



FORMS TO BE SIGNED AND RETURNED

1. Application
2. Enrollment Agreement
3. Child Information Record
4. Health Appraisal (**must be completed, signed and stamped by your child's doctor, and "Section 1 – Health History" must be completed and signed by a parent/guardian**)
5. Waiver of Liability
6. Payment Agreement (**must include a vailed credit card number; this card will automatically be charged for tuition on the 1st of each moth.**)
7. Child Placement Contract
8. Parent / Guardian Volunteer Sign-Off
9. Parent / Guardian Questionnaire
10. Permission to use Photographs of Student
11. Sunscreen Form
12. Permission to Apply Diaper Ointments and Creams
13. Allergy and Asthma Form
14. Last Three Pages of the Parent / Guardian Handbook (pages 14 – 16)
15. Communicable Illness Waiver
16. Activities Permission Slip

Please return completed forms to the office,
or email to kyoung@ffrc.net and csmith@ffrc.net.

Thank you for your cooperation!



APPLICATION FOR 2024/2025

This box is to be completed by the school:

Age by September 1, 2024: _____

Class/Teacher: _____

Prices are for school year 2024-2025

Child's Full Name: _____ Birth Date: _____

Parent / Guardian's Name: _____ Relationship to Child: _____

Additional Parent / Guardian (optional): _____ Relationship to Child: _____

Home Address: _____

City/State/Zip: _____

Home Phone Number: _____

Parent / Guardian's Cell: _____

Parent / Guardian's Work Phone: _____

Parent / Guardian's Email: _____

Additional Parent / Guardian's Cell: _____

Additional Parent / Guardian's Work Number: _____

Additional Parent / Guardian's Email: _____

Charge Card Number & Expiration Date (*Required for Enrollment*): _____ Expires: _____

Name on Charge Card: _____ Code: _____

Application Form						
	Half Day Monthly Cost 9:00-12:00	Half Day Yearly Cost 9:00-12:00	Preferred Days M,T,W,Th,F	Full Day Monthly Cost 9:00-3:00	Full Day Yearly Cost 9:00-3:00	Preferred Days M,T,W,Th,F
Five Days	\$1,042	\$9,378		\$1,352	\$12,168	
Four Days	\$853	\$7,677		\$1,203	\$10,827	
Three Days	\$670	\$6,030		\$997	\$8,973	
Two Days	\$475	\$4,275		\$708	\$6,372	

** There is an additional \$100 monthly fee for all students enrolled in the Grasshopper, Firefly, or Bee classrooms (any child between 1-2.5 years).*

** ** There is an additional \$200 monthly fee for infants under the age of 1 year*

Extended Care, AM / PM:					
If you intend to use our Extended Care program, please check off which days/times you will need:					
	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Morning (7:30am – 9am)					
Afternoon (3:15pm – 6pm)					

** The cost for Extended Care is \$10 per hour.*

Bathroom Independence:				
	My child is fully independent in the bathroom.	My child is independent in the bathroom, but needs reminders.	My child needs assistance in the bathroom.	My child is wearing diapers.
Please check one				

** Franklin Academy does not require students to be potty trained. This simply helps us determine classroom needs.*

Authorization: Please sign below

I have read the policies on the back of this form and agree to comply with the terms and conditions of this agreement

Parent / Guardian's Signature: _____ Date _____

Additional Parent / Guardian's Signature (optional): _____ Date _____

PLEASE READ AND SIGN THE BACK OF THIS FORM



Enrollment Agreement

Room placements are based on child's birthdate. If there is any question regarding where to place a child, a determination will not be made until an assessment is done. Class size and composition can also be factors. We cannot guarantee placement in a particular classroom.

Admission, Payment and Withdrawal Policies

Franklin Academy admits children 12 weeks - young fives. Admission is based on the availability of an age appropriate space.

There is an additional \$100 monthly fee for students enrolled in the Grasshopper, Firefly, and Bee classrooms or any child between 1 -2.5 years of age. There is an additional \$200. monthly fee for any child under the age of 1 year.

A non-refundable Education Fee of \$75 (per student), will be charged upon receipt of this application. A non-refundable Deposit of \$250 (per family) will also be charged upon receipt of this application. (Your \$250 deposit will be held, and then credited back to you as a deduction off of your May 2025 tuition payment.)

To guarantee your child's placement, you must submit your school Application, Enrollment Agreement, \$250 Deposit, and \$75 Enrollment Fee.

