

New Era Christian School Childcare Checklist

Prior to start date: (to be returned to NECS)

- ☐ Child Information Card
- ☐ Copy of Child's Birth Certificate
- ☐ Immunization Record
- ☐ Health Appraisal
- ☐ Written Information Packet
- ☐ Recall List & Licensing Rulebook Form
- ☐ Volunteer Background Check
- ☐ Field Trip Form
- ☐ Topical, Non-prescription Meds
- ☐ Contract/Financial Agreement (not included in initial enrollment packet)

Prior to start date: (to keep at home)

- ☐ Statement of Belief
- ☐ Parent Handbook
- ☐ Calendar

CHILD INFORMATION RECORD

State of Michigan

Department of Lifelong Education, Advancement, and Potential – Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a strikethrough, or "N/A" are not acceptable responses.

For Provider Use Only:	Date of Admission:	Date of Discharge:
-------------------------------	--------------------	--------------------

Name of Child (Last, First, Middle Initial)	Child's Date of Birth
Address (Number and Street, Building/Apartment Number)	City
State	Zip Code

Parent/Legal Guardian's Name	Primary Phone	2 nd Phone (if applicable)	
Home Address (if not child's address)	City	State	Zip Code
Email Address (optional)	Employer Name	Work Phone	
Parent/Legal Guardian's Name (optional)	Primary Phone	2 nd Phone (if applicable)	
Home Address (if not child's address)	City	State	Zip Code
Email Address (optional)	Employer Name	Work Phone	

Name of Child's Physician or Health Clinic	Physician's or Health Clinic's Phone Number
Preferred Hospital for Emergency Treatment (optional)	Allergies, Disabilities and/or Special Instructions? Attach additional sheets if necessary.

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank (if more individuals, attach additional sheets).

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

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

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

Parent/Legal Guardian Initials: I, _____ (initial here), give permission to _____ (child care provider), licensed by the Department of Lifelong Education, Advancement, and Potential, to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian:	Date:
----------------------------------	-------

Date Record Reviewed	Parent / Guardian Initials	Date Record Reviewed	Parent / Guardian Initials	Date Record Reviewed	Parent / Guardian Initials
----------------------------	----------------------------------	----------------------------	----------------------------------	----------------------------	----------------------------------

Individuals with disabilities may contact the MiLEAP ADA Coordinator to request an alternative format to these materials. Please visit www.Michigan.gov/ADA for a list of state ADA Coordinators.	MiLEAP is an equal opportunity employer/program.
---	--

MDHHS-3305, HEALTH APPRAISAL
Michigan Department of Health and Human Services (MDHHS)
(Revised 7-24)

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 1. Section 4 may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse, dentist, dental therapist, and dental hygienist.

(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION).

SECTION 1 – PERSONAL

Child's Name (Last, First, Middle)	Date of Birth (mm/dd/yy)
Address (Number, Street, City, Zip Code)	Today's Date (mm/dd/yy)
Parent/Guardian (Last, First, Middle)	Home/Cell Phone Number
Address (Number, Street, City, Zip Code)	Work Phone Number

SECTION 2 – HEALTH HISTORY

Yes	No	Resolved	Is your child having any of the problems listed below?	Birth History
☐	☐	☐	1. Allergies or Reactions (for example, food, medication or other)	
☐	☐	☐	2. Anaphylaxis	
☐	☐	☐	3. Does your child take any medication(s) regularly?	If yes, list medications
☐	☐	☐	4. Hay Fever, Asthma, or Wheezing	
☐	☐	☐	5. Eczema or Frequent Skin Rashes	
☐	☐	☐	6. Convulsions/Seizures	
☐	☐	☐	7. Heart Trouble	
☐	☐	☐	8. Diabetes	
☐	☐	☐	9. Frequent Colds, Sore Throats, Earaches (4 or more per year)	Are there any current or past diagnosis(es) ☐ Yes ☐ No
☐	☐	☐	10. Trouble with Passing Urine or Bowel Movements	If yes, describe

☐	☐	☐	11. Shortness of Breath	
☐	☐	☐	12. Speech Problems	
☐	☐	☐	13. Menstrual Problems	
☐	☐	☐	14. Dental Problems Date of Last Exam OR Date of Last Assessment	
☐	☐	☐	15. Other (describe)	

Reason for Medication

Concussion History

Parent/Guardian Signature

Date

Was the health history reviewed by a health professional?

