

**STUDENT INFORMATION**  
**Trenton Public Schools**  
**C.A.R.E. Club Registration 2026-27**

*A separate form must be completed for each child registered.*

|                                     |                       |
|-------------------------------------|-----------------------|
| <b>Student's Name (last, first)</b> | <b>Date of Birth:</b> |
| <b>Address:</b>                     | <b>Home:</b>          |
|                                     | <b>Cell:</b>          |
| <b>School:</b>                      | <b>Grade:</b>         |
|                                     | <b>Teacher:</b>       |

|   |
|---|
| <b>Days and Times Registered:</b>   |
| <input type="checkbox"/> My child will attend before school C.A.R.E. Club the first day of school September 8, 2026.<br><input type="checkbox"/> My child will attend half-day Extended C.A.R.E. Club the first day of school September 8, 2026.<br><br><input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday<br><br><input type="checkbox"/> Before School <input type="checkbox"/> After School |

|  |  |
|--|--|
| <b>Father/Legal Guardian:</b>                | <b>Mother/Legal Guardian:</b>                |
| <b>Home Address (if not child's address)</b> | <b>Home Address (if not child's address)</b> |
| <b>Employer:</b>                             | <b>Employer:</b>                             |
| <b>Employer Phone:</b>                       | <b>Employer Phone:</b>                       |

|  |
|--|
| <b>Name of person(s) other than parent/legal guardian to whom child may be released:</b> |
| <b>Name of Person(s) to whom child may NOT be released:</b>                              |

|  |
|--|
| <b>In order to maintain the wellbeing of your child within C.A.R.E. Club please provide any significant medical information. As a parent, you have the right to maintain family confidentiality. However, we hope that you will share pertinent medical information.</b> |
|  |

|  |              |
|--|--------------|
| <b>Signature of Parent/Legal Guardian:</b> | <b>Date:</b> |
|--|--------------|

**STUDENT INFORMATION**  
**Trenton Public Schools**  
**C.A.R.E. Club Procedures and Policies 2026-27**

To ensure that all the necessary information is understood, parents/legal guardians are requested to read the information and sign at the bottom. A copy of the signed form will be returned to you with your first month's bill.

1. I will notify C.A.R.E. Club whenever my child will not be in attendance.
2. In the event of an emergency, Trenton Public Schools will follow the rules and regulations of the State of Michigan, Trenton Board of Education, and /or specific instructions when applicable.
3. My child meets local, State, and Michigan Department of Health's requirements for school entry, as well as any additional health requirement of Trenton Public Schools.
4. My designee or I agree to physically accompany my child to C.A.R.E. Club each morning and pick up my child each afternoon.
5. My child and I will be required to follow the Procedures and Policies, as written in this agreement, dealing with the health, safety, and welfare of each child in the Program. I will be contacted immediately (at work, if necessary) in case of emergency or severe disciplinary problem. If after an initial and follow-up conference, there is an unresolved problem, I understand the C.A.R.E. Club Supervisor may request in writing that my child is withdrawn from the program for reasons deemed as in the best interests of my child. Other reasons for withdrawal include:
  - a. Lack of or inconsistent payment.
  - b. Abusive or destructive behavior by the child to other persons or property.
  - c. Failure by the parent or child to adhere to the rules and regulations.
6. All children are subject to the District and Building Code of Conduct.
7. I will give a one-week written notification to the C.A.R.E. Club Supervisor if I withdraw my child from the program.
8. I understand Trenton Public Schools is authorized to provide emergency care for my child. I agree to pay expenses incurred in such an emergency. "The school district is immune from liability for accident occurring on school grounds." (Section 7 of Act No. 155 of Public Acts of 1970)
9. Notice of the availability of the center's licensing notebook.
  - i. The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010
  - ii. The licensing notebook is available to parents during regular business hours.
  - iii. 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](http://www.michigan.gov/michildcare)
10. I have received and reviewed Trenton Public Schools' C.A.R.E. Club Program Procedures and Policies for the 2026-27 school year.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

## CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

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.

|  |       |   |   |       |   |
|--|-------|---|---|-------|---|
| <b>For Provider Use Only:</b>  |       | 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<br>(    )                         | Parent/Legal Guardian's Name (Optional)               |       | Primary Phone<br>(    )                         |
| Home Address (if not child's address)  |       | 2 <sup>nd</sup> Phone (if applicable)<br>(    ) | Home Address (if not child's address)                 |       | 2 <sup>nd</sup> Phone (if applicable)<br>(    ) |
| City   | State | Zip Code  | City  | State | Zip Code  |
| Email Address (optional)   |       |   | Email Address (optional)                              |       |   |
| Employer Name  |       | Work Phone<br>(    )                            | Employer Name   |       | Work Phone<br>(    )                            |
| Name of Child's Physician or Health Clinic   |       |   | Physician's or Health Clinic's Phone Number<br>(    ) |       |   |
| Hospital Preferred for Emergency Treatment (optional)  |       |   |   |       |   |
| Allergies, Special Needs and/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:<br>(Attach additional sheets, if necessary.) |       |   |   |       |   |

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 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.

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**C.A.R.E. CLUB CHILD HEALTH STATEMENT**

**I confirm that my child attending Anderson/Hedke Elementary C.A.R.E Club to be in good health with activity restrictions noted.**

**I confirm my child's immunizations are up to date and the immunization record or appropriate wavier is on file with the school.**

**Child's Name:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please note any restrictions in the space below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_