Plans to withdraw your child from the Academy program must be made in writing 30 days in advance to prevent further billing. In case of withdrawal for any reason, at any time, all paid tuition, deposits, and fees are non-refundable.

We ask that you provide a written 14 day notice for any requested changes to your child's schedule.

Your enrollment packet must be completed, in full, before your child may attend school. We request that you give us 2 business days to process your enrollment documents before your child begins attending.

No forfeited monies will be applied toward any other program at Franklin Academy.

In order for your child to begin school, the first tuition installment must be paid by September 1, 2024. Tuition payments are due: Sept 1, Oct 1, Nov 1, Dec 1, Jan 1, Feb 1, March 1, April 1, and May 1.

*For any student enrolling after September 3, 2024, there will be a June 1st payment due as well, to cover the few days that your child attends in June 2025.

There are no refunds or make-up days for days missed. If school closes due to unscheduled emergencies, i.e. weather, illness, power failure, etc., there will be no reimbursements for days lost.

Franklin Academy must retain the right to terminate enrollment, if gaurdian's or child's behavior is disruptive to our program or school activities. Franklin Academy reserves the right to suspend or terminate enrollment for disruption for other causes as determined by Franklin Academy in its sole judgment without refund of deposits, tuition or other fees.

Your promptness in picking your child up from school is greatly appreciated. Half Day Students will be charged \$1.00 for each minute after 12:15pm. Full Day Students will be taken to our after hour care program at 3:15pm if they have not been picked up by that time, and you will be charged for the extended care program. If you have not picked your child up from after hour care by 6:00pm, you will be charged a \$25 late fee, due immediately. In addition, children still remaining at the school at 6:00pm will be brought upstairs to the nursery, and charged an additional \$5.00 per minute of care, due upon pickup.

If your tuition is not paid by 3:30pm on the 1st of each month, you will be charged a \$35.00 late fee. If your account is in arrears by one week, your child will not be able to attend school until your account is paid to date, and an additional \$35 late fee will be added weekly until the balance is paid in full. Once your account is past due by three weeks your enrollment will be terminated and all fees will be forfeited.

I have read the above policies and agree to comply with the terms and conditions of this agreement.

* **Parent / Gaurdian's Signature:** _____ **Date:** _____

* **Additional Parent / Guardian's Signature (optional):** _____ **Date:** _____

Please Note: Some discounts may not apply.

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

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		Primary Phone ()	Parent/Legal Guardian's Name (Optional)		Primary Phone ()
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)		2 nd Phone (if applicable) ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)					

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 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 Franklin Academy 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.	

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

Health Appraisal – Parent / Guardian Checklist

(This checklist does not need to be returned to the school. This is to assist parent / guardians in making sure the Health Appraisal is complete when picking it up from the physician. Please take a moment before leaving your doctor's office to make sure these items have been completed.)

In order for your child's Health Appraisal to be accepted by the school, The State of Michigan Department of Childcare Licensing requires that each of the following **MUST** be completed. If these are not completed, you will be asked to return to your doctor to have the rest filled out:

Parent / Guardian Items:

- Personal Information Section** – please fully complete this section, if your doctor has not already done so.
- Section One** – Each line must have the appropriate box checked. Birth history, current or past diagnosis(es), and medications must be filled out. And ***please remember to sign / date Section One.***

Pediatrician Items:

- Section Two** – Yes or No must be checked on every line. Where applicable, the doctor may fill in any test results, or examination details.
- Section Three** – Your pediatrician has two options.
 - 1 - They may fill in this section with your child's full vaccination history **and sign/date** this section.
 - 2 – They may write "See Attached". If they choose this option, **they must include an additional page(s) with your child's complete vaccination history. The additional page OR Section 3 must be signed / dated.**
- Section Four** – Both lines **MUST** have yes or no checked. This is required by the state of Michigan for all children in childcare.

Section Five is not required for childcare.

- Physician's Signature** – This form must be signed / dated, and the additional information either filled out by hand, or stamped with the office information.

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

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	Birth History: Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: If yes, list medications: Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
			Reason for Medication	
			/ /	
			Parent/Guardian Signature _____ Date _____	

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	➡ Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS

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

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

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

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

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____

child's name

_____ / _____ / _____

Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ / _____ / _____

Examiner's Signature Date Examiner's Name (Print or Type) Degree or License

_____ MI _____ (____) _____

Number & Street City 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.



