



New Era Christian School

Preschool Checklist 2024-2025

Family Name

Required at time of enrollment:

- _____ \$200 Deposit (non-refundable)
- _____ Registration/Payment Option Form
- _____ Shelby State Bank Auto Pay Form (if applicable)

A child cannot start school until the following items are completed and turned in (no exceptions):

- _____ Copy of Child's Birth Certificate
- _____ Health Appraisal Form (*must be turned in by the first day of school*)
- _____ Immunization Record
- _____ Child Information Card (*be sure to provide ALL information requested*)

Additional forms to be signed and turned in:

- _____ Written Information Packet Documentation
- _____ Volunteer Background Check
- _____ Field Trip Permission Slip
- _____ Permission for Topical, Non-Prescription Meds

Please keep the Preschool Handbook for your reference!



New Era
Christian School

4-Year-Old Preschool Placement/Registration

DATE: _____

PARENTS: _____ SCHOOL YEAR: 24/25

ADDRESS: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

Class Days and Times for 4-Year-Old Program

Select one:

½ day: Monday, Wednesday, and Friday 8:30 am-11:30 am

Full Day: Monday, Wednesday, and Friday 8:30am-3:00pm

Tuition and Fees

½ day tuition is \$1,450 for the school year. \$200 deposit due at time of registration.

Full day tuition is \$2,900 for the school year. \$200 deposit due at time of registration.

Payment Options

Select one:

I will pay the tuition in full at time of registration.

I will pay the tuition balance of \$1,250 (1/2 day) or \$2,700 (full day) by September 1.

\$156.25 (½ day) or \$337.50 (full day) withdrawn from my bank account September-April through New Era Christian School's automatic payment service. **Please complete the ACH Debit Authorization Form for this option.**

Philosophy

I am aware of the basic philosophy upon which this preschool class exists. It is not a church school, nor a private school, but a parent-controlled school, i.e. The New Era Christian School Society. This school is a third arm to Christian families who enjoy a vital relationship with God and permit that relationship to dominate the atmosphere of their home. New Era Christian School stands ready to join the Christian home and Christian Church in training Christian children for citizenship in two worlds.

Parent Signature

Received:

\$200 deposit Cash/Check # _____ Date _____ Received by _____

\$1,250(1/2day) or \$2,700(full day) tuition balance Cash/Check # _____ Date _____ Received by _____



New Era
Christian School

3 and 4 Year-Old Preschool Placement/Registration

DATE: _____

PARENTS: _____ SCHOOL YEAR: 24/25

ADDRESS: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

Class Days and Times for 3 and 4-Year-Old Program

Tuesday and Thursday 8:30 am-11:30 am

Tuition and Fees

Tuition is \$1,000 for the school year. \$200 deposit due at time of registration.

Payment Options

Select one:

I will pay tuition in full at time of registration.

I will pay the tuition balance of \$800 by September 2.

I commit to having \$100 withdrawn from my bank account each month from September through April through New Era Christian School's automatic payment service. **Please complete the ACH Debit Authorization Form for this option.**

Philosophy

I am aware of the basic philosophy upon which this preschool class exists. It is not a church school, nor a private school, but a parent-controlled school, i.e. The New Era Christian School Society. This school is a third arm to Christian families who enjoy a vital relationship with God and permit that relationship to dominate the atmosphere of their home. New Era Christian School stands ready to join the Christian home and Christian Church in training Christian children for citizenship in two worlds.

Parent Signature

Received:

\$200 deposit Cash/Check # _____ Date _____ Received by _____

\$800 tuition balance Cash/Check # _____ Date _____ Received by _____

New Era Christian School Position Statement

Statement of Beliefs – New Era Christian School's mission is based on God's infallible Word, the Bible, and is explained in the following beliefs:

