MOUNT CLEMENS COMMUNITY SCHOOLS

167 Cass Avenue, Mount Clemens, MI 48043 • www.mtcps.org • PHONE (586) 469-6100 • FAX (586) 469-5569

Enrollment Checklist (GSRP)

Office Staff, please check off received paperwork.

GSRP Enrollment Paperwork

- ☐ Student / Family Registration Information Form
- ☐ Student Transportation Form Request
- ☐ Student Emergency Card
- ☐ Statement of Varicella Disease
- ☐ State Board of Education Approved Home Language Survey
- ☐ Residency Affidavit Form
- ☐ Pupil Residency Questionnaire
- ☐ Photo / Performance Release
- ☐ Network and Internet Access Agreement
- ☐ Concussion Awareness Acknowledgement
- ☐ Volunteer Registration Form (if needed)
- ☐ Authorization for Release of Student Records
- ☐ Special Education Enrollment (if needed)
- ☐ Household Information Survey
- ☐ Health Appraisal
- ☐ ASQ Consent Form
- ☐ GSRP Handbook
- ☐ GSRP Notification of Licensing Notebook

Required Enrollment Documents

- ☐ Birth Certificate
  Actual certificate; copies or hospital birth record is not valid.
- ☐ Immunization Records*
  All shots must be given prior to the first day of school.
- ☐ Two Proofs of Residency
  Driver's license of parent/guardian, lease agreement, mortgage, utility bill, and/or property tax statements, etc.

Other Legal Documents

- ☐ Custody, guardianship or foster care paperwork.
  All documents must have current dates and signatures.

**Immunizations are available through your family doctor or through the Macomb County Health Department at a cost.*

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.

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

STUDENT REGISTRATION FORM

Student Information — **Must be filed in Student CA60**

Last	First	Middle	Gender ☐ Male ☐ Female	Grade Entering

Home Street Address (with apt, etc.)	Home City & Zip Code	Primay Phone Number

Date of Birth	Birth City/State (if born in U.S.)	Student Order of Birth (if multiple) 1 2 3 4

Race

Please answer the following by marking one or more boxes to indicate what you consider your student's race to be.

☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ Multi-Racial

☐ Asian American ☐ White or Caucasian (If multi, please check all appropriate boxes, as well)

☐ Black or African American ☐ Hispanic or Latino

Proof of Residency Provided Upon Enrollment (If not School of Choice):

☐ Utility Bill ☐ Parent Driver's License ☐ Lease Agreement ☐ Purchase Agreement ☐ Residency Affidavit ☐ Other

Complete Below Section for Students Born OUTSIDE the U.S.

U.S. Citizen ☐ Yes ☐ No	Date Entered U.S. (month & year)	First Attended School in U.S. (month & year)	Country of Birth

Complete Below Sections for ALL Students

Attended School is this District before? (Including Pre-K) ☐ Yes ☐ No	If Yes, School(s) and Year(s) Attended (Include Year or Grade)

Previous District	Previous School

Previous School Address	Previous School City, State & Zip

Did Your Child Receive Special Services at Former School? ☐ Yes ☐ No — If yes, check all that apply below and provide copy of current IEP, if available.

☐ Special Education ☐ 504 Plan ☐ Speech Services ☐ Social Work ☐ Other Services

Parent/Guardian IN THE HOME — **Information may be released according to FERPA Guidelines.**

Primary Parent/Guardian Name	Employer

Home Phone	Cell Phone	Work Phone

Relationship: ☐Mother ☐Step-Mother ☐Guardian ☐Other ☐Father ☐Step-Father ☐Foster — Email Address

Secondary Parent/Guardian Name	Employer

Home Phone	Cell Phone	Work Phone

Relationship: ☐Mother ☐Step-Mother ☐Guardian ☐Other ☐Father ☐Step-Father ☐Foster — Email Address

Name of Parent Living **Elsewhere**	Relationship to Child

Home Phone	Cell Phone	Work Phone

Address — Have custody papers been provided to the office? ☐Yes ☐No

Should this person receive mailings? ☐Yes ☐No

Custody Restrictions

STUDENT REGISTRATION FORM (2)

Student Name:

Emergency Contacts - Other than Parent/Guardian	Please list below LOCAL contact to be called in case of illness/emergency so student can be released.
Name	Relationship to Student

Home Phone	Cell Phone	Work Phone
Name	Relationship to Student	
Home Phone	Cell Phone	Work Phone
Name	Relationship to Student	
Home Phone	Cell Phone	Work Phone

Other Children Who Reside in the Home

Name	Date of Birth	School	Relationship to Student
Name	Date of Birth	School	Relationship to Student
Name	Date of Birth	School	Relationship to Student

Health Information

Medical Alerts/Health Conditions

☐ Asthma	☐ Diabetes	☐ Vision Problem	☐ Hearing Problem	☐ Heart Condition

Medications Taken

List All Non-Food Allergies and Directions/Procedures for Allergic Reactions ☐ Epi-Pen

Physical Limitations

Food Allergies

Food Allergies

Directions/Procedures for Allergic Reactions ☐ Epi-Pen

Physician Name	Physician Phone	Preferred Hospital

The undersigned hereby acknowledges that the information provided on this form is true and accurate. The undersigned understands that it is his/her responsibility to inform the appropriate school office if and when any of the information on this form changes. Failure to inform the district will subject to termination of enrollment in Mount Clemens Community Schools.

I authorize the physician and/or hospital listed on this document to treat my child in the event of serious illness or accident, when I or the other persons listed on this form cannont be reached. Any obligation for medical expenses resulting from treatment in such a case is my responsibility. Permission to transport my child in case of emergency is also given.

Parent/Guardian Signature	Date

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M.L. King Academy 400 Clinton River Dr, Mt. Clemens, MI 48043
Phone (586) 461-3100 Fax (586) 469-7006 www.mtcps.org

STUDENT TRANSPORTATION REQUEST FORM

TRINITY Transportation

Student's Name: _____ Birth Date: _____

Student's ID: _____

Parent's Name(s): _____

Home Address: _____ City: _____

Cell/Home Phone: _____ Work Phone: _____

A.M. session ☐ P.M. session ☐ FULL day ☐

Pick up Address: _____ City: _____

Drop off Address: _____ City: _____

EMERGENCY CONTACTS:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

DO NOT RELEASE my child to: _____

List any medical information: _____

I agree that if my child is eligible for transportation I will explain the bus rules to my child(ren). If they fail to abide by the rules or disobey the driver they will be subject to a write up and suspended from all busses for the specific period of time based on the school policy, and I agree to honor the suspension.