**Franklin Academy Preschool and Enrichment Programs
Waiver of Liability**

In consideration of being allowed to participate in any party and/or program at Franklin Academy/Franklin Athletic Club, the undersigned, on his or her behalf and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

- ▶ I represent that I am the parent or legal guardian of the participant(s) listed below, or I have obtained permission for the parent/legal guardian of the participant(s) listed below to execute this agreement on their behalf.
- ▶ The risk of injury to participant(s) may exist in this program and which particular rules, equipment and personal discipline may reduce the risk, the risk cannot be completely eliminated and injury is possible.
- ▶ I knowingly and freely assume all such risks, both known and unknown, ever if arising from the negligence of the releasees or others and assume full responsibility for my participation.
- ▶ I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless the Franklin Academy/Franklin Athletic Club, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premise used to conduct the event (“releasees”), with respect to any and all injury, disability, death, or loss or damage to personal property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted under law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FULLY AND UNDERSTAND ITS TERMS AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY UNDUCEMENT.

Child’s Name (Please Print)

Child’s Name (Please Print)

Date of Birth

Date of Birth

Parent / Guardian’s Signature

Date

Additional Parent / Guardian’s Signature

Date

Address (Please Print)

City/State/Zip

E-mail Address (Please Print Clearly)

EMERGENCY PHONE NUMBER



Payment Agreement Form

In order for your child to participate in our Academic Preschool program, you must have a valid credit card on file at all times. **Your child cannot be enrolled unless Franklin Academy Preschool has a credit card number to be put into the system. The system will reject anyone that does not have a credit card number.** If a credit card is continually declined for tuition payments, you will be required to provide an updated card.

Payments are due on September 1, October 1, November 1, December 1, January 1, February 1, March 1, April 1, and May 1*.

*For any student enrolling after **September 3, 2024**, there will be a June 1st payment due as well, to cover the few days that your child attends in June 2025.

As a Franklin Academy Preschool participant, I authorize Franklin Academy to bill my credit card for any balance due for the time period agreed to.

Parent / Guardian's Signature: _____

Name on Credit Card: _____

Credit Card Number: _____ Expiration Date: _____
(Please Write Clearly)

Zip Code: _____ CVV Number (three numbers on the back of your credit card): _____

Child's Name(s): _____
(Please Print)

I, _____ agree to pay Franklin Academy _____
(Please Print Cardholder's Name)

(Monthly Tuition Amount from your application.
All students the in Grasshopper, Firefly, and
Bee classrooms must also add the additional
\$150 fee. Students in the Roly Poly Class must
add the additional \$200 fee.)

for _____
(Child's Name)

I understand that if services are not paid for in advance and I have not provided Franklin Academy with a credit card number my child will be denied entry into preschool.

Cardholder's Signature: _____ Date: _____

CHILD PLACEMENT CONTRACT

Note: This contract is required of all licensed childcare centers by R 400.5105b of the Michigan Administrative Code. The Michigan Department of Consumer and Industry Services are required to inspect the childcare center and enforce the contract based on the terms provided in this contract.

As of (Date) _____

School agrees to provide child care services for the following named child(ren):

Print Name of Child

Date of Birth

Print Name of Child

Date of Birth

Part 1: Contract Provisions provided by child care facility:

(1) As a licensed child care facility, will provide the following provisions of the Michigan Administrative Code as required by R400.510b:

R400.5102 Licensee.

Rule 102

(2) A licensee shall have the following administrative responsibilities regarding staff:

(a) Develop and implement a written screening policy for all staff and volunteers, including parents who have contact with children.

R400.5106 Program

Rule 106.

(1) A center shall implement a developmentally appropriate program which shall include all of the following areas:

- (a) Physical development, including large and small muscle activities.
- (b) Social development, including communication skills.
- (c) Emotional development, including positive self-concept.
- (d) Intellectual development.

(2) The center shall provide the following activities daily:

- (a) Quiet and active.
- (b) Individual, small groups and large groups.
- (c) Large and small muscle.
- (d) Child initiated and staff initiated.
- (e) Not less than 30 minutes of developmentally appropriate emergent literacy activities.

(3) The center shall prepare for the week, a daily guide relating to the program and each age group. The center shall post the guide in a conspicuous place or otherwise make it available to parents.

(4) A center shall permit parents to visit the program for the purpose of observing their children at all times.

(5) A center operating with children in attendance for 5 or more continuous hours per day shall provide for daily outdoor play, unless prevented by inclement weather conditions.

(6) A center shall provide each child under school age in attendance for 5 or more continuous hours a day with an opportunity to rest.

(7) A center shall provide children less than 3 years of age with an opportunity to rest, regardless of the number of hours in care.

(8) A center shall permit children under the age of 12 months of age to eat and sleep on demand.

[R400.5205 and R400.5209 apply only to children from birth to 2 ½ years of age as required in Part 2 of these rules.]

R400.5205 Formula; milk; foods. ***WE DO NOT PROVIDE***

Rule 205.

R400.5209 Diapering; toilet training plan. ***WE DO NOT PROVIDE***

Rule 209.

(9) Franklin Academy performs criminal background checks on all employees prior to hiring.

Upon signing of this agreement, the parent, legal guardian or responsible adult and the childcare facility agrees to abide by all of the provisions contained in this contract.

In witness whereof, the parties hereto have executed this contract as of the specified date below:

Parent, Legal Guardian or Responsible Adult

Franklin Academy Director

(Signature)

(Signature)

(Printed Name)

Chelsea Smith

(Relationship to Children)

Director

Date Signed: _____



Parent / Guardian Volunteer Sign Off

Franklin Academy is required by law to have every Parent / Guardian Volunteer sign off that they have read the school policy on child abuse and neglect of children. This includes any adult that plans to spend time in a classroom for any party (Halloween, Birthday, Valentine's Day, End of Year, etc.)

I have read the following Franklin Academy policy on child abuse and neglect of children:

Michigan statute requires childcare providers report child abuse and neglect, when there is a reasonable suspicion that such abuse has occurred or is occurring. Within this directive, it is with extreme sensitivity and caution on our part before such action is taken.

I understand that:

1. Child abuse and neglect are against the law.
2. As a volunteer at Franklin Academy, I am mandated by law to report any suspicion of child abuse or neglect immediately to the director, in addition to any governmental authorities such as Child Protective Services.
3. Franklin Academy is required by law to report any suspicion of child abuse or neglect. This will be done in a timely manner.

I do hereby declare that I have not been convicted of any crime with the exception of minor traffic violations, nor was I charged for any abuse/neglect of children and/or adults, or have been convicted of a felony involving harm or threatened harm.

(Signature)

(Date)

(Printed Name)

(Signature)

(Date)

(Printed Name)



Parent / Guardian Questionnaire

Please complete this survey. This information will help us to become better acquainted with your child and his/her needs. Feel free to use additional paper if necessary. We would like to thank you in advance for providing this useful information.

Child's Name _____ Parent/Guardian's Name(s) _____
(Please Print)

1. What name do you usually call your child?

2. Does your child have any disabilities including allergies that we should be aware of?

3. What terminology does your child use regarding the use of the bathroom?

4. Has your child attended preschool before? Name of school?

5. Does your child have tantrums?

6. Does your child suck his/her thumb or pacifier?

7. If your child has fears, what are they?

8. Does your child use the following at home? (please circle)
Crayons Scissors Pencil Paint Markers
9. What foods does your child dislike:

10. What foods does your child like:

11. List names and ages of other children in your family.

12. What do you see as your child's strengths?

13. Is there any area in which you anticipate difficulty for your child? (sharing, following directions, speech)

14. What goals do you have for your child?

15. Have there been any recent life changes that we should know about? (moving, birth of a sibling, divorce, etc.)

16. Does your child nap every day? _____ For how long? _____

Thank you for taking the time to fill out this questionnaire.



Photo Permission Form

I give Franklin Academy/Franklin Athletic Club permission to take my child's photograph:

_____ (Child's name)

Please check all that apply

- I approve the use of these pictures for daily communication via the Preschool2Me app.
- I approve the use of these pictures on the Franklin Academy Facebook page. (www.facebook.com/franklinacademyschool)
- I approve the use of these pictures for advertisement purposes, to promote Franklin Academy / Franklin Athletic Club.

Thank you,
Franklin Staff

Parent / Guardian's Signature: _____

Date: _____



Sunscreen Permission Form

Name of Child: _____

As the parent / guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at Franklin Academy Preschool to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 10 a.m. and 4 p.m.



I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have *initialed* below **all** applicable information regarding the childcare program's choice in brand/type and use of sunscreen for my child:

(initials) Staff may use the sunscreen of the program's choice. My child does not have any known allergies to any sunscreens.

