

Warren Woods S.A.C.C. Summer Camp Registration

You must have the following for your registration to be accepted:

- 1) \$77.00 ***NON REFUNDABLE*** registration fee per child along with the registration form. Checks should be made payable to: Warren Woods Public Schools (W.W.P.S.) Your registration fee will cover all field trips, entertainment that we have on-site, activities that are planned, two snacks per day plus two drinks, & 1 field trip t-shirt.
- 2) A signed permission slip for field trips.
- 3) Playground consent form
- 4) Handbook acknowledgement form/media release (only if you have not filled out a new one)
- 5) Weekly attendance sheet for the first week
- 6) A completed good health statement
- 7) Child information record
- 8) Lunch agreement form

For your convenience you may pay your registration fee online at www.warrenwoods.misd.net. Click on PaySchools and then Child Care Fees.

Please complete and return with your registration materials

Child's Name: _____ Grade Last Completed: _____
Home School: _____ Mother or Guardian's Name: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Father or Guardian's Name: _____ Home Phone: _____
Work Phone: _____ Cell: _____
Starting Date: _____
Email: _____

**REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT ALL OF THE ABOVE
INFORMATION. THERE WILL BE NO EXCEPTIONS.**

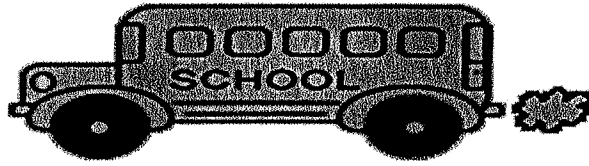
For Office Use Only

Total Amt. Paid: _____

Check #: _____

Cash: _____

Employee's Initials: _____



Summer SACC Permission Slip

I _____ give my child _____
Parent/Guardian's name Child's name

Permission to travel with the Warren Woods School Age Child Care program to the following places:

- American Pie
- Metro Beach Splash Zone
- Fort Fraser
- Great Skate
- Nature Center
- Greenfield Village
- Emigane Theater
- Rose Bowl
- Morley's Candy Shop

Parent/Guardian's signature

Date

CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult 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
Father/Legal Guardian's Name		Home Phone ()	Mother/Legal Guardian's Name		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 (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 Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

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.		()

I give permission to <u>Warren Woods SACC</u> , licensed by the Department of Human Services <small>(Provider's Name)</small>	
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.	
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

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

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Good Health Statement

I _____ verify that my child, _____
Parent/Guardian's name Child's name

Is in good health and his/her immunizations are up-to-date. A copy of my child's immunizations can be found in the office at (circle one) **Pinewood Westwood Briarwood**. I assume responsibility for my child's state of health while at Warren Woods S.A.C.C. The following activity restrictions apply to my child:

1. _____

2. _____

3. _____

Parent/Guardian's Signature

Date

Warren Woods SACC Lunch Agreement

Warren Woods SACC Lunch Agreement Parents are responsible to provide their child with a lunch while in our SACC program. This includes all half days, all no school days, and during summer. If you fail to provide a lunch for your child you will called to bring one in for them. Your child must receive a lunch within one hour after we contact you. Please be aware that parents must also provide utensils, napkins, straws and anything else your child may need for their lunch.

Parent/Guardian's signature

Date

Warren Woods Public Schools
Office of Child Care
12900 Frazho
Warren, Michigan 48089
(586) 439-4884

Dena Russo
Coordinator

PLAYGROUND CONSENT FORM

The Department of Human Services, Bureau of Day Care Licensing has established new criteria for playgrounds and playground equipment. A public (school or park) playground is not required to meet all of the same playground safety regulations that licensed centers are required to meet. Given this information, in order for a child enrolled in a licensed program within a school approved by the Michigan Department of Education to play on the equipment, the parent must give his/her consent. By completing this form and returning it to the Child Care Office, you will be giving your consent for your child to play on the playground equipment. However, if you choose not to give your child permission to play on the playground equipment he/she will still be taken outside with the other children and an alternative activity will be provided.