Parent/Guardian Signature _____ Date: _____

Health Department

Statement of Varicella Disease
CHICKENPOX

The Michigan Public Health Code Act 368 of 1978 Part 92 Immunization and Macomb County Immunization Regulations require all children admitted to any public, private, parochial, special education, alternative education, adult education, career/technical education, homeschool cooperative, virtual school or charter academy, childcare center, nursery school, preschool, camp, or any other organized care or educational facility operating in Macomb County to present a certificate indicating dates of all required immunizations.

Complete the portion below **only** if your child has had varicella (chickenpox) disease. **This form must be signed and witnessed at your child's school/childcare program.**

I certify my child: _____
Last Name First Name M.I.

_____
Birth Date Grade Date of School Enrollment

Has had varicella disease _____
(When did varicella occur: Age or Date?)

Signature: _____ Date: _____
(Parent or Legal Guardian)

Witnessed by: _____ Date: _____
(School/Program Staff)

School District: _____

School/Childcare Program: _____

PLACE THIS FORM IN THE CHILD'S PERMANENT RECORD

2020

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STATE BOARD OF EDUCATION APPROVED HOME LANGUAGE SURVEY*

The Mount Clemens Community School District is collecting information regarding the language background of each of its students. This information will be used by the district to determine the number of children who should be provided bilingual instruction according to Sections 380.1152-380-1157 of the School code of 1995, Michigan's Bilingual Education law. Would you please help by providing the following information?

Thank you very much for you cooperation.

Student's Name: _____ Grade: _____ Age: _____

Name of School Building: _____

1. Is your child's native tongue a language other than English?

   _____ No _____Yes What is the Language? _____

2. Is the primary language used in your child's home environment a language other than English?

   _____ No _____Yes What is the Language? _____

3. What country was your child born in? _____

4. When did your child enter the United States? _____

"Primary language" means the dominant language used by a person for communication.

*Translation of this survey form in Spanish, Arabic, French, Italian, and Ojibwa is available at the Office of Field Services at (517)373-6066.

*All kindergarteners and any student new to this district.

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DIRECCIÓN DE EDUCACIÓN DEL ESTADO APROBADA LENGUA CASERA SURVEY*

El distrito escolar de la comunidad de Mount Clemens está recogiendo la información con respecto al fondo de la lengua de cada uno de sus estudiantes. Esta información será utilizada por el distrito para determinar el número de niños que deban ser instrucción bilingüe proporcionada según las secciones 380.1152-380-1157 del código de la escuela de 1995, ley de la educación bilingüe de Michigan. ¿Usted ayudaría por favor proporcionando la información siguiente? Muchas gracias por su cooperación.

Nombre del estudiante: _____

Grado:_____ Edad: _____

1. ¿Es la lengua materna de su niño una lengua con excepción de inglés?

   No____ Sí____ ¿Cuál es la lengua? _____

2. ¿Es la lengua primaria usada en la ambiente familiar de su niño una lengua con excepción de inglés?

   No____ Sí____ ¿Cuál es la lengua? _____

3. ¿En qué país era su niño nacido? _____

4. ¿Cuándo su niño entró en los Estados Unidos? _____

La "lengua primaria" significa la lengua dominante usada por una persona para la comunicación.

*Translation of this survey form in Spanish, Arabic, French, Italian, and Ojibwa is available at the Office of Field Services at (517) 373-6066.

*All kindergarteners and any student new to this district.

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RESIDENCY AFFIDAVIT FORM

Residency status must be determined before any other enrollment forms can be completed. It need not be used for adult education students, students enrolled in MISD Center Programs that are held in this district, or foreign exchange students, all of which are referred to in current Board Policy statements (#511, #5112 and administration guidelines #5112A and #5112B).

POLICY STATEMENT

Residency is defined as living within the confines of the district boundaries with parent(s) or other legally declared caregiver(s). Board Policy specifically prohibits Limited Guardianship Papers or Power of Attorney arrangement unless the student is living with a relative. Residency implies that the student spends the majority of his/her non-school hours at a residence in the district.

This form must be signed and witnessed at your child's school.

STUDENT INFORMATION

Student Name: _____
Last First Middle

Address: _____
Street City Zip

Phone Number: (_____) _____ -- _____ Date of Birth: _____/_____/_____

Mother's Name: _____
Last First Middle

Address: _____
Street City Zip

Phone Number: (_____) _____ -- _____ Date of Birth: _____/_____/_____

Father's Name: _____
Last First Middle

Address: _____
Street City Zip

Phone Number: (_____) _____ -- _____ Date of Birth: _____/_____/_____

over

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AFFIDAVIT

I attest that my child and I reside within the boundaries of the Mount Clemens Community School District at

(ADDRESS):_____

and that my telephone number **at that address** is (_____) _____ - _____. Further, I understand that providing false information regarding residency may result in immediate loss of attendance privileges.

_____ _____

Parent/Guardian Signature **Date**

_____ _____

School/Program Staff Witness Signature **Date**

School: _____ **Grade Level:** _____

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PUPIL RESIDENCY QUESTIONNAIRE

The answer you give on this questionnaire will help the district determine what services you or your child may be eligible to receive under the McKinney-Vento Act, which protects the rights of students not having a regular, fixed place to live. YOUR ANSWERS ARE STRICTLY CONFIDENTIAL. THIS FORM IS NOT KEPT IN A PERMANENT FILE BY THE DISTRICT.

School: _____ Grade Level: _____

Student's Name: _____
Last *First* *Middle*

Address: _____
Street *City* *Zip Code*

Phone Number: (_____) _____ -- _____

Gender: ☐ Male ☐ Female

1. **Is your current address a temporary living arrangement?**
   ☐ **Yes** ☐ **No**
2. **Is this temporary arrangement due to any involuntary loss of housing or economic hardship?**
   ☐ **Yes** ☐ **No**

   If you answered NO, stop here.

   If you answered YES to the above questions, please complete the following.