Examiner's Initials

☐ Yes ☐ No

SECTION 3 - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Test and Measurements

Yes	No	Was child test for	Tests and results	Normal	Referred	Under Care
☐	☐	Vision	Visual Acuity	☐	☐	☐
		Date	Muscle Imbalance	☐	☐	☐
			Other	☐	☐	☐
☐	☐	Hearing	☐ Audiometer (R= Right, L=Left)			
		Date	☐ OAE (R= Right, L=Left)			
			☐ Other (R= Right, L=Left)			
☐	☐	Urinalysis	Sugar	☐	☐	☐
			Albumin	☐	☐	☐
			Microscopic	☐	☐	☐
☐	☐	Blood Lead Level	Level ug/dl	☐	☐	☐
		Date				

Note: All children in Medicaid need to be tested at 1 and 2 years of age, or once between 3 and 6 years of age if not previously tested. All children, regardless of Medicaid status, should be tested at those same ages if they live in an area where lead risk is high.

☐	☐	Height & Weight	Height	☐	☐	☐
			Weight	☐	☐	☐
☐	☐	Other	Other	☐	☐	☐
☐	☐	Hemoglobin/Hematocrit	⇒	☐	☐	☐
☐	☐	Blood Pressure	Reading	☐	☐	☐

Complete pediatric tuberculosis risk assessment available at:
https://www.michigan.gov/documents/mdhhs/4_MI_Pediatric_TB_Risk_Assessment_661537_7.pdf OR
 feel free to use the attached QR code instead of the full link text.



Examinations and/or Inspections

Essential Findings Deviating from Normal

Exam Date

SECTION 4 – IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied based on this information.*

Vaccines (Select Type)	Date Administered (mm/dd/yy)		
Hepatitis B (HepB)	1.	2.	3.
	4.		
DTaP/DTP/DT/Td	1.	2.	3.
	4.	5.	6.
Tdap	1.		
<i>Haemophilus Influenzae</i> type b (HIB)	1.	2.	3.
	4.		
Polio (IPV/OPV)	1.	2.	3.
	4.	5.	
Pneumococcal Conjugate (PCV)	1.	2.	3.
	4.		
Rotavirus (RV1/RV5)	1.	2.	3.
Measles, Mumps, Rubella (MMR/MMRV)	1.	2.	3.
Varicella (Chickenpox), (Var, MMRV)	1.	2.	
Hepatitis A (HepA)	1.	2.	3.

Influenza (IIV/LAIV)	1.	2.	3.
	4.		
Meningococcal (MCV4, MenABCWY)	1.	2.	3.
Meningococcal B (Bexsero, Trumenba, MenABCWY)	1.	2.	3.
Human Papillomavirus (HPV)	1.	2.	3.

Additional Vaccines Specify Date & Type

Type of Vaccine(s)	Date of Vaccine(s)
1.	
2.	
3.	

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.

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

☐ Parent/Guardian refused recommended immunizations at visit.

I certify that the immunization dates are true to the best of my knowledge

Health Professional Signature Title Date

SECTION 5 - RECOMMENDATIONS (Required for Child Care and Head Start/Early Head Start)

Is there any defect of vision, hearing, or other condition for which the school could help by seating or other actions?

☐ Yes ☐ No

If yes, explain

Should the child's activity be restricted because of any physical defect or illness?