(initials) For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body: _____

(initials) **ONLY** use the sunscreen that I have provided, and clearly labeled with my child's full legal name. (Choose this option if your child has a sunscreen allergy / sensitivity, or if you require that we use a specific sunscreen on your child. You must provide a labeled sunscreen if you select this option.)

Parent / Guardian's Name: _____

Parent / Guardian's Signature: _____

Date: _____

NOTE: DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER!



Permission to Apply Diaper Ointments and Creams

I give Franklin Academy my permission to apply the following diaper ointment/cream, which I have provided for my child:

_____ (Child's name)

Name of ointment/cream: _____ (Specific name of cream must be listed)

Apply at the following times: (check all that apply)

- When skin in diaper area is red
- When rash is present in diaper area
- After each bowel movement
- With each diaper change

Parent/Guardian's Signature: _____

Date: _____

This consent expires one year after the date it was signed.



ALLERGY & ASTHMA FORM

Please fill out the information below if your child has any allergies we should be aware of. (If your child does not have any known allergies at this time, please complete the top section of this form and write “None” for listed allergies.)

(Child’s Name)

(Classroom)

(Please list allergies)

Please check all boxes that apply to your child:

My child’s allergy Does require an epipen
 Does not require an epipen

My child’s asthma Does require an inhaler
 Does not require an inhaler

If your child’s allergy/asthma requires an epipen or inhaler, we request that you provide one to be left at school at all times.

Medical devices and/or medications may never be left in a student’s backpack where they can be accessed by the children. Please contact the office to complete a medication form and discuss the requirements for these items.

All children who require use of an epipen must have an allergy action plan on file in the school office. Please reach out to your pediatrician or allergist if you do not already have this documentation available.

(Parent / Guardian Signature)

(Date)

(Phone Number)



Please return to Academy office

There is one critical item from the handbook that we want to highlight:

1. Franklin Academy is a **Peanut and Tree Nut FREE School** – DO NOT send any treats or snacks to the classroom or in your child’s lunch that contain nuts or nut butter. Please check to make sure items are not made in a facility that contains peanuts, this will be stated on the package. Items that contain the above will be sent home.

I have read Franklin Academy’s Parent Handbook and understand academy policies and procedures and will abide by the academy’s policies:

Child’s Name(s): _____

Classroom: _____

Parent / Guardian Signature(s): _____
(Parent / Guardian’s Signature)

(Additional Parent/ Guardian’s Signature - optional)

Date: _____



Please return to Academy office

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK
Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

CENTER MUST CHECK ONE

The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, 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.

I have read the above statement issued by Franklin Academy Preschool
Name of Child Care Center

Child(ren)'s Name(s):	
--------------------------	--

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.



Please return to Academy office

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 Franklin Academy Preschool DC630022029
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A written information packet has been provided at the time of enrollment. The packet included all the following information (*R 400.8146 (1-2)*):

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open, and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook. **(CENTER MUST CHECK ONE)**
 - The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.
 - The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.
- Other _____

I certify that I received all of the above items.

Parent/Guardian Signature

Date

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

LARA is an equal opportunity employer/program.



FRANKLIN ATHLETIC CLUB/ FRANKLIN ACADEMY



WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I also acknowledge that Franklin Athletic Club / Franklin Academy Preschool has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that Franklin Athletic Club/Franklin Academy Preschool cannot guarantee that my child will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of my child and others, including, but not limited to, Franklin Athletic Club/Franklin Academy Preschool staff, and other students and their families. I voluntarily seek services and activities provided by Franklin Athletic Club/Franklin Academy Preschool and acknowledge that I am increasing my child's risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while my child is attending the academy.

I attest that I will only send my child to school each day if:

- * My child is not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have taken my child's temperature within one hour prior to bringing my child to camp and my child's temperature did not exceed 98.6 degrees.
- * My child has not traveled internationally within the last 14 days.
- * My child has not traveled to a highly impacted area within the United States of America in the last 14 days.
- * I do not believe my child has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * My child has not been diagnosed with Coronavirus/Covid-19 and not yet cleared as noncontagious by state or local public health authorities.
- * I am having my child follow all CDC recommended guidelines as much as possible and limiting my child's exposure to the Corona- virus/COVID-19.

In consideration of my child being allowed to participate in Franklin Athletic Club's summer camp program, preschool program, and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
2. On behalf of my child, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my child's participation.
3. I willingly agree to have my child comply with the stated and customary terms and conditions for participation in regards to protection against infectious diseases.
4. I, for myself and on behalf of my child, either of our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Franklin Athletic Club/Franklin Academy Preschool, its officers, officials, agents, and/or employees, other campers, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises where the camp is held ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

(Continued ...)

