

Kids' Connection 2026-2027

School-Age Child Care

(Latch Key)

The purpose of Kids' Connection is to provide a safe, nurturing, and quality childcare program for children in grades K-5. There are a variety of stimulating, age-appropriate activities that children may participate in daily. The program is licensed through the State of Michigan.

Kids' Connection is a self-supporting program and pre-registration and weekly pre-payments are required. The pre-registration fee is \$30 for individuals or \$40 for a family. **All outstanding balances must be paid in full prior to registration.**

Dillon Elementary

1197 Schumacher Ave
Burton, MI 48529
6:30 a.m.-6:00 p.m.

Dye Elementary

1174 Graham Rd
Flint, MI 48532
6:30 a.m.-6:00 p.m.

Randels Elementary

6022 Brobeck Ave
Flint, MI 48532
6:30 a.m.-6:00 p.m.

FEES: \$4.00 per hour/\$3.75 per hour for each additional child
Minimum charge is one hour, then broken in to 15 minute increments.

KIDS' CONNECTION IS A PRE-PAY PROGRAM

Weekly payments are due the first day at drop off for AM and Pick up for PM.

NO EXCEPTIONS

Late pick up fees are \$1/minute

All checks are made payable to: **COMMUNITY EDUCATION**. Please complete the entire registration packet (available online or in your school office). Return completed packet and registration fee to one of the following locations: C-A Community Education, 1181 W. Scottwood Ave., Flint, MI 48507 or your Elementary Main Office.

2026-2027 Kids' Connection SignUp Form

Child(ren)'s Name: _____ (M / F) School _____

Parent's Name: _____

Phone #: _____ Grade: _____ D.O.B. _____

FOR FURTHER INFORMATION CALL: 810-591-7238



Kids' Connection Parent Contract

In consideration of my child's participation in the Kids' Connection program, I agree to the following:

Parent Initial

- _____ 1. I agree to pay a non-refundable registration fee of \$30.00 per child/\$40.00 per family.
- _____ 2. I agree to pre-pay my estimated weekly tuition by Friday at 6:00 p.m. for the following week. I understand that after Monday at 9:00 a.m. my payment is considered late and a \$15 late fee will be added to my statement if my balance is over \$30.00 past due.
- _____ 3. I agree that I will pick my child up by 6:00 p.m. or earlier. I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable, and that anyone to whom my child is released will be named in my emergency contact information. I understand that in the event my child is not picked up by 6:00 p.m. a fee of \$1.00 per minute for every additional minute of care will be added to my statement. After 6:15 p.m. my emergency contact will be called. If it's 6:15 p.m. and we are unable to reach anyone we will call the local police department.
- _____ 4. I agree that I personally, or someone at least 18 years of age that is authorized by me will come into the Kids' Connection room and sign my child in and/or out for the day. Children may not come in alone or leave alone.
- _____ 5. I understand that in the event of continued late payment of tuition, late pick-up of my child, or my child's consistent behavior causing harm to him/her or others, Carman-Ainsworth Community Education reserves the right to remove my child from the Kids' Connection Program.

Parent /Guardian/Signature

Date

Office Copy

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. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

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 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	

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2026-2027

**PHYSICAL HEALTH/IMMUNIZATIONS
PARENT ACKNOWLEDGEMENT
FOR SCHOOL-AGE PROGRAMS**

Child's date of birth: _____

This acknowledges that my child, _____, who attends
Carman-Ainsworth Kids' Connection at _____ school, a school-
age program registered with the Division of Child Care Licensing, is in good health and that
his/her immunizations are current.

In addition, any health restrictions, allergies, medications taken by the child – or any other needs
are noted below:

Signature of Parent/Guardian

Date

This portion below may be substituted for the signatures on the MHSAA Physical Form

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 _____

Sponsoring Organization

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to the participant's MHSAA member school. The school should keep this document on file for five years following the student's high school graduation.

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

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Licensing and Regulatory Affairs

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 Community and Health Systems website at www.michigan.gov/michildcare.

I have read the above statement issued by _____ .
Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.

Picture and Video Release

My child, _____, may be photographed or video-taped while attending Kids' Connection for use in posters, scrapbooks, video presentations, slide presentations or group work that will be used for the promotion of Camp Adventure.

Signature

Date

Parent Handbook

I am aware that the parent handbook for Kids' Connection is available on the school's web page and that I may request a printed copy if I choose to.

Signature

Date

Child Custody and Release Policy

Only those persons listed on the emergency card, and legal parents or guardians may take a child from Kids' Connection. According to licensing regulations, either parent may take the child from Camp Adventure, unless there is a court order prohibiting one parent from visitation rights. **ALL PERSONS PICKING UP CHILDREN FOR THE PARENTS (OR PARENTS NOT NORMALLY PICKING UP THE CHILD) WILL BE ASKED TO SHOW A PICTURE IDENTIFICATION.** If an emergency arises and a person not appearing on the emergency card must pick up the child, please contact the Camp Adventure supervisor.

_____ A Child Custody order **IS** on file that affects pick up.

_____ A Child Custody order **IS NOT** on file that affects pick up.

Signature

Date



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- _____ 5. I understand that in the event of continued late payment of tuition, late pick-up of my child, or my child's consistent behavior causing harm to him/her or others, Carman-Ainsworth Community Education reserves the right to remove my child from the Kids' Connection Program.

Parent /Guardian/Signature

Parent Copy

Date

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess	Lost Consciousness	

WHAT IS A CONCUSSION?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY – DON'T HIDE IT, REPORT IT.** Playing or practicing with concussion symptoms is dangerous and can lead to a longer recovery. A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Ignoring symptoms and trying to "tough it out" often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY –** Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student, who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION –** Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he must be kept out of athletic activity the day of the injury. The student shall only return to activity (practice, scrimmage or competition) with written unconditional permission from an MD, DO, Physician's Assistant or Nurse Practitioner. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.