☐ Yes ☐ No

Check all that apply

☐ Classroom

☐ Playground

☐ Gymnasium

☐ Swimming Pool

☐ Competitive Sports

☐ Other

If yes, explain degree of restriction(s)

Other Recommendations

SECTION 6 - DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS

Child's Name	Type of Service
	☐ Dental Exam ☐ Dental Assessment
Findings (Check all that apply)	
☐ No findings	☐ Treated Decay ☐ Untreated Decay
Recommendations (Check one)	
☐ Routine Care	
☐ Referral for dental treatment	
☐ Referral for urgent dental care	
Provider Signature	Date
Check one	
☐ Dentist	☐ Dental Therapist ☐ Dental Hygienist

SECTION 7 - PHYSICIAN'S SIGNATURE

Examiner's Name (Print)	Degree or License	Telephone Number
Examiner's Signature	Date	
Address	City	State Zip Code
		MI

Information required for:

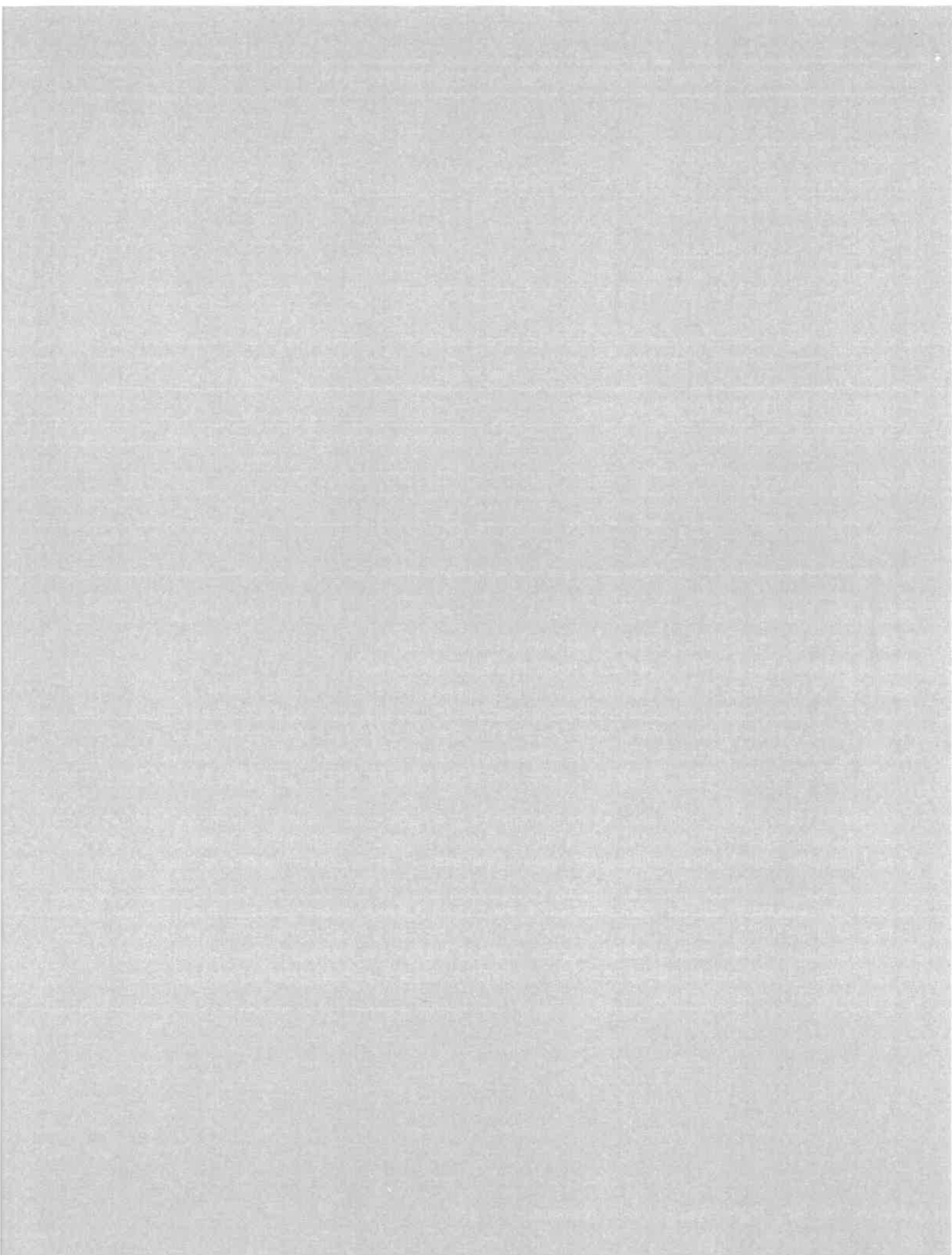
Early On – Hearing and Vision Status; Diagnosis; Health status