I give my child _____ permission to play on the playground equipment while in the care of the Warren Woods Child Care Program.

Parent Signature

Date



S.A.C.C. Weekly Schedule

Week Of _____

Name of Child or Children _____

Grade _____

Please write the actual **times** your child or children will be attending.

Monday AM _____

PM _____

Tuesday AM _____

PM _____

Wednesday AM _____

PM _____

Thursday AM _____

PM _____

Friday AM _____

PM _____

S.A.C.C. Weekly Schedule

Week Of _____

Name of Child or Children _____

Grade _____

Please write the actual **times** your child or children will be attending.

Monday AM _____

PM _____

Tuesday AM _____

PM _____

Wednesday AM _____

PM _____

Thursday AM _____

PM _____

Friday AM _____

PM _____



June 2015

Summer SACC at Westwood Elementary (586) 439-4822

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13

Remember to always wear your yellow summer SACC shirts on field trip days (FT)
All field trips and dates are subject to change.

Erika Ali
 School Age Child Care Liaison
 Phone: (586) 439-4870
 Fax: (586) 759-1742
 Email: eali@waw.misd.net

14 "Summer fun"	15	16 Last day of school	17 First day Summer SACC	18 *ENT* All About Jumping	19	20
21 "Animal Adventures"	22	23 *ENT* Exotic Zoo	24	25 *FT* American Pie	26	27
28 Water extravaganza	29	30 *FT* Splash Zone				



July 2015

Summer SACC at Westwood Elementary
(586) 439-4822

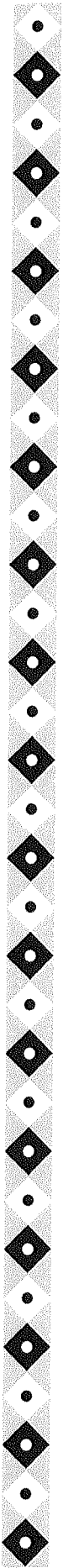
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2 Closed	3 Closed	4
5 "Fun in the sun"	6	7 *FT* Fort Fraser	8	9 *FT* Great Skate	10	11
12 "Safety week"	13	14 *ENT* Stan the Fireman	15	16 *ENT* Lightening Bug	17	18
19 "Wacky food"	20	21 *FT* American Pie	22	23 *ENT* Hightouch Hightech	24	25
26 "Carnival"	27	28 *ENT* Carnival Games	29	30 *ENT* Petting Zoo	31	

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School Age Child Care Liaison

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August 2015

Summer SACC at Westwood Elementary
(586) 439-4822

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						<i>1</i>
2 "Fun with Academics"	3	4 *ENT* Basketball Exhibition	5	6 *FT* Marvin's Mechanical	7	8
9 "Amazing outdoors"	10	11 *FT* Nature Center	12	13 *FT* Greenfield village	14	15
"Party week"	17	18 *FT* Emigane Theater	19	20 *FT* Bowling	21	22
23 "End of August fun"	24	25 *FT* Splash Zone	26	27 *FT* Fort Fraser	28	29

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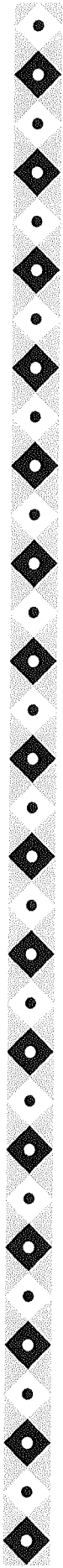
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September 2015

Summer SACC at Westwood Elementary
(586) 439-4822

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30 "Sweet Endings"	31	1 *FT* Morley's Tour	2	3 *ENT* Ice cream truck	4	5
6	7 Closed	8 <i>First day of school</i>	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

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