3. **Where is the student currently living?** *(Please check **one** box.)*
   - ☐ In a shelter
   - ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
   - ☐ In a hotel/motel
   - ☐ In a car, park, bus, train, or campsite
   - ☐ Any other temporary, non-permanent living situation (please describe): _____
   - ☐ In permanent housing

_____ _____

Printed Name of Parent, Guardian, or Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

_____

Date

STAFF: If the student is **NOT** living in a permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. The District's liaison will assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled.

PLEASE FORWARD COMPLETED FORM TO SARAH MOHLER, LIASION. **DO NOT FILE IN CA-60.**

MOUNT CLEMENS COMMUNITY SCHOOLS

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Photo/Performance Release

Dear Parent/Guardian:

A photograph, videotape, film, or other likeness or image of your child or work created by your child may be included in a district publication such as, but not limited to, the district's or school's web site, yearbook, newsletters, educational grants, educational workshops and educational videos. It is Mount Clemens Community School District's policy to only use first names and last name initial (e.g., John S.) when identifying a student in a photograph.

☐ Yes, I give permission for my child's photo or work to be included in District publications as described above, see below.

☐ No, I do not wish for my child's photo or work to be included in District publications.

I, _____, the undersigned, do hereby grant Mount Clemens Community School District or anyone the District may designate, full permission to use and reproduce or for any legal purpose, any and all photographs and recordings taken by the District, in which my image or voice may appear. I hereby waive any and all claims to said photographs or recordings and to compensation for their use. This release is executed gratuitously and/or for any self-satisfaction which I may derive from any publication or programs in which my photograph or voice will appear.

I understand further that (1) I have the right to consent to the release of my educational records; (2) I have the right to receive a copy of such records upon request; and (3) that this consent shall remain in effect until revoked by me, in writing, and delivered to the District, but that any such revocation shall not affect disclosures previously made by the District prior to the receipt of any such written revocation.

Please print clearly:

Child's Name(s): _____
FIRST LAST

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name: _____

Email: _____ Phone: _____

_____ _____
Parent / Guardian Signature Date

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.

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NETWORK AND INTERNET ACCESS AGREEMENT FOR STUDENTS

This agreement is entered into this _____ day of _____, 20_____ between _____ **(STUDENT'S NAME – Please Print)** hereinafter referred to as Student, and the Mount Clemens Community School District, hereinafter referred to as District.

The purpose of this agreement is to provide Network (Electronic Mail and Electronic Bulletin Board) and Internet access, hereinafter referred to as Network, for educational purposes to the Student. As such, this access will (1) assist in the collaboration and exchange of information, (2) facilitate personal growth in the use of technology and (3) enhance information gathering and communication skills.

The intent of this contract is to ensure that students will comply with all Network and Internet acceptable use policies by the district. In exchange for the use of the Network resources either at school or away from school, I understand and agree to the following.

A. The use of the Network is a privilege which may be revoked by the District at any time and for any reason. Appropriate reasons for revoking privileges include, but are not limited to, the altering of system software, the placing of unauthorized information, computer viruses or harmful programs on or through the computer system in either public or private files or messages. The District reserves the right to remove files, limit or deny access, and refer the Student for other disciplinary actions.

B. The District reserves all rights to any material stored in files which are generally accessible to others and will remove any material which the District at its sole discretion, believe may be unlawful, obscene, pornographic, abusive, other otherwise objectionable. Students will not use their District approved computer account/access to obtain, view, download, or otherwise gain access to such materials.

C. All information services and features contained on District or Network resources are intended for the private use of its registered users and any use of these resources for commercial, for profit or other unauthorized purposes (i.e. advertisements, political lobbying), in any form is expressly forbidden.

D. The District and/or Network resources are intended for the exclusive use by their registered users. The student is responsible for the use of his/her account/password and/or access privilege. My problems which arise from the use of a Student's account are the responsibility of the account holder. Use of an account by someone other than the registered account holder is forbidden and may be grounds for loss of access privileges.

E. Any misuse of the account will result in suspension of the account privileges and/or other disciplinary action determined by the District. Misuse shall include, but not be limited to:
    - Intentionally seeking information on, obtaining copies of, or modifying files, other data, or passwords belonging to other users.
    - Misrepresenting other users on the Network.
    - Disrupting the operation of the Network through abuse of the hardware or software.
    - Malicious use of the Network through hate mail, harassment, profanity, vulgar statements, or discriminatory remarks.
    - Interfering with others use of the Network.
    - Extensive use for non-curriculum related communication.
    - Illegal installation of copy righted software.
    - Unauthorized down-sizing, copying, or use of licensed or copyrighted software.

F. Allowing anyone to use an account other than the account holder.
    - The use of District and/or Network resources are for the purpose of (in order of priority):
        - Support of the academic program
        - Telecommunications
        - General Information
        - Recreational

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G. The District and/or Network does not warrant that the functions of the system will meet any specific requirements the user may have, or that it will be error free or uninterrupted; nor shall it be liable for any direct or indirect, incidental or consequential damages (including lost data, information or time) sustained or incurred in connection with the use, operation, or inability to use the system.

H. The Student will diligently delete old mail messages on a daily basis from the personal mail directly to avoid excessive use of the electronic mail disk space.

I. The District and/or Network will periodically make determinations on whether specific uses of the Network are consistent with the acceptable — use practice. The District and/or Network reserve the right to log internet use and/or monitor the electronic mail space utilization by users.

J. The Student may transfer files from information services and electronic bulletin board services. For each file received through a file transfer, the Student agrees to check the file with a virus detection program before opening the file for use. Should the Student transfer a file, shareware, or software which infects the Network with a virus and causes damage, the student will be liable for any and all repair costs to make the Network once again fully operational and may be subject to other disciplinary measures as determined by the District.

K. The Student may not transfer file, shareware, or software from information services and electronic bulletin boards without the permission of the Technology Coordinator. The Student will be liable to pay the cost or fee of any file, shareware, or software transferred, whether intentional or accidental, without such permission.

L. The Student may only log on and use the Network under the immediate supervision of a staff member and only with his/her authorized account number.

M. The District reserves the right to log computer use and to monitor fileserver space utilization by users.
The District reserves the right to remove a user account on the Network to prevent further unauthorized activity.

In consideration for the privileges of using the District and/or Network resources, and in consideration for having access to the information contained on the Network, or by the Network, I hereby release the District, Network, and their operators and administration from any and all claims of any nature arising from my use, or inability to use the District and/or Network resources.