5. I further hereby release and agree to hold Franklin Athletic Club/Franklin Academy Preschool harmless from, and waive on behalf of my child, myself, either of our heirs, assigns and personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to my child or myself and/or property that may be caused by any act, or failure to act of Franklin Athletic Club, or that may otherwise arise in any way in connection with any services received from Franklin Athletic Club. I understand that this release discharges Franklin Athletic Club/Franklin Academy Preschool from any liability or claim that I, my child, either of our heirs, or personal representatives may have against Franklin Athletic Club/Franklin Academy Preschool with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from or activities conducted at Franklin Athletic Club/Franklin Academy Preschool.
6. This liability waiver and release extends to Franklin Athletic Club/Franklin Academy Preschool together with all owners, officers, directors, shareholders, agents, sponsoring agents, sponsors, advertisers, employees, related companies and all owners of the premises.
7. Any action against Franklin Athletic Club/Franklin Academy Preschool arising out of this Waiver/Release or in any way related to Franklin Athletic Club, must be brought within 180 days of the event giving rise to the claims or be forever barred. I expressly waive any limitation periods to the contrary on behalf of myself, my child, either of our heirs, or personal representatives.
8. I certify that, as parent/guardian, with legal responsibility for this student/camper, I have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Child's Name (Please Print)

Child's Name (Please Print)

Date of Birth

Date of Birth

Parent / Legal Guardian's Name
(Please Print)

Parent / Legal Guardian's Signature

Date

Additional Parent / Legal Guardian's Name
(Please Print)

Additional Parent / Legal Guardian's Signature Date



Activities at the Franklin Athletic Club Permission slip for our enrolled Academy Students

Franklin Academy Preschool students are so fortunate to have use of the Franklin Athletic Club for many of the school's activities. Several of our enrichments such as gymnastics, tennis, dance, as well as some of the after-school classes we offer are held upstairs at the club. Because the club is 250,000 square feet all the spaces and rooms do not fall under our childcare license. To utilize those spaces, we must have our teachers sign the children in and out of the "Academy" to attend some of these extra activities. We move the children through the club indoors. This permission slip will cover any of these Franklin Athletic Club rooms we use for our activities, classes, and enrichments, such as:

- Gymnastics Studio
- Racquetball or Squash court
- Dance studios
- Banquet room
- Exercise studios
- Gymnasiums
- Tennis courts
- Outdoor playground

This also includes the indoor pool, but only if your student is signed up for an after-school swim class that your student gets taken to. If you do not want your child using the Franklin Athletic club spaces and wish for them to stay at the Academy at these times, please check the first circle, below. If you wish for your child to participate in these additional enrichments and activities, please check and sign the second section, below. This permission slip is for your child to be able to travel through the club (all inside) to these spaces.

Please choose ONE option below:

- I do not want** my child to leave the academy at any time of the day to participate in enrichments or extra activities.

(Print Child's Name)

(Parent / Guardian's Signature)

(Date)

- I give permission** for my student/students to leave the Academy to go over to the Franklin Athletic Club to participate in special activities and enrichments and to use the tennis courts, swimming pool (if they are registered for a class), the gymnasiums, playground, dance studios, exercise studios, banquet room, and gymnastics studio. This permission is for the entirety of the current academic school year. I also understand that these rooms do not fall under the Franklin Academy Childcare license.

(Print Child's Name)

(Parent / Guardian's Signature)

(Date)

Franklin Academy Preschool | 2024-25 CALENDAR

Staff Back 27

AUGUST '24						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY '25						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

17-21 Winter Break No School

2 Labor Day no school
3 First Day of School

SEPTEMBER '24						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
21	22	23	24	25	26	27
28	29	30				

MARCH '25						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

24-26 Spring Break

OCTOBER '24						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

APRIL '25						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

18 and 21 No School

1 No School Teacher Professional Development Day
27-29 Thanksgiving Break No School

NOVEMBER '24						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

MAY '25						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

23 and 26 Memorial Day No School

22- Jan 3 Holiday Break No School

DECEMBER '24						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

JUNE '25						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

5 Last Day of School ½ day 9am-12pm

1-3 Holiday Break No school
20 Martin Luther King Day No School

JANUARY '25						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JULY '25						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