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 preventative and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-childcare 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.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.



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 School DC640017269
------------------------------------	---

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.

Recall List

By signing this document, I acknowledge that I have been notified of the Recall List provided by the State of Michigan and I have the right to access the link to their website at any time.

Parent Signature

Date

Licensing Rulebook

By signing this document, I acknowledge that I have been notified of the Licensing Rulebook provided by the State of Michigan and I have the right to access the link to their website at any time.

Parent Signature

Date



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 a criminal background check through a system called ICHAT. Volunteers must also be checked through the Public Sex Offender Registry.

Anyone listed on the Registered Sex Offender list for any reason are not allowed to be in contact with children in our care.

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



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



Preschool NECS Permission for Topical, Non-Prescription Meds

I give permission to NECS staff to apply topical, non-prescription medications to my child. (this list includes, but is not limited to sunscreen, insect repellent, diaper cream) as needed. I also understand that I am responsible for providing topical medications for the center to apply.

Parent Signature

Date

Child's Name



New Era Christian School

Statement of Belief

New Era Christian School's mission is based on God's infallible Word, the Bible, as stated in the Apostle's Creed; all association members, including teachers, must subscribe to this summary:

- **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 our neighbor.
- **SIN.** Our ability to carry out our human calling to honor God, serve our neighbor, and care for the 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 posterity, and the creation. Brokenness, disease, hatred, arrogance, alienation, abuse of creation, and ultimately death are the inevitable fruits of sin in our world.
- **COVENANT.** However, 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. Through his servant Moses, God disclosed his law for the human community, promising rich blessings 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 Jesus Christ into the world to save it from sin and its consequences. The atoning death of the Son of God is the only 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 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 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.

- **COMMUNITY.** The Christian school, as an enterprise of the entire community, enables and equips all of its children to serve the Lord, love their fellow human beings, and care for God's creation. The school community provides an environment of love and care in which students are nurtured. As an indispensable partner with the home and the church, the Christian school leads children to live according to biblical wisdom.
- **STAFF.** Staff members of the Christian school, living in joyful fellowship with God, model the love of Christ to children. Empowered by the Holy Spirit and dedicated to the highest standards of excellence and professionalism, Christian teachers view their work as a vocation. The calling of a Christian school teacher is to pass on the wisdom of the Christian tradition to students and to help them understand and apply the transforming power of the gospel to contemporary society and culture.
- **STUDENTS.** Children are God's image-bearers, entrusted to parents and the Christian community as his gifts. The Christian school encourages students to develop their gifts in response to God and in loving service to fellow human beings. Students are led to know God and to respond to him in every dimension of the creation and in every aspect of their lives.
- **CURRICULUM.** The Christian school curriculum is developed and organized so that children may come to know God more deeply and richly and live for him more faithfully. Since human experience in all its rich variety is a good gift from the Creator who remains involved in his world, the Christian school curriculum explores all dimensions of creation. God's design for the creation and his will for human society and culture must be understood and obeyed. This is the way of godly wisdom. Students are taught to recognize the brokenness that sin brings to God's carefully designed world and are challenged to bring the healing power of Jesus Christ to a fallen world.