SIGNATURES

I agree to abide by such rules and regulations of system usage as may be further added from time to time by the District and/or Network. These rules will be available in hard copy form in the Principals office.

_____ _____

Student Signature Date

As the students parent/legal guardian, I agree to this agreement and will indemnify the District for any fees, expenses, or damages incurred as a result of my child's use or misuse of the Network equipment.

_____ _____

Parent/Guardian Signature Date

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MOUNT CLEMENS COMMUNITY SCHOOLS – Grades K - 12

TITLE I PARENT/STUDENT/TEACHER/ADMINISTRATOR COMPACT

Parent/Guardian Agreement

I/we want my/our child to succeed. Therefore, I/we will:

- ✓ Strive each day to make my child's education my number one priority.
- ✓ See that my child is punctual and attends school regularly.
- ✓ Read with my child and let my child see me read.
- ✓ Read and review all information that my child brings home from school.
- ✓ Show interest in my child's education by asking questions, being involved, helping with homework, being aware of what goes on at school, supporting school activities, and monitoring home activities with may interfere with progress in school.
- ✓ Model respect by going to the teacher first about any concerns, trying to keep lines of communication open and understanding there are two sides to every issue.
- ✓ Attend parent/teacher conferences for my child.
- ✓ Attend a parent workshop.
- ✓ Attend at least two functions (Ex: Open House, Special Programs, Parent Workshops, Fairs, etc...)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student Agreement

It is important that I work to the best of my ability. Therefore, I will:

- ✓ Attend school regularly and be punctual.
- ✓ Actively participate in classroom activities, complete and return class/homework assignments and come to school prepared daily.
- ✓ Do my best work and keep trying even when the work seems hard.
- ✓ Follow the school and classroom rules.
- ✓ Display positive behavior towards my peers, staff, teachers, visitors and administrators.
- ✓ Respect my parents, classmates, teachers and other people in the community.
- ✓ Report to class each day with my books, pens, pencils, paper and other necessary tools (equipment/supplies) for learning.
- ✓ Do my part in keeping my school clean and safe.

Student Signature: _____ Date: _____

Teacher Agreement

It Is Important that students achieve, Therefore, we will:

- ✓ Provide a learning environment where a child can be responsible for learning.
- ✓ Provide an enriched and challenging curriculum aligned with the state core curriculum.
- ✓ Provide appropriate and meaningful homework assignments for students.
- ✓ Keep parents informed of their child's academic progress via progress reports and phone calls/letters as needed.
- ✓ Support and attend school functions.
- ✓ Respect the students, their parents and the diverse cultures of the school.

Teacher Signature: _____ Date: _____

On behalf of the Mount Clemens' Teaching Staff

Administrator Agreement

We support this form of Administrative Involvement, Therefore, we will:

- ✓ Provide a positive atmosphere for learning.
- ✓ Create an environment that allows for communication among teachers, parents and students.
- ✓ Support and attend school functions.
- ✓ Enforce the school's discipline policy.
- ✓ Provide leadership and support tor teachers to enhance their professional skills.
- ✓ Support parents in their quest to provide o quality education for their child.
- ✓ Support parents as lifelong learners by providing appropriate resources and learning opportunities.

Administrator Signature: _____ Date: _____

On behalf of the Mount Clemens Administrative Staff

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

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

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** – 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. Don't hide it, report it. 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 heath 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 should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. 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.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

MOUNT CLEMENS COMMUNITY SCHOOLS

167 Cass Avenue, Mount Clemens, MI 48043 • www.mtcps.org • PHONE (586) 469-6100 • FAX (586) 469-5569

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 **MOUNT CLEMENS COMMUNITY SCHOOLS (Sponsoring Organization)**.

_____	_____
Participant Name Printed	Parent or Guardian Name Printed
_____	_____
Participant Name Signature	Parent or Guardian Name Printed
_____	_____
Date	Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

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

MOUNT CLEMENS COMMUNITY SCHOOLS

167 Cass Avenue, Mount Clemens, MI 48043 • www.mtcps.org • PHONE (586) 469-6100 • FAX (586) 469-5569

Copy of Drivers License or State ID required

VOLUNTEER REGISTRATION FORM AND RELEASE OF LIABILITY (2020-2021)

The following information is required for an internet background check, please PRINT LEGIBLY and COMPLETE IN FULL or the *form will be returned.*

☐ Mount Clemens High School ☐ Mount Clemens Middle School ☐ Seminole Academy ☐ ML King Academy

☐ District Athletics ☐ District Volunteer

Student Name:_____

☐ Parent/Guardian ☐ Family Member ☐ Staff Family ☐ Community Member ☐

LEGAL Last Name _____ First Name _____ Middle Initial _____

Maiden Name (if applicable) _____ Phone Number _____

RACE/ETHNICITY: ☐ Asian ☐ Pacific Islander ☐ Hispanic ☐ Black ☐ White ☐ American Indian

GENDER: ☐ Male ☐ Female **DATE OF BIRTH:** _____ / _____ / _____ Month Day Year

Home Address **City** **State** **Zip Code**

☐ I understand that I am not an employee of the School District, and that I am offering my services to the Mount Clemens Community School District freely and voluntarily, at my own will and volition, without any expectation or promise of monetary compensation or benefits of any kind.

☐ I understand that my services may be terminated by either myself or the District, at the will of either party, without cause, and without prior notice for any reasons deemed sufficient by the terminating party.

☐ I understand that I am not a general agent or representative of the school district, and will not hold myself out to be so. I will not exceed the authority or responsibility delegated to me by the Building Administrator.

☐ I understand that I WILL NOT be eligible for workers' compensation coverage and WILL NOT be covered under any of the District's health insurance policies for any illnesses or injuries sustained in the course of my volunteer service.

☐ ***I hereby release the Mount Clemens Community School District of any and all claims of liability for any illness, injury or other loss sustained or incurred by me, as a direct or indirect result of my volunteer service.*** _____ ***(Volunteer's initials).***

☐ I understand that as a volunteer, I will be required to abide by all school board rules, regulations and policies, either published or in effect by usage and all rules, regulations, as well as the laws of the State of Michigan, and the Code of Conduct on the attached page(s).

☐ I understand that ***I am not allowed to use corporal punishment to discipline any students with whom I may come into contact.***

☐ I understand that student records and information is confidential, and I will not disclose or discuss same without appropriate consent.

☐ I have not been convicted of, or pled guilty or nolo contendere (no contest) to, any felony or other crimes, except _____.

