

LCS Tuition Preschool Parent Checklist

Please remember, you must have ALL paperwork complete and turned in,
along with registration fee in order to be enrolled in the program.

Included in this packet

- Preschool Payment Schedule
- Registration Form
- Payschools Instructions
- Child Information Card
- All Purpose Permission Form
- Parent Notification of Licensing Notebook

Documents Parent Provides:

- Child's Birth Certificate
- Immunization Record (up-to-date)
- Health Appraisal (Included in Packet)

Available upon request. Can be found on our website at www.lapeerschools.org

- Parent Handbook
- Early Childhood Curriculum Guide



2023-2024 Preschool Payment Schedule

All Payments are due on the first day of the month starting September 1st

Payment Plans

Semi-Annual

	September 1	December 1
3 Year-old Program: Tuesday - Thursday	\$420.00	\$420.00
4 Year-old Program: Monday-Thursday	\$480.00	\$480.00

8 Payment Plan

Due First Day of the Month

3 Year-old Program: Tuesday-Thursday	\$105.00	September 1
	\$105.00	October 1
	\$105.00	November 1
	\$105.00	December 1
	\$105.00	January 1
	\$105.00	February 1
	\$105.00	March 1
	\$105.00	April 1
4 Year-old Program: Monday-Thursday	\$120.00	September 1
	\$120.00	October 1
	\$120.00	November 1
	\$120.00	December 1
	\$120.00	January 1
	\$120.00	February 1
	\$120.00	March 1
	\$120.00	April 1

Methods of Payment: Please let our secretary Katelyn Vanniman know in advance your payment plan.

We accept cash, check or online payment through PaySchools.

Please drop cash/check payment off in the Kids & Company office or into the payment drop box in our office lobby.

Or mail to address below:

Kids and Company
3145 W. Genesee St
Lapeer, MI 48446

Make all checks payable to: Lapeer Community Schools

(Please put the child's first and last name on the memo line of your check)

Kids & Company

Located at: Rolland Warner Middle School

3145 W. Genesee St. Lapeer, MI 48446 - (810) 667-2454



LCS Tuition Preschool Registration Form

Today's Date ____/____/____ Program(s) Child will attend: _____

Child's Name: _____ Date of Birth ____/____/____

Address: _____ City _____ Zip _____

Home Phone: (____) ____-____ Cell Phone: (____) ____-____ Email: _____

Name of Mother/Guardian: _____ Work phone (____) ____-____

Name of Father/Guardian: _____ Work phone (____) ____-____

Siblings Attending Kids & Company at another site: Name: _____ Site: _____

Schedule Information:

Class days and times are dependent on enrollment and subject to change.

Indicate your choice by checking box:

3 Year Old Program (children must be 3 by October 31)

Tuesday-Thursday 8:45-11:45 AM \$840/Year (payment plans available)

4 Year Old Program (children must be 4 by October 31)

Monday-Thursday 8:45-11:45 AM \$960/Year (payment plans available)

Monday-Thursday 12:45-3:45 PM \$960/Year (payment plans available)

4 Year Old Preschool Only: Your child must be potty trained before attending this program.

A \$75 (new families) or \$50 (current families) **NON-REFUNDABLE** family registration fee is due upon registration.
Fees are payable by check, cash or online through PaySchools. Make checks out to Kids & Company.

Parent/Guardian Signature: _____ Date: _____

Please indicate any health concerns or special needs that you feel our child's teacher should be aware of:

Office Use Only:

Amount Paid _____ Payment type _____ Placement _____

Regularly Scheduled LCS Employee: Yes No Position _____

3.18.2020


Registration

Create User

- 1) To set up an account, go to www.payschoolscentral.com and click **REGISTER**.

- 2) Fill out all fields marked with an asterisk. We strongly suggest adding a mobile number as it will help you reset your password via text if you ever have trouble logging in.
- 3) Review the [User Agreement](#) and check the box before clicking **REGISTER**.
- 4) Click **RETURN TO LOGIN** in the pop-up window and check your email inbox for a confirmation email.
- 5) You **MUST** click the link in the email in order to continue. This link is **ONLY VALID FOR 30 MINUTES**. If you do not activate the link within 30 minutes,

please return to www.payschoolscentral.com and click I

- 6) forgot my password to request a new email.
- 7) Create and confirm your password in the Account Activation screen after clicking the link in the email. You can view the password complexity rules by clicking 

Secure Account


- 1) Fill out your 3 security questions and answers after setting up your password. Answers must be at least two characters long.
- 2) Click **SECURE** to continue.

