attached materials so that they may be returned to school and placed in your child's file in order to comply with the law.

Concussions are a very serious brain injury caused by a blow, bump or jolt to the head. According to the Centers for Disease Control, U.S. emergency rooms annually treat an estimated 173,285 sports and recreation-related concussions among children and adolescents, with the highest number of injuries occurring in boys' football and girls' soccer.

For more information about concussions or the Concussion Awareness law, please contact your child's building principal, school nurse, Kaylie Edgar at (810) 591-2700, ext. 2761 or (810) 241-0271 or my office at (810) 591-0913. The Michigan Department of Community Health has also launched a very helpful website with resources for coaches, parents and athletes at www.michigan.gov/sportsconcussions.

Sincerely,

Amy L. Chorley
Executive Director of Student Services



HEADS UP SCHOOLS

A Fact Sheet for Parents

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports *one or more* of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY YOUR CHILD OR TEEN

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION





CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

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/or the Concussion Fact Sheet for Students provided by Davison Community Schools.

Student Name Printed

Parent or Guardian Name Printed

Student Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to the school in which your student attends. The district will keep this form on file for the duration of participation or age 18.

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

Parent Notification Record of Incident at School

Date: _____ Notification made to: _____ Notification made by: _____

Date: _____ Notification made to: _____ Notification made by: _____

Date: _____ Notification made to: _____ Notification made by: _____

Date: _____ Notification made to: _____ Notification made by: _____

Parent Notification of Licensing Notebook

Child Care Licensing Bureau

CENTER MUST CHECK ONE

- ☐ The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.
- ☒ The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.

I have read the above statement issued by

Davison Cardinal's Nest

Name of Child Care Center

Child(ren)'s Name(s):	
--------------------------	--

Parent
Name

Parent
Signature

ACKNOWLEDGEMENT OF PARENT HANDBOOK
CARDINAL'S NEST PRESCHOOL PROGRAM
(R.400.8146)

This parent handbook outlines the policies and procedures of the Cardinal's Nest Preschool Program as required by (R.400.8146) licensing. An understanding of and adherence to the policies and procedures will ensure positive parent-school relations and that the children's needs are adequately met. To ensure that your child's needs are adequately met, children enrolled in the Great Start Readiness Program will be screened by the Ages and Stages (ASQ), and the program will be assessed using the Preschool Quality Assessment (PQA) twice a year. The child outcome data from the Teaching Strategies Gold (TSG) will be assessed three times a year. Therefore, the preschool requires that all parents and/or guardians of children enrolled in Cardinal's Nest Preschool Programs read, sign, and return to the teacher the statement that follows:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the preschool 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, illnesses
- Exclusion policy for child illnesses
- Notice of the availability of the preschool's licensing notebook.
 - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
 - The licensing notebook is available to parents during regular business hours.
 - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at www.michigan.gov/michildcare.

I certify that I have received all of the above items.

Parent/Guardian Signature: _____ Date: _____

Payments- Payments must be made by the beginning of each four week session. There will be 10 payments to register for. Please make sure to register for all 10 sessions by the due date. If you do not register for each of the 10 sessions individually, your child's name will NOT be added to, the roster and your child will not be able to attend

Payment policy: ALL FEES MUST BE PAID IN FULL AT THE TIME OF REGISTRATION

Withdrawal/Refund policy:

-There will be NO refunds issued to those who withdraw after the registration deadline and/or for students who are no shows. We appreciate your understanding. Thank you!

-There is a \$5 cancellation fee that will be collected for processing a refund if the customer's request is before the registration deadline.

Playground Use- Your preschool/latchkey student will be occasionally using the playground. Some areas are designed for school age children. If your child is under 4, he/she will use the equipment designated for preschool students only. The equipment meets the standard and safety requirements per state licensing.

Schedule- We operate within Davison schools, if for any reason administration deems necessary due to a storm advisory, snow days, mechanical problems, plumbing issues, etc., the Cardinal's Nest will also be closed. This includes both latchkey and preschool programs. There is no refund for unscheduled school closings.

Sign-In/Sign-Out- In both the preschool and latchkey programs, parents (or designated pick up person) must accompany their children to the appropriate classroom. Parents must also sign their children in and out of the program per state licensing.

I have read the above information, and acknowledge that I have access to the Parent Handbook at <https://www.davisonschools.org/domain/1470> and agree to abide by the policies and procedures therein.

Signature Parent/ Legal Guardian

Print Child's Name

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 ☐ Yes ☐ 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 _____, 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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