

CHILD IN CARE STATEMENTS/RECEIPTS
 Bureau of Regulatory Services

Child(ren's) Name (Last, First, Middle)
Provider / Caregiver's Name

NOTE: The information on this form is required to be on record with the day care provider.

A. RECEIPT OF DISCIPLINE POLICY (RULE 1804)
I hereby certify that I have received a copy of the discipline policy that this day care home will be using for my child(ren).
B. STATEMENT OF CHILD(REN'S) HEALTH AND IMMUNIZATIONS (RULE 1809)
<p>I state that my child(ren) <input type="checkbox"/> is free from health conditions which could pose a risk to other children or adults.</p> <p><input type="checkbox"/> has no limitations or special needs regarding participation in daily activities.</p> <p><input type="checkbox"/> has a health or handicapping condition which could pose a risk to my child in care and I have attached a statement indicating the limits of participation and any special needs or treatment while in care.</p> <p>My child(ren) has completed or is in progress of receiving immunizations and booster as recommended by the Department of Public Health.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If NO, Specify Reason ➤ <input type="checkbox"/> Religion <input type="checkbox"/> Other (explain)</p> <p>_____</p> <p>_____</p>
C. RECEIPT OF RULES FOR FAMILY/GROUP DAY CARE HOMES (RULE 1813)
I hereby certify that I have received a copy of Michigan's rules for family/group day care homes.
D. STATEMENT FOR THE PROVISION OF FOOD (RULE 1821)
It is agreed that _____ will be providing the food for my child(ren) while he/she is at the day care home. <small>(Parent or Licensee's Name)</small>

Parent/Guardian Signature	Date
SIGNATURE RELATES TO A B C D ABOVE.	
E. INFORMATION REGARDING ASSISTANT CAREGIVER, AGE 14 OR 15 YEARS (RULE 1802)	
I hereby certify that I have been informed that an assistant caregiver age 14 or 15 years, may be caring for my children.	
Parent/Guardian Signature	Date
The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DCIS Office in your county.	SAMPLE