- **GOD:** There is one infinite, holy, loving, personal God who speaks to us in Scripture and reveals Himself to us in his acts of creation, salvation, and renewal as Father, Son, and Holy Spirit. As finite human beings created in God's image, we declare that it is our purpose and privilege to worship, honor, serve, and obey Him.
- **CREATION:** The world belongs to God, who created it and faithfully sustains it by His providence. Creation is the theater of God's glory, displaying His power and majesty. God calls us to discover creation's resources, to receive these gifts with thanksgiving and delight, and to use them wisely as stewards and caretakers who are responsible to God and to our neighbor.
- **SIN:** Our ability to carry out our human calling to honor God, serve our neighbor, and care for creation is marred by the corrosive effects of sin, which touches every part of life. When our first parents listened to Satan's lie, questioned God's Word, and rebelled against Him, they brought His judgment upon themselves, their descendants, and creation. Brokenness, disease, hatred, arrogance, alienation, abuse of creation, and ultimately death are some of the inevitable fruits of sin in our world.
- **COVENANT:** God has not rejected or abandoned His world but has turned to it in love. He gave the rainbow sign to Noah as a pledge of His promise to care for all creatures. He made a covenant with Abraham, promising to be a faithful God to him and his children, and through them, to bless all nations. He disclosed His law for the human community through His servant Moses, promising rich blessing as the fruit of obedience. God always keeps His promises. We acknowledge with gratitude and joy that He is our God and the God of our children; that we are His people, and that this is His world.
- **REDEMPTION:** As He promised, God in love sent His Son, Jesus Christ, into the world to save us from sin and its consequences. The atoning death of the Son of God is the only complete payment for the debt of human sin, and Christ's resurrection is the only liberation from the powers of evil and death. The victorious Lord sends the Holy Spirit to create faith, cleanse and renew hearts, and build a community of love and holiness. It is this community's mission to proclaim and live this good news and to make disciples of all people in all nations.
- **KINGDOM OF GOD:** Jesus Christ is King of Kings and Lord of Lords. His kingdom is an everlasting kingdom, and He reigns over all things for our good. To be a citizen of this kingdom is a privilege, a joy, and a responsibility. Led by His Spirit, we place our every thought, word, and deed in the service of Christ's present and coming reign, and we live daily in the confident hope of His triumphant return.
- **MARRIAGE AND FAMILY:** God instituted marriage, as biblically defined and historically interpreted, to be a sacred union between a man and a woman, and that sexual intimacy is best expressed within this design. With this in mind, NECS requires that its "standard bearers" – namely board members, staff and volunteers with student mentorship roles – adhere to and promote this position, and that volunteers with student mentorship roles acknowledge and respect this position.

ADMISSION: Our school is open to all families desiring a comprehensive Christian education regardless of race, color, sex, national origin, or denominational affiliation. NECS will, however, always teach historical Christian doctrine as professed in the Apostle's Creed. A parent's or guardian's signature on the annual enrollment agreement represents not only their understanding of this condition, but also their consent to have their child immersed in an educational environment steeped in a Biblically based Christian worldview, including the beliefs on marriage and sexual intimacy outlined in the Statement of Beliefs. Because human beings are created in the image of God their Creator, we also affirm that all humans have inestimable value and must be treated with dignity and respect. We humbly acknowledge our own human frailty and will seek to love one another as He has loved us.

Statement of Agreement

Initials _____

I (we) agree to fully & actively support the Biblical Christian Worldview taught at NECS. _____

I (we) understand that NECS does not turn away families seeking a Christ-centered education due to their income level. Instead, in return for an excellent Christ-centered education, our families pledge an amount that they are able to afford, they promise to pay their pledge on a timely basis and they promise to work toward paying the cost of education even after their children graduate from NECS. _____

I (we) understand that New Era Christian School complies with applicable State law that prohibits discrimination against a student in the full utilization of or benefit from the School, or the services, activities, or programs provided by the School because of race, color, national origin or sex. _____

I (we) understand that New Era Christian School complies with applicable State law that prohibits discrimination in any manner in the full utilization of or benefit from the School, or the services provided and rendered by the School to an individual because of a disability that is unrelated to the individual's ability to utilize and benefit from the School or its services, or because of the use by an individual of adaptive devices or aids. _____

I (we) understand that admission decisions are subject to the governing authorities of New Era Christian School, which reserves the right in its sole discretion to accept or reject any student. _____

I (we) will actively support New Era Christian School, its Board, Administration, Teachers, and Staff through prayer and participation in school functions and by volunteering for school events. I (we) will fully support this School's enforcement of its rules, regulations and discipline policies as stated in the Student Handbook. _____

I (we) agree that if my (our) student(s) does not comply with the rules, regulations and discipline policies of the School, after reasonable opportunities to conform his/her (their) conduct, the School has full authority to discontinue enrollment and/or reject future requests for enrollment, at the School's sole discretion. If disagreement exists about the School's enforcement of such rules, regulations and discipline policies, I (we) will have opportunity to discuss such matters with the Teachers, Administration or Board, as the School believes is appropriate. _____