Add Student and/or Staff

- 1) You have the option to **SKIP** this step and add your students/staff later via the Dashboard.

- 2) Add your student(s) and staff by filling in all the required fields and clicking



- 3) Once students and staff are added, they will appear at the top of the page where you can remove and manage your students/staff.
- 4) Click  once you've added all of your students and/or staff.
- 5) A summary screen will display all students and staff who've been added. A green circle in a student/patron's card indicates they're active. A red circle indicates they're inactive. If your student or staff is showing up as inactive, please contact your school for assistance.

Add Payment Methods

- 1) Choose the payment type. Please note school districts choose which payment methods are accepted.

- 2) Enter in the payment method information, including the payment type, nickname, and card number or routing/account numbers. The "Nickname" field is simply a name you can give your payment method. For example: Jane's Visa CC.
- 3) Please read the Terms and Conditions for each payment method and check the box to agree. Click

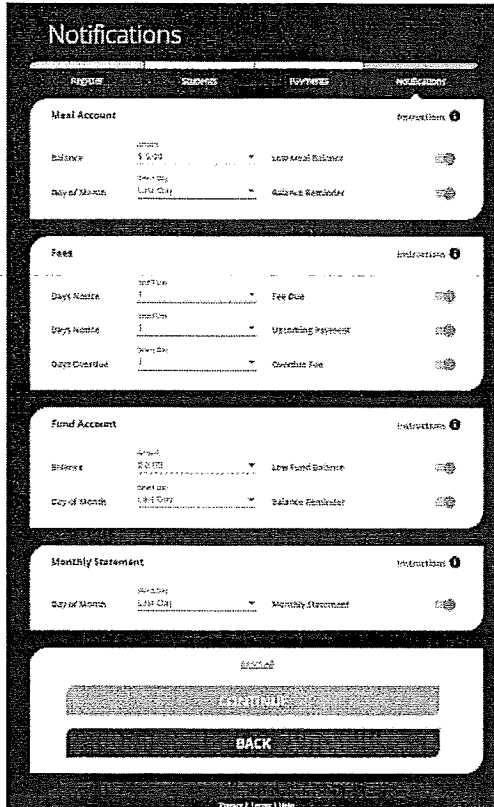


to add your payment method.

- 4) You can store multiple payment methods in your account, including credit/debit cards and ACH. To add another payment method, select another payment type from the drop-down menu and follow steps starting on the [Add Payment Methods](#) section of this guide. You can also add more payment methods later by going to the Menu and clicking the [Payment Methods](#) option.

Email Notifications

- 1) To turn on any of the notifications, simply click the on/off toggle. An orange toggle indicates the notifications are on.




- 2) There are instructions for each section to give you more information about each type of notification. Click **Instructions** to see the notification descriptions.


- 3) To save your notification settings, click



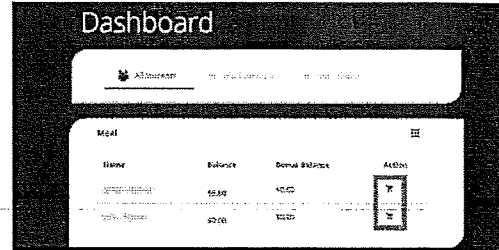
Meal and Fee Payments

- 1) To make a one-time lunch payment, go to the Dashboard and click the  to the

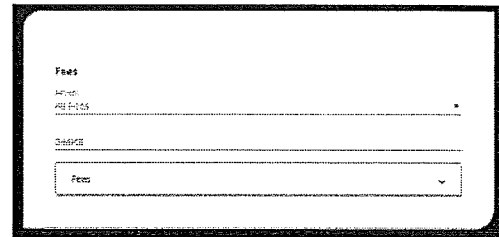


right of your student's name. To make a fee payment, scroll down to the Fees card and click the  next to the fee you wish to pay.