☐ **I certify that all information given on this application is true and complete. Any misrepresentation, omission or incorrect statement of facts called for in this application is cause for immediate dismissal of me as a volunteer.**

I understand that a criminal history records check will be conducted, and I have signed the attached consent form for that purpose.

Signature of Volunteer _____ Date _____

CONSENT TO CRIMINAL HISTORY RECORDS CHECK

I understand, that prior to providing any volunteer service, the Mount Clemens Community School District conducts a criminal history check of all applicants. I authorize Mount Clemens Community Schools to utilize my personal information disclosed herein to obtain a criminal history file search from the Michigan Department of State Police and such other police agencies as may have such records.

Signature of Volunteer _____ Date _____

Mount Clemens Community School District does not discriminate on the basis of race, religion, color, veteran status, sex, age, height, weight, national origin, marital status, pregnancy, handicapping condition or disability. A disabled or handicapped individual may allege a violation regarding failure to accommodate under the Michigan Handicappers' Civil Rights Act only if the individual notifies the employing institution, in writing of the need for accommodation within 182 days after the date on which the handicapped or disabled individual knew or reasonably should have known that an accommodation was needed. Written notification of the need for accommodation in the application or selection process and/or questions regarding this notice should be directed to the Mount Clemens Community School District at 167 Cass Avenue, Mount Clemens, Michigan, 586-461-3777.

MOUNT CLEMENS COMMUNITY SCHOOLS

167 Cass Avenue, Mount Clemens, MI 48043 • www.mtcps.org • PHONE (586) 469-6100

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Last School Attended: _____

Address: _____
Street City Zip Code

Phone Number: __(_____)_____ Fax Number: __(_____)_____

I hereby give my consent for the release of the education records of my children:

Student's Name	Date of Birth	Grade Level

PLEASE MAIL OR FAX STUDENT RECORDS TO:

- ☐ Mount Clemens High School, 155 Cass Avenue, Mount Clemens, MI 48043, Phone: (586) 461-3418, Fax: (586) 469-7058
- ☐ Mount Clemens Middle School, 161 Cass Avenue, Mount Clemens, MI 48043, Phone: (586) 461-3418, Fax: (586) 469-7058
- ☐ Seminole Academy, 1500 Mulberry, Mount Clemens, MI 48043, Phone: (586) 461-3900, Fax: (586) 469-7027
- ☐ M.L. King STEAM Academy, 400 Clinton River Drive, Mount Clemens, MI 48043, Phone: (586) 461-3100, Fax: (586) 469-7006

PLEASE INCLUDE THE FOLLOWING WITH THE CA-60:

- ☐ Official School Transcript
- ☐ Test Scores
- ☐ Grades/Report Cards
- ☐ Grade Placement
- ☐ Attendance Records
- ☐ UIC
- ☐ Discipline Information
- ☐ Current IEP
- ☐ Special Education Records

_____ _____
Parent/Guardian Signature Date

_____ _____ _____
Mount Clemens School Personnel Signature **Date Sent** **Date Received**

Under the provision of the Privacy Rights of Parents and Students Act, page 1213, Subpart D, 99.30(b), it is not necessary to the written consent of the parents to release records "to officials of other schools or school systems in which the student seeks or intends to enroll..."

King Academy
400 Clinton River Drive
Mount Clemens, MI 48043

Household Information Survey

SCHOOL USE ONLY
Approved for:
1 ☐ 2 ☐

To determine eligibility for various additional state and federal program benefits that your child(ren) may qualify for, please complete, sign and return this application to King Academy (school name).

These sections must be completed by the head of household or designee.

PART A. SIZE OF FAMILY - Enter the total number of individuals living in your household, including all adults and children ⟶

PART B. CURRENT BENEFITS - Complete below if applicable

If any member of your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or FDPIR, provide the name and case number for the person who receives benefits. Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers.

Name: _____ Case Number: _____

PART C. STUDENT INFORMATION – Complete for each student Pre-K through 12th Grade

	Last Name	First Name	Birth Date XX-XX-XXXX	School	Identify H if Homeless M if Migrant R if Runaway F if Foster
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as a Page 2.

PART D. TOTAL MONTHLY HOUSEHOLD INCOME – Report income for all members of household excluding Foster Children. If you have reported a case number above, you do not need to fill in this section. Simply sign and date form.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	$	None
2. Monthly Welfare Payments, Child Support, Alimony	$	None
3. Monthly Payments from Pensions, Retirement, Social Security	$	None
4. Monthly Dividends or Interest on Savings	$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefits	$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	$	None
Total Monthly Household Income (Add lines 1-6)	$	

PART E. SIGNATURE - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a Social Security Number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal/state funds based on the information I give. I understand that sponsor officials may verify (check) the information.

Sign Here: X _____ Print Name: _____ Date: _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ ☐ I do not have a Social Security Number

Address City Zip Code

Home Phone	Work Phone	Email Address
		By providing your email address you may be contacted via email by the district

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

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?
☐	☐	☐	1 Allergies or Reactions (for example, food, medication or other)
☐	☐	☐	2 Hay Fever, Asthma, or Wheezing
☐	☐	☐	3 Eczema or Frequent Skin Rashes
☐	☐	☐	4 Convulsions/Seizures
☐	☐	☐	5 Heart Trouble
☐	☐	☐	6 Diabetes
☐	☐	☐	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
☐	☐	☐	8 Trouble with Passing Urine or Bowel Movements
☐	☐	☐	9 Shortness of Breath
☐	☐	☐	10 Speech Problems
☐	☐	☐	11 Menstrual Problems
☐	☐	☐	12 Dental Problems: Date of Last Exam / /
☐	☐	☐	Other (please describe): _____

☐ ☐ Does your child take any medication(s) regularly?