I (we) will actively and fully support the School's decisions about the educational programs provided to my (our) student(s). I (we) agree to uphold and maintain the fundamental unity of the School, church and the home. Because of the importance of this fundamental unity to the success of the Christian education I (we) desire for my (our) student(s), if there is disagreement with the School's recommended educational programming or policies, I (we) understand and agree that I (we), or the School, at any time, may discontinue my (our) student(s)' enrollment. If there is disagreement with the School's decision to discontinue enrollment, I (we) will have opportunity to discuss the disagreement with the Teachers, Administration or Board, as the School believes is appropriate. _____

I (we) understand that photographs of students and faculty may be used to promote New Era Christian School. Promotional items include, but are not limited to, school publications such as videos, newsletters, home bulletins, donor correspondence and yearbooks; as well as external media such as newspapers, magazines, television stations and various internet publications. In most cases, students' full names will not be used in conjunction with their photos. However, I (we) agree that using a student's full name will be necessary in cases of recognition, yearbook, and general day-to-day information for the school. _____

I (we) understand that middle school students are required to participate in sports and a sports physical is required for all students (forms will be provided to you). _____

I (we) understand that there are times when food items are brought in/made by parents for hot lunches and other events, and the school is not held responsible for any allergies our student(s) may have. _____

I (we) understand that service dogs are allowed in the building at times. _____

I (we) subscribe to the Statement of Belief identified earlier in this enrollment packet. _____

By enrolling, I (we) understand it is primarily because of my (our) earnest desire that my (our) student (s) receive a Christ centered education.

SIGNATURE OF ENROLLING PARENT(S):

(Father)

DATE: _____

(Mother)

DATE: _____



New Era
Christian School

AUTOMATIC PAYMENT SERVICE (ACH DEBIT) AUTHORIZATION AGREEMENT

This form must be completed each year. "SAME" will not be accepted.

I (we) hereby authorize New Era Christian School (NECS) to initiate electronic debit entries to my (our) checking/savings account indicated below and, if necessary, initiate adjustments for any transactions credited or debited in error. I (we) further authorize my (our) bank or financial institution named below (the depository financial institution) to deduct the electronic debit from my (our) checking or savings account indicated below.

_____ I understand that the Automatic Payment amount of \$ _____ authorized by this Agreement will occur on
(initials) the 20th of each month, unless the indicated day is a non-banking day, in which case the debit will occur on the next banking day. Debit entries from my (our) account will begin in August and continue for twelve (12) consecutive months, or until the balance is paid in full.

_____ I understand that any unpaid enrollment fees will be added, in full, to my August payment.
(initials)

_____ I understand that I will be charged based on the full tuition amount, starting with my August payment, if my
(initials) financial aid information is not verified.

Bank Account Information:

You must **attach a voided check** from below described account to this Agreement. In the event you are using a savings account, please contact your local branch for the information below.

Bank Name: _____

Bank City/State: _____

Type of Account: Checking Savings

Transit/ABA Number: _____

Account Number: _____

AUTHORIZATION:

I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. Law. This authorization is to remain in full force and effect until NECS has received written notification by me (or either of us) of its termination in such time and in such a manner as to afford NECS and the Financial Institution a reasonable opportunity to act on it. I (we) also authorize NECS to initiate a debit to my (our) account for any charges NECS incurs if a debit to my (our) account is rejected due to insufficient funds.

First Name

Middle Initial

Last Name

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.)					

BCAL-3731 (Rev. 7-18) Previous edition 6-17 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.	

