



Pontiac School District
Project Excel Application 2026-2027

Please Print

Student Information

For Office Use Only	
Date Received:	
Date Entered:	
Student ID:	
State ID:	
Teacher:	

Student Last Name

Student First Name

M. I.

Date of Birth

MM DD YYYY

School

Age

Known Medical Conditions/Allergies/Medications

Home Address

City

Zip Code

Home Phone Number

Alternate Number

☐

Pick up address is the same

☐

Drop off address is the same

☐

Eligible for Free/Reduced Lunch

☐

Student attended this program last year

The Pontiac School District, Project Excel and First Student have zero tolerance for undeliverable students. Please make arrangements for your child to be picked up at the designated times. Repeated abuse of this policy will impact your child's bus privileges.

Pontiac School District

Project Excel Application 2026-2027

Student Information

Primary Language

Grade

Gender

Additional Student Information

- ☐ Bilingual
- ☐ Below Grade Level / At Risk
- ☐ Special Education
- ☐ Learning Disability
- ☐ ESL/LEP
- ☐ Truant/ Suspensions
- ☐ Gifted & Talented
- ☐ Other _____

Transportation Mode

- ☐ Walk
- ☐ Bus
- ☐ Picked Up

Closest Cross Street to Drop-Off

and

Race/Ethnicity

- ☐ American Indian
- ☐ Arab/ Middle Eastern
- ☐ Asian
- ☐ Black/African American
- ☐ Hispanic/Latino
- ☐ Native Hawaiian or Pacific
- ☐ Islander
- ☐ Caucasian
- ☐ Other

Other Project Excel Students/Siblings

First and Last Name(s)

Referred By:

The Pontiac School District and Project Excel do not discriminate on the basis of race, color, national origin, sex, age, religion, height weight, or disability in its program and activities. It is the policy of the School District of the City of Pontiac that no person shall be discriminated against when applying on the basis of race, religion, creed, color, national origin or ancestry, handicap, sex, or belief. No person shall be excluded from participation and be denied benefits, or be subjected to discrimination under any Project Excel program or activity on the basis of race, religion, color, national origin, sex age, or disability. Further, the School District of the City of Pontiac's Board of Education strictly adheres to provisions of the Title VI of the Civil Rights Acts of 1964, Michigan Department of Education policies and regulations prohibiting discrimination.

The following office has been designated to handle inquiries regarding the non-discrimination policies:

Human Resources Department
47200 Woodward Ave, Pontiac, MI 48342
248.451.6800

Parent/Guardian Information

Pontiac School District
Project Excel Application 2026-2027

Emergency Information

Emergency Contact

Last Name

First Name

Home Address

City

Zip Code

Home Phone Number

Cell Phone Number

Work Phone Number

Email Address

Relationship

Authorized to Pick Up Student

Adult Authorized to Pick Up Student

Last Name

First Name

Home Address

City

Zip Code

Home Phone Number

Cell Phone Number



Pontiac School District
Project Excel Application
Project Excel Liability, Disclaimers, and Waivers

Please **initial** next to each item. By doing so, you agree that you have read and understood all the information that has been provided on this form.

_____ 1. Per MCL 722.133g Project Excel must maintain 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 the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

_____ 2. I hereby give permission for my student to take part in the School District of the City of Pontiac Project Excel activities, which may include off-site events, academic program staff will take all steps necessary to ensure the safety of the participants and will call, if necessary, a public emergency vehicle for transportation charges and medical expenses incurred.

_____ 3. I further give my consent to the School District of the City of Pontiac and the Project Excel sites to share the student's records with each other for purposes of providing educational support and assistance. In addition, I understand that the school may use this information as well to evaluate the impact of the program on student achievement and to obtain continued funding for the program.

_____ 4. I affirm that upon entering the Project Excel programs, my student is in good health and able to participate fully. I have disclosed any pertinent medical information, as allowable by law, to the Project Excel program, such as food allergies, and any other information that the Project Excel staff should be aware of. Any medication that will be needed to be administered during the Project Excel program will be brought in on the first day of the program, along with detailed information for said administration. Upon enrollment and annually thereafter, the center shall obtain and keep on file at the center a signed statement from the school-age child's parent confirming all of the following: (a) The child is in good health with activity restrictions noted. (b) The child's immunizations are up-to-date. (c) The immunization record or appropriate waiver is on file with the child's school (located in the main office in the child's CA-39).

_____ 5. I give permission for my student to be transported by Project Excel for routine travel, field trips, and special activities. I understand that transportation will be provided in accordance with applicable Michigan Department of Health and Human Services (MDHHS) child care licensing rules, and I accept the inherent risks associated with transportation.

_____ 6. My students has no restrictions unless listed below:

Printed Name _____

Signed Name _____ Date _____

ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK

I have received the Parent Handbook and have read and understand the material covered, as I will be held accountable for the information therein. I understand that if I have any questions regarding this handbook, I may ask the Site Coordinator or Program Director in the Project Excel Office. I will comply with the policies, procedures and other guidelines set forth in the handbook.

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
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 Project Excel.

Child(ren) Name(s)

Parent Name

Parent Signature

Date

THIS FORM MUST BE RETURNED TO PROJECT EXCEL



SCAN THE QR CODE TO ACCESS THE PARENT, STUDENT, AND STAFF HANDBOOK

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CHILD INFORMATION RECORD

State of Michigan

Department of Lifelong Education, Advancement, 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 strikethrough, or "N/A" are not acceptable responses.

For Provider Use Only:	Date of Admission:	Date of Discharge:
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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	2 nd Phone (if applicable)	
Home Address (if not child's address)	City	State	Zip Code
Email Address (optional)	Employer Name	Work Phone	
Parent/Legal Guardian's Name (optional)	Primary Phone	2 nd Phone (if applicable)	
Home Address (if not child's address)	City	State	Zip Code
Email Address (optional)	Employer Name	Work Phone	

Name of Child's Physician or Health Clinic	Physician's or Health Clinic's Phone Number
Preferred Hospital for Emergency Treatment (optional)	Allergies, Disabilities and/or 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 st Individual:	Phone:	2 nd Phone:
2 nd Individual:	Phone:	2 nd Phone:
3 rd Individual:	Phone:	2 nd Phone:

Release of Child Only: List all individuals, other than the parents or legal guardians, to whom the child may be released to (if more individuals, attach additional sheets).

1 st Individual:	Phone:
2 nd Individual:	Phone:
3 rd Individual:	Phone:

Parent/Legal Guardian Initials: I, _____ (initial here), give permission to PROJECT EXCEL (child care provider), 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:
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Date Record Reviewed		Parent / Guardian Initials		Date Record Reviewed		Parent / Guardian Initials		Date Record Reviewed		Parent / Guardian Initials	
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Individuals with disabilities may contact the MiLEAP ADA Coordinator to request an alternative format to these materials. Please visit www.Michigan.gov/ADA for a list of state ADA Coordinators.

MiLEAP is an equal opportunity employer/program.