Reason for Medication

_____ / /
Parent/Guardian Signature Date

Birth History:

Are there any current or past diagnosis(es) ☐ Yes ☐ No

If yes, please describe:

If yes, list medications:

Was the health history reviewed by a health professional?
☐ Yes ☐ No ***Examiner's Initials:*** _____

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
☐	☐	VISION	Visual Acuity			
			Muscle Imbalance			
		Date: / /	Other:			
☐	☐	HEARING	Audiometer			
			Other:			
		Date: / /				
☐	☐	URINALYSIS	Sugar			
			Albumin			
		Date: / /	Microscopic			
☐	☐	BLOOD LEAD LEVEL	Level _____ ug/dl ⇨			
		Date: / /				

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	HEIGHT & WEIGHT	Height			
			Weight			
☐	☐	Other: _____	Other			
☐	☐	HEMOGLOBIN / HEMATOCRIT	⇨			
☐	☐	BLOOD PRESSURE	Reading: _____			
☐	☐	TUBERCULIN	Type: _____			
		Date: / /	Neg.: ☐ Pos.: ☐ _____ mm			

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	
Hepatitis B (HepB)	1	3
	2	
DTaP/DTP/DT/Td	1	4
	2	5
	3	6
Tdap	1	
Haemophilus Influenzae type b (HIB)	1	3
	2	4
Polio (IPV/OPV)	1	3
	2	4
Pneumococcal Conjugate (PCV7/PCV13)	1	3
	2	4
Rotavirus (RV1/RV5)	1	3
	2	
Measles,Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (HepA)	1	2
Influenza (IIV/LAIV)	1	3
	2	4
Meningococcal (MCV4 / MPSV4)	1	2
Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	2	
OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	1	
	2	
	3	

History of Chickenpox Disease? ☐ Yes ☐ No If yes, date:

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

*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.

Parent/Guardian refused immunizations: ☐

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	
☐	☐	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:
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ 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.

King Academy
400 Clinton River Drive
Mount Clemens, MI 48043
586-461-3100

ASQ Parent/Guardian Consent Form

The ASQ consists of a series of questionnaires that screen and monitor a child's development between two months and five years old. The results determine the need for specialized services. Research has shown that the sooner children are identified as having delays and the sooner they get help, the better their chances of making significant developmental strides. Sooner is better! The activities discussed in each questionnaire reflect developmental milestones for each group. Questions will address all areas of development---communication, gross motor, fine motor, problem-solving, and social emotional.

We complete screenings 1 time during the school year in the Fall. Notice of completion due date will be provided by your child's teacher during the school year/

If you have any questions, please contact Melissa Laseck, Director of GSRP at 586-461-3100 or LaseckM@mtcps.org.

Child's Name Date of Birth

* I understand my signature below gives consent for my child to participate in a developmental monitoring program using the standardized Ages and Stages Questionnaire. I also acknowledge that I will receive a copy of the assessment results.

Parent/Guardian Signature Date

A copy of the signed form will be in the student's file.

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.

MOUNT CLEMENS COMMUNITY SCHOOLS

Great Start Readiness Program (GSRP) at King Academy

Parent Handbook Acknowledgement

- ✓ I have received a copy of the MTCPS GSRP Parent Handbook.
- ✓ I understand that the GSRP Parent Handbook may not cover every issue that arises and, as a result, creates the need for communication between the teaching staff and myself.
- ✓ I understand that I am held accountable for these policies until my child is no longer enrolled in MTCPS GSRP.
- ✓ I understand that MTCPS GSRP reserves the right to change these policies and will notify me in writing as soon as possible after any changes have been made.
- ✓ I understand that MTCPS GSRP is a State of Michigan Licensed Child Care and as such, a licensing notebook containing all the licensing inspection and special investigation reports and related corrective action plans is available for my perusal and located in the main office.
- ✓ I have reviewed and discussed any pertinent information with my child.
- ✓ I have read and agree to all the terms and conditions set forth in the MTCPS GSRP Parent Handbook.

Child's Name: _____

Parent's signature: _____

Date: _____

MOUNT CLEMENS COMMUNITY SCHOOLS

Great Start Readiness Program (GSRP)

Parent Handbook

KING ACADEMY

400 Clinton River Dr.

Mount Clemens, MI 48043

(586) 461-3100

Melissa Laseck

Program Director

Monique Beels

Superintendent

Contents

Mount Clemens Mission Statement

The mission of Mount Clemens Community Schools is to teach ALL students so that they achieve beyond expectations and meet the challenges of a diverse and rapidly changing world.

Philosophy

As child advocates it is our goal to provide a solid foundation for learning by providing educational opportunities based on the individual needs of each child. Students will be provided engaging materials to foster their development and promote academic success.

Licensing Notebook

The program maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. The notebook is 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.

Eligibility

Children must be four years old on or before September 1st of the school year in which they are enrolling. Mount Clemens residents who have age eligible children must qualify with proof of income and risk factors. Families are contacted and an initial phone screening is conducted to determine potential eligibility. Parent interviews are held in the summer for fall enrollment. Along with the Mount Clemens GSRP enrollment packet, the following documents are required during the parent interview:

- Original birth certificate
- Proof of income
- Proof of residency
- Photo ID of the parent/guardian
- Custody court order (if necessary)

Parents are informed that a health appraisal & immunization records for their child must be on file within 30 days from the student's first day of school to continue their enrollment in GSRP. Vaccines are required for preschool enrollment in Michigan. To receive an immunization waiver form, parents must contact the Macomb County Health Department at (586) 469-5235.

Enrollment

During the parent interview, eligibility factors are determined. Income may determine that a family qualifies for Head Start. Those families will be referred to Head Start and given contact information to apply for their program. GSRP classrooms maintain an 8:1 child/adult ratio. When the program is enrolled to capacity, a waiting list is established. Families on the wait list will have an initial phone screening to help determine eligibility. As space becomes available during the school year, qualified families are contacted.

Withdrawal and Exclusion

A child may be excused from the GSRP program at any time by parent request. Exclusion from the GSRP program may occur due to the following:

-Excessive absences, ten or more unexcused

-Failing to provide a current health appraisal, immunization records/waiver

Sliding Fee Tuition Scale

The Great Start Readiness program utilizes a sliding fee tuition scale. Income and tuition fees are calculated at the time of enrollment. Monthly tuition statements will be provided, families will be required to pay King Academy monthly. Families whose income falls below 250% of the federal poverty income guidelines will have no fee to attend GSRP. Families that place between 251% and 350% will pay $362.50 per school year. Families placing above 351% will pay $725 per school year. During the school year, if family circumstances change, a request may be made to recalculate tuition. Families that are required to pay tuition will not occur any other costs for the program.

Hours of Operation

The GSRP program offers full day classes that run Monday through Thursday. Classes start at 8:00am and end at 2:54pm. If a child is still present after dismissal or is returned to school by bus transportation, we will first attempt to reach the parent. If we are unable to reach a parent, the office will contact adults listed on the child's emergency card. If we are unable to reach a parent or emergency contact, the Macomb County Sheriff's Department will be contacted.

