



## **Virtual Learning Lab Registration**

Registration has begun for the Virtual Learning Labs

For your child/children to be enrolled the following must be completed in full and returned to Caterpillar Corner Learning Center in Holt or to Cradles to Crayons in Lansing with the **\$25.00 registration fee. The registration fee will be waived if you are registered by August 26th.** Registration Packets will be available online at [www.caterpillarcornercc.com](http://www.caterpillarcornercc.com) and at **Caterpillar Corner (Holt) and Cradles to Crayons (Lansing) main locations.**

**Our registration event will be held, for those wishing to register in person, at Cradles to Crayons, Monday Aug 24th - Wednesday Aug 26th from 10 - 1 and 4-6. Any registrations outside of this window are by appointment only.**

- 1. Registration Form (one per child)**
- 2. Child Information Record (one per child)**
- 3. Email Information (one per family)**
- 4. Auto Pay Form (one per family)**
- 5. Parent Receipt of Handbook (one per child)**
- 6. DHS Award letter if receiving DHS assistance**
- 7. School-age Parent Health & Playground Statement (one per child)**
- 8. Employment verification for all parents in the home (recent pay stub, or letter from an employer are accepted)**
  - a. Verification is needed if financial assistance is needed but you don't qualify for DHHS subsidy**

**Registration by appointment only**  
Caterpillar Corner Learning Center  
2168 N. Cedar St, Holt

Cradles to Crayons Child Care and Learning Center  
4711 S Martin Luther King Blvd, Lansing

***For Additional Information call or Email:***  
***(517) 477-0771, (517) 883-3739, (517) 477-0899***  
***Web address: [www.caterpillarcornercc.com](http://www.caterpillarcornercc.com)***  
***Email address: [virtualllearninglab@caterpillarcornercc.com](mailto:virtualllearninglab@caterpillarcornercc.com)***  
**All Documents are available online as well.**



## Virtual Learning Labs

Programs held at your child's school

### **Virtual Learning Lab start time**

- 8:00am (Monday-Friday)
- Children will be assisted with logging on and meeting with their designated teachers.
  - Parents are responsible with providing us a schedule for their child's classes so that we can facilitate their learning.

### **Virtual Learning Lab end time**

- 4:00pm (Monday-Friday)
- Children are to be picked up promptly at 4

### **After Care**

- 4:00pm - 6:00pm (Monday-Friday)
- If aftercare is needed the hours of operation will be from 4pm until 6pm

### **Tuition**

- Tuition is due bi-weekly, every other Friday.
- There is a \$25 late payment fee assessed if payment is not received by the end of the business day.
- There is a late pickup fee of \$5 per minute if your child is not picked up by 4:01pm if after care is not needed and 6:01 if using aftercare.
- **There is also a 4.00 Smartcare technology fee for the use of the parent portal and online payment option. This is not an optional fee it is charged to your account every month.**
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**How To Enroll-** Starting Monday August 24<sup>th</sup> through August 26<sup>nd</sup>, we will be having in person registration at Cradles to Crayons Child Care and Learning Center which is located at 4711 S Martin Luther King Blvd. We will be on site to accept registration packets and answer questions on those days from 10 - 1 and then again from 4 - 6.

- Enrollment packets can be picked up at the center (Caterpillar Corner or Cradles to Crayons).
- \$25.00 registration fee is due at time of enrollment.
- If receiving DHHS assistance, the award letter must name Caterpillar Corner as the provider.
  - If DHHS has not been approved, you will be responsible for payment until approved and active.
- Subsidized care will be available



### Virtual Learning Lab Registration

Child's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F  
Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Full Name of Mother: \_\_\_\_\_  
Full Name of Father: \_\_\_\_\_  
Mother Home Address: \_\_\_\_\_ Father Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ zip: \_\_\_\_\_  
Mother Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Primary Residence is with: Mother Father Both Other: \_\_\_\_\_  
(Please circle one)

Does this child have a sibling in the Virtual Learning Program? Y or N

Name: \_\_\_\_\_

Will another person or agency be responsible for a portion of your child's tuition? Y or N

Please Circle the days that you need care: Date child will start: \_\_\_\_/\_\_\_\_/\_\_\_\_

M T W TH F

M T W TH F

School Site you wish to attend (Please select a 1st, 2nd and 3rd choice from the list):

Riddle: \_\_\_ Reo: \_\_\_ Forest View: \_\_\_ Lyons: \_\_\_ Post Oak: \_\_\_ Gardner: \_\_\_

In return for services rendered on the above weekly schedule, I as a parent/guardian of \_\_\_\_\_, agree to the tuition payments in the amount of \_\_\_\_\_, the procedures, policies and conditions set forth in the CCLC Handbook. I have read and understand it and agree to abide by all policies and procedures and conditions outlined.

Date: \_\_\_\_\_ Parent/guardian signature: \_\_\_\_\_



## **CORONAVIRUS HEALTH AND SAFETY PROCEDURES**

Caterpillar Corner Childcare's number 1 priority is the health and safety of the children in our care. With the spread of COVID-19, new health and safety protocols are necessary to ensure children, families, and staff members are as safe as possible. We have developed and implemented a COVID-19 preparedness and response plan consistent with the State of Michