## CHILD IN CARE STATEMENT/RECEIPT

Child(ren)'s Name(s) (Last, First, Middle I	nitial)	
icensee Name	License Number	

Child Care Licensing Division  Section 1: Receipt of Policies & Rules – To be completed by the parent.  Parent/legal guardian must initial that the following have been received  Licensing Rules for Family and Group Child Care Homes [R 400 1907 (1bi)]  Based on these rules. Lindestand that I must give witten permission before.  • Medication is given or applied to my child.  • My child participates in field trips, not involving transportation.  • My child participates in field trips, not involving transportation.  • My child participates in field trips, not involving transportation.  • My child participates in field trips, not involving transportation.  • My child participates in field trips, not involving transportation.  • My child participates in field trips, not involving transportation.  • My child participates in field trips, not trips.  **Parentilegal guardian must initial all of the following that apply to children) employed.  **Parentilegal guardian must initial all of the following that apply to children) employed.  **Parentilegal guardian must initial all of the following that apply to children) employed.  **Parentilegal guardian must initial all of the following that apply to children) employed.  **Parentilegal guardian must initial all of the following that apply to children) employed.  **Parentilegal guardian must initial all of the following that apply to children) employed.  **Parentilegal guardian must initial all of the following that apply to children) employed.  **Parentilegal guardian must initial all of the following that apply to children) employed.  **Parentilegal guardian must initial all of the following that apply to children or early children and adults and/or has/have immations of participation or special needs or treatment while in care. Please describe (on back).  **Parentilegal guardian during the following that apply to children with children and adults and/or has/have immatications.  **Parentilegal guardian during that all of the following that all of the following that all of th	STATE OF MICHIGAN				
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Licensing Rules for Family and Group Child Care Homes (R 400 1907 (1b))  Based on these rules. I understand that I must give written permission before.  Medication is given or applied to my child.  My child participates in feld tryps, not involving transportation.  The discipline policy that this cold care home will be using for my child. (R 400.1907 (1b))  Violations can be reported to licensing at www.mchigan gov/aft-cc-compliants.  Section 2: Statement of Health and Immunizations – To be completed by the parent.  Parentifleagi quartan must initial all of the following that apply to child(ren) enrolled:  Health Status  My child(ren) is size free from health conditions which could pose a risk to my child(ren) or other children and adults and has/hav limitations or special needs regarding participation in daily activities.  My child(ren) has/have a health condition which could pose a risk to my child(ren) or other children and adults and/or has/have limitations of participation or special needs or treatment while in care. Please describe (on back).  Name(s) of children)  My child(ren) has/have a health condition which could pose a risk to my child(ren) or other children and adults and/or has/have limitations of participation or special needs or treatment while in care. Please describe (on back).  Name(s) of children)  Immunization Status  My child(ren) has/have completed or is/are in progress of receiving immunizations as recommended by the Michigan Department Health and Human Services.  My child(ren) has/have completed by the provider.  The real manufaction of the provider of the provid					
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he individual providing food while the child(ren) is/are in care must initial below. If a combination, both must initial and indicate which ey will be providing.  Provider  Parent/legal guardian  Pertify that I have read and understand this form. I certify that if my child(ren)'s health changes, I will notify the provider by updating this ertify that I accurately completed this form and if anything changes, I will notify the parent by updating this form.  Provider Signature  Parent or Legal  Parent or Legal  Date Card Reviewed	All children who reside in the child care home have been Human Services. [R 400.1906(3)]  There are animals and pets in the child care home. [R 400 Pesticide or fertilizer treatments are used at the home. In the child care firearms on the premises. [R 400.1907(1b)]  Smoking occurs in the home and on the premises when on the child care home was built prior to 1978 and the potentian inform you in writing prior to any remodeling, renovating, lead dust. [R 400.1932(7), R 400.1907(1b) & R 400.1932(1)]  I must follow the requirements for safe infant sleep as recommendation in the control of	immunized as recommendations of the control of the	nended by the Micrist: each application. [fee. [R 400.1903 (9)] based paint or leaded potentially disturbed and 400.1916. In reports and related	R 400.1932 (5)]  d dust hazards exirb lead-based pair	of Health and sts. If yes, I will at or produce
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