Arrival, Dismissal and Transportation

During arrival, staff will unload busses and walk the children in the building. If a parent is dropping off a child, the parent must park their vehicle in the parking lot (not the bus loop) and

accompany the child into the building. Parents must sign the child in with their classroom teacher. During dismissal, staff will escort children to their bus. If a parent is picking up a child, the parent must park their vehicle in the parking lot (not the bus loop) and wait in the main hallway. Parents must be present at dismissal time and sign the child out with their classroom teacher. Proper identification will be requested at pick up. Children WILL NOT be released to persons who are not listed on the student's emergency card. Bus transportation to and from school is available for in-district students. Students are to arrive at their bus stop 10 minutes before the bus is scheduled to arrive.

Calendar, Closing and Classroom Daily Schedule

The GSRP program follows the Mount Clemens Community Schools calendar for all vacation days. GSRP classes begin September and end in mid-June. A GSRP school year calendar and an outlined classroom daily schedule will be provided to families during their first home visit. Parents will need to supply a small blanket and small pillow for rest time. Each child will be provided a cot to rest on. Parents will be notified of any school closings by the MTCPS automated call system.

Home Visits and Conferences

A requirement of the GSRP program is for teaching teams to meet with families four times per school year. Teaching teams will schedule home visits in the beginning and end of the school year. The first visit is to answer any questions and to help ease the transition into preschool before the first day of school. During this home visit, parents are asked to complete an ASQ screener (Ages and Stages Questionnaire) to help when planning educational classroom activities. The end of the year home visit is to help ease the transition out of preschool and into Kindergarten. Two conferences are scheduled during the school year, in November and April to discuss each child's developmental progression.

Curriculum, Objectives and ASQ Screener

Teaching Strategies Creative Curriculum is the research-based curriculum GSRP teachers implement in their classrooms. Initial screening using the ASQ (Ages and Stages Questionnaire) provides the teachers with a baseline of information needed to plan appropriate activities. The 38 objectives for development and learning will be provided to parents during their initial home visit. The Creative Curriculum is organized into nine learning areas:

Social/Emotional	Physical	Language
Cognitive	Literacy	Math

Social Studies Science & Technology Art

Visit www.TeachingStrategies.com for additional information.

Parent Involvement and Field Trips

Children who are successful in school have strong and positive interconnections between family, school, and community. There are many ways for parents to be involved in their child's education:

-Daily pick up and drop off times to discuss their day

-GSRP Parent meetings, two meetings per school year

-Conferences & Home Visits

-Donate items that represent your family's culture

-Family events, two evenings per school year

-Field trips: Interested volunteers must complete a background check and be approved before attending a GSRP field trip. Parents are encouraged to complete the form during their parent interview while enrolling their child into the GSRP program. There is no cost for a GSRP student to attend a field trip. Bus transportation is not provided for field trips, it is the responsibility of the parent/guardian to transport their student. An approved parent/guardian must accompany their child at all times during the field trip, siblings are not able to attend. There is no school on field trip days, if your child is not able to attend the field trip please keep him/her home. Permission slips will be distributed with detailed field trip information.

Staff Qualifications, Screenings and Reporting Child Abuse

The Great Start Readiness Teachers and Associate teachers have college educations specializing in child development and early childhood education. At all times, at least one staff member on duty has current certification in CPR and First Aid. All staff members annually participate in 16 hours of professional development. The Michigan Department of State Police has conducted criminal history records check on all staff. The Federal Bureau of Investigation and Department of Human Services has checked all staff for a history of substantiated abuse and neglect. Child protection law states that a teacher, school psychologist, social worker, administrator, counselor or regulated child care provider who has reasonable cause to suspect child abuse or neglect shall make immediately, by telephone or otherwise, an oral report of the suspected abuse to Child Protective Services.

Illness and Medication

Please call King Academy at 586-461-3100 to report a student's absence.

Illness: If your child becomes ill at school, you will receive a phone call from the office and the child must be picked up as soon as possible. The Macomb County Health Department requires students to stay home for 24 hours AFTER:

-fever is gone WITHOUT the aid of medications

-last time child vomited

-last bout of diarrhea

-starting medication for an infection

Parents must keep children home if they have the following communicable diseases:

Chicken Pox	Measles	Scabies	Conjunctivitis (Pink Eye)
Ring Worm	Strep Throat	Impetigo	Infectious Mononucleosis
Diarrhea	Vomiting	Unidentified Rash	

Temperature of 100.0 degrees or more

Medication: If a child must receive medication during school hours, the following procedures must be followed:

1. Parent must accurately complete and sign the medication form (physician signature may be required) and drop off the medication to the school.
2. Medication must be in the original container with label intact and child's name and dosage clearly marked.
3. Parent must provide appropriate medical spoon or cup if required.
4. Staff will note the date, time and initial the medication log after each dosage.
5. Parents are required to pick up any left-over medications at the end of the school year.

Injury, Action Plans and Emergency Procedures

Staff will verbally notify parents by phone or in person at dismissal of typical, minor injuries. These injuries will be treated with first aid such as rinsing a cut or applying a cold compress to a bump. If a child has a symptom or injury that results in the child needing to be sent home, the office will call the parent and the child will need to be picked up as soon as possible. In the case of a serious injury or accident, the teacher will immediately begin first aid, direct other staff to contact the GSRP director and call 911, if necessary. Parents will be contacted immediately – if

parents are unavailable, the emergency contacts will be called. Please keep student emergency cards updated at all times.

Action plans are required for students with Food Allergies and/or Seizures. Parents will document student's name and treatment information, as well as emergency response protocol, special considerations and safety precautions. This information is shared with the office staff and classroom teachers, if any information changes please notify the main office staff.

Fire Drills are practiced throughout the year. Students will exit the building in a quiet, timely manner and will remain with their teachers in their designated location until allowed back into the building. All classrooms have a designated escape route and a specific location outdoors.

Severe weather/tornado drills are practiced during the school day. In the event of a warning, the children will be taken to a designated area of the school building, depending upon where they are at the time the warning is issued.

Should it be necessary to evacuate the building and not return, students will be walked to a safe location nearby. No parent will be allowed to remove a child at any time before we reach our evacuation site and are prepared to release the children. Anyone picking up a child at that location will be required to show photo identification and sign the child out from their classroom teacher. Please keep student emergency cards up to date.