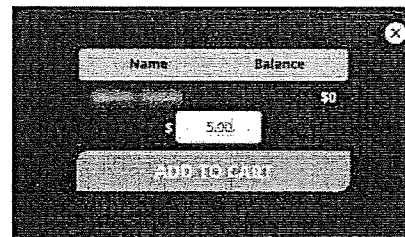
Meal:



Fee:

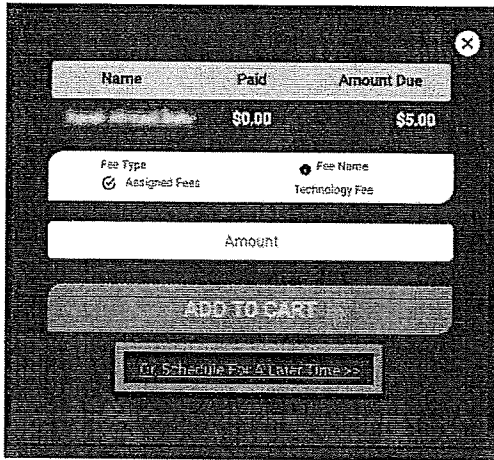


- 2) Enter the amount you wish to add to the lunch account or how much you'd like to pay towards your fee (if partial payments are allowed) and click




- 3) You will now see a blue circle in the upper right-hand corner of your screen where your cart is. The blue circle indicates there are items in your cart and the number indicates the amount of items.

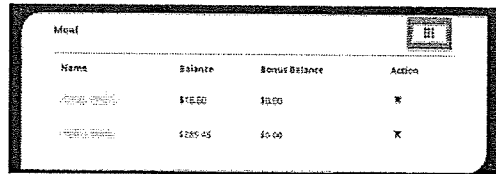
- If you would like to schedule your fee payment for a later date, click Or, Schedule For A Later Time >>.



- After completing your purchase, you will receive an email with a receipt listing the item(s) purchased. You can also view your payment history by opening the Menu and clicking on the Payment History option.

Auto-Replenishment

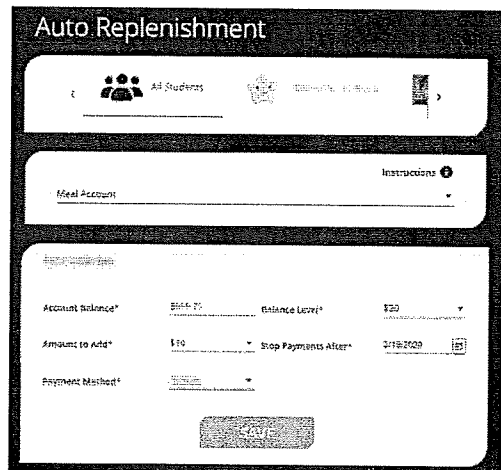
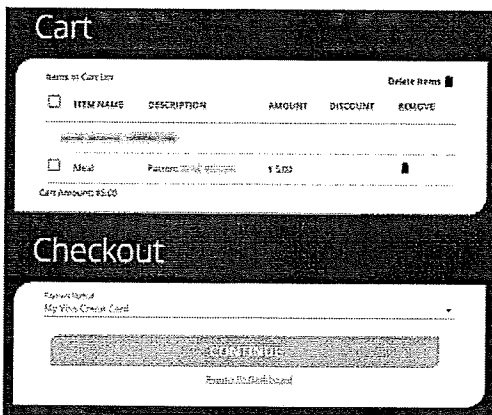
- To set up auto-replenish, click the Auto-Replenishment option in the Menu. You can also access Auto-Replenishment by clicking  in the Meal card.



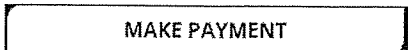
- To check out, click on the white shopping cart in the upper right-hand corner of the Dashboard screen.
- Review and update the items in your cart and make any necessary changes.
- Select your payment method and click



- You will see your list of students and can either select a single name to set up unique auto-replenish settings or you can select All Students to apply the same settings to everyone in your account.





- Check the box in the Totals pop-up window to agree to the terms and conditions and click




- Once you've selected your student(s), enter in the required fields and click



- 4) Read the Terms and Conditions and agree by putting a check mark in the box and clicking .
- 5) An orange toggle will appear, which indicates auto-replenishment is on.
- 6) Once your auto-replenish settings have been saved, you will see a status icon next to the Turn Off switch. Hover over the icon to see the auto-replenish status.