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

SECTION I - HEALTH HISTORY

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 10%; text-align: center;">Resolved</td> <td style="width: 10%;"></td> <td style="width: 50%;"># Is your child having any of the problems listed below?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>1 Allergies or Reactions (for example, food, medication or other)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>2 Hay Fever, Asthma, or Wheezing</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>3 Eczema or Frequent Skin Rashes</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>4 Convulsions/Seizures</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>5 Heart Trouble</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>6 Diabetes</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>7 Frequent Colds, Sore Throats, Earaches (4 or more per year)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>8 Trouble with Passing Urine or Bowel Movements</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>9 Shortness of Breath</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>10 Speech Problems</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>11 Menstrual Problems</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>12 Dental Problems: Date of Last Exam / /</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>Other (please describe): _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td>Does your child take any medication(s) regularly?</td> </tr> <tr> <td colspan="5">Reason for Medication _____</td> </tr> <tr> <td colspan="5" style="text-align: right;">Parent/Guardian Signature _____ / / Date</td> </tr> </table>	Yes	No	Resolved		# Is your child having any of the problems listed below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1 Allergies or Reactions (for example, food, medication or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		2 Hay Fever, Asthma, or Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		3 Eczema or Frequent Skin Rashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4 Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		5 Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		8 Trouble with Passing Urine or Bowel Movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		9 Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		10 Speech Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		11 Menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		12 Dental Problems: Date of Last Exam / /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other (please describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Does your child take any medication(s) regularly?	Reason for Medication _____					Parent/Guardian Signature _____ / / Date					<p>Birth History:</p> <p>Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p> <p>If yes, list medications:</p> <p>Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____</p>
Yes	No	Resolved		# Is your child having any of the problems listed below?																																																																																		
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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
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Height Weight Other: _____				
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE Reading: _____				
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Type: _____ Date: / / Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm				
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	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.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:	Exam Date: / /

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)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2			2	3
DTaP/DTP/DT/Td	1	4	Influenza (IIV/LAIV)	1	3
	2	5		2	4
	3	6	Meningococcal (MCV4 / MPSV4)	1	2
Tdap	1		Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
Haemophilus Influenzae type b (HIB)	1	3	OTHER Vaccines Specify Date & Type	2	Type of Vaccine(s)
	2	4		1	Date of Vaccine(s)
Polio (IPV/OPV)	1	3		2	
	2	4	3		
Pneumococcal Conjugate (PCV7/PCV13)	1	3	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
	2	4	*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.		
Rotavirus (RV1/RV5)	1	3			
	2				
Measles, Mumps, Rubella (MMR)	1	2			
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____ Health Professional's Signature			_____ Title		____/____/____ Date

		SECTION IV - RECOMMENDATIONS (Required for Child Care and Head Start/Early Head Start)
No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> 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.

WRITTEN INFORMATION PACKET DOCUMENTATION
 Michigan Department of Licensing and Regulatory Affairs
 Child Care Licensing Bureau

Child(ren)'s Name(s) (Last, First)	Facility's Name and License Number New Era Christian preschool DCL640017269
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A written information packet has been provided at the time of enrollment. The packet included all the following information (R 400.8146 (1-2)):

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center 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, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook. (CENTER MUST CHECK ONE)
 - The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, 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.
- Other _____

I certify that I received all of the above items.

 Parent/Guardian Signature

 Date

Note: A single CCL-4340 form may be used for all children in the same family.

LARA is an equal opportunity employer/program.



New Era Christian School

Preschool Volunteer and Background Check Form

Volunteers are a vital part of our preschool program at New Era Christian School. For the safety of our children as well as being required by the State of Michigan, our volunteers agree to go through a criminal background check through a system called ICHAT. Volunteers must also be checked through the Public Sex Offender Registry.

Please complete both sections to provide us with the necessary information.

_____ I give New Era Christian School permission to submit my information for a criminal background check through ICHAT.

- Full Legal name _____
- Date of birth _____

_____ I do NOT give New Era Christian School permission to submit my information for a criminal background check through ICHAT. By selecting NO, I will not be allowed to volunteer in the preschool classroom.

Have you ever been convicted of any civil or criminal offense other than a minor traffic violation?

_____ Yes _____ No

Have you ever been involved in a substantiated case of abuse or neglect of children or adults with any local Family Independence Agency (social services) or other similar agency?

_____ Yes _____ No

If you answered yes to either question above, please explain.

- I understand that abuse and neglect of children is against the law.
- I have been informed of the Center's policies on child abuse and neglect.
- I understand that caregivers are mandated by law to report suspected abuse and neglect of children.

Signature

Date



New Era Christian School

Preschool NECS Field Trip Permission Slip

I give permission for my child to participate in field trips planned and organized by New Era Christian Preschool. I also give permission for my child to be transported in a vehicle to and from the destination.

I give permission for my child to do unplanned or spontaneous walking trips in the neighborhood. The teacher will contact parents if a learning opportunity arises.

Parent Signature

Date

Printed Name

Child's Name



New Era
Christian School

Permission for Topical, Non-Prescription Meds

I give permission for my child to be given topical, non-prescription meds (sunscreen or insect repellent) as needed.

Child's Name _____

Parent Signature _____ Date _____

I do not give permission for my child to be given topical, non-prescription meds (sunscreen or insect repellent) as needed.

Child's Name _____

Parent Signature _____ Date _____