Behavior, Discipline and Confidentiality

Appropriate responses to behavioral concerns within the classroom include:

-Redirection
-Quiet time for calming and reflection
-Teacher-guided conversation encouraging positive choices
-Parent contact
-Behavior plan

Ongoing concerns may result in a child study, which will involve the teacher, GSRP administrator, and the district's social worker and/or school psychologist. If it is the opinion of the child study team that the child is not benefiting socially, emotionally, physically or mentally in the program or if your child will cause harm socially, emotionally, physically or mentally to other children,

other program options may be discussed, including but not limited to a reduction in class time. A plan will be set to re-evaluate and add back class time.

State of Michigan Department of Human Services, Bureau of Children and Adult Licensing R400.8140 prohibits:

-Corporal punishment
-Mental or emotional punishment
-Restriction by tying or binding, deprivation of rest, meals or toilet use
-Exclusion from outdoor play or gross motor activities, daily learning activities
-Confining a child in an enclosed area

It is important that the privacy of our students, families and staff is maintained at all times. The staff are required to keep all information about students and families confidential.

Meals, Snacks and Birthday Treats

All meals and snacks are provided by the GSRP program. We recognize the value of a nutritious, well-balanced meal for young children. We encourage and discover new foods and new tastes while eating "family style". This encourages table manners and practice in passing, scooping, and pouring their own food and drink. Outside food is prohibited by the GSRP program, with the exception of store-bought birthday treats. Please contact the child's teacher in advance due to possible student/staff allergies. King Academy participates in the Child and Adult Care Food Program (CACFP), a United States Department of Agriculture (USDA) program.

Breakfast	Lunch and Supper	Snack (serve 2 different food items from the 5 food component groups below)
Milk Fruit, Vegetable, or a combination of both Grain	Milk Meat or Meat Alternate Vegetable Fruit (or second Vegetable) Grain	Milk Meat or Meat Alternate Vegetable Fruit Grain

Child and Adult Care Food Program Michigan Department of Education P.O. Box 30008 Lansing, Michigan 48909 or call 517-241-5353

Other General Policies

Parent Concerns:

In order to address parent concerns and/or suggestions at the most appropriate and effective level, we suggest daily concerns can be brought to the attention of the child's teachers. You can contact the teachers by phone, email, leaving a written message or scheduling a meeting. If parent concerns persist, contact the GSRP director, who is available for a meeting upon request.

Special Services Referral:

Should a parent feel their child may require special services, they should please bring the concern to the attention of the child's teacher and the building administrator. If families are in need of community resources, please visit www.connection.misd.net or speak with the child's teacher.

Clothing:

We have paint, markers, sand, shaving cream, and all sorts of other fun and "messy" things that we play with daily! Comfortable shoes for walking, running, and climbing keep children safe. Each student should bring an extra set of clothes (shirt, pants, underwear, socks) with them on the first day to keep at school in case of accidents or spills. Please rotate seasonal clothes as needed. Extra clothing items will be returned at the end of the school year.

Outdoor Play:

Students go out every day, with the exception of extreme weather temperatures. If the temperature and wind chill are 20° F or above, the class may be playing outside. Please be sure to dress your child in appropriate clothing for the current season.

Toys:

We ask that your child leave ALL toys at home. The parent is responsible if a child does bring anything to school. The MTCPS GSRP program is not responsible for damaged or lost toys, electronic devices, etc.

Lost and Found:

Please label all of your children's belongings, such as backpacks, jackets, hats, gloves. This will help to prevent the loss or mix-up of personal items. King Academy has a "lost and found" table located in front of the main office, you are encouraged to check for lost items throughout the school year.

Student Handbook Addendum per COVI-19 notification for Mt. Clemens Community Schools:

Mt. Clemens Community Schools has aligned safety protocols and infectious disease prevention measures in accordance with the Governor's Return to Learn plan, the Macomb County Health Department and the Macomb County Intermediate School District with reference to best practices in schools during a pandemic (specifically COVID-19). We are creating options that Parents(s)/Guardians(s) may choose that best suits family needs in order to maintain safety and minimize risk to the children. Students who receive support services through a 504, IEP and Title 1 will continue to receive those services as outlines through their individual plans. As the information regarding COVID-19 is constantly changing, these options/plans will be updated as needed. If community spread becomes more prevalent during the 2020-2021 school year, Mt. Clemens will provide educational opportunities for all students through a remote or virtual platform.

Parent Notice of Program Measurement*

MOUNT CLEMENS GSRP is required to work with the Michigan Department of Education (MDE) to measure the effect of the state-wide Great Start Readiness Program (GSRP). Information is sometimes collected about GSRP staff, enrolled children, and their families. Program staff or a representative from MDE might:

- Ask parents questions about their child and family.
- Observe children in the classroom.
- Measure what children know about letters, words, and numbers, etc.
- Ask teachers how children are learning and growing.

Information from you and about your child will not be shared with others in any way that you or your child could be identified. It is protected by law.

Questions? Please contact:

- MOUNT CLEMENS GSRP, Melissa Laseck (586) 461-3100
- The MDE Office of Great Start, Preschool and Out-of-School Time Learning at: mde-gsrp@michigan.gov
  (517) 241-7004
  608 W. Allegan, P.O. Box 30008, Lansing, MI 48909.

*Provided to parents upon enrollment and/or included in the GSRP Parent Handbook. Office of Great Start Outcomes Children are born healthy. Children are healthy, thriving and developmentally on track from birth to third grade. Children are developmentally ready to succeed in school at time of school entry. Children are prepared to succeed in fourth grade and beyond by reading proficiently by the end of third grade

Return this completed form to: M.L. King Academy, 400 Clinton River Drive, Mount Clemens, MI 48043, 586-461-3100

Participant Enrollment Form

Instructions:

1. List full name of participant enrolled in care
2. Circle the typical days each participant is in care
3. List times each participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino*
6. Select one or more racial designations of each participant using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White*
7. Sign and date the form and return to your care center

Participant's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		

* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

Adult/Parent/Guardian's Address

Adult/Parent/Guardian's Phone Number

Signature of Adult/Parent/Guardian

Date Signed

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov This institution is an equal opportunity provider.

MICHIGAN Department of Education