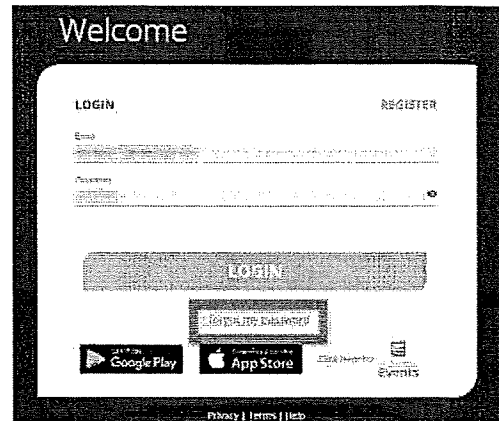
Status  indicates the balance level has been met and your account will be replenished that day.

Status  indicates the balance level has not yet been met and auto-replenishment has not kicked off.

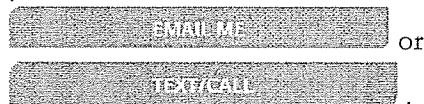
- 7) To turn off auto-replenish, simply click the orange toggle.

Reset Your Password


- 1) If you cannot log into PaySchools Central, or if you would like to change your password, click [I forgot my password](#) on the login screen and follow the steps to reset your password.




- 2) Enter in the email address associated with your account where indicated and click




Email

- 1) The  option will send you an email with a reset password link. Click the link and follow the instructions to reset your password when you reach the Account Activation page.

- 2) Click  to submit your changes.

Text

- 1) The  option will send you a text verification code, which you'll need to enter on the following page:

- 2) For either the email or text/call option, click



to submit your changes. You will see the following pop-up, which indicates you successfully created a new password.

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 _____, 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.

ALL PURPOSE PERMISSION FORM
All Kids and Company Programs

Please initial next to each statement you give permission for and sign the bottom.

I grant permission for my child _____ to participate in the program activities as listed below. Program activities include:

- _____ 1. Walking field trips on school property
- _____ 2. Photographing or videotaping my child for in-school use only for promotional and personal use for parents (gifts or scrapbook).
- _____ 3. Photographing my child for the local newspaper or marketing to promote Kids and Company events. (No names are ever used)
- _____ 4. Posting photos of my child on the Kids and Company web pages for promotional use by Kids and Company. (No names are ever used)
- _____ 5. Watching PG rated Children Movies, during Kids and Company hours.
- _____ 6. Going with staff to a restroom for toilet training.
- _____ 7. Riding a Lapeer Community Schools bus or GLTA for any field trip.
(Parents will always be notified in advance of any field trip)
- _____ 8. Allowing staff to give or apply sunscreen and chap stick to my child as needed (parent to provide sunscreen & chap stick). Special needs regarding sunscreen?
-
- _____ 9. Transport my child to safety on a Lapeer Schools bus or walk to evacuation site in the event the building is deemed unsafe and needs to be evacuated. This also includes drills.
- _____ 10. *For School Age Programs Only:* According to the Michigan Department of Human Services, school age programs operating in a school building are exempt from compliance of the 1997 edition of Public Playground Safety regulations and regular inspections. Before and After School Age Programs are exempt from licensing rules 400.5117 (7-9).
www.michigan.gov/childcare
- _____ 11. I have read and understand all policies and procedures in the Kids and Company Parent Handbook. I agree to adhere to all Kids and Company policies and I understand that violation of any of these policies could result in termination from the program.

Parent Signature

Date

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 _____

Name of Child Care Center

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

Parent Name _____

Parent Signature _____

Date _____

LARA is an equal opportunity employer/program.

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 (IV/LAIV)	1	3
	2	5		2	4
	3	6	Meningococcal (MCV4 / MPSV4)	1	2
Tdap	1		Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
Haemophilus Influenzae type b (HIB)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Polio (IPV/OPV)	1	3		2	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	3		
	2	4	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
Rotavirus (RV1/RV5)	1	3	*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.		
	2				
Measles, Mumps, Rubella (MMR)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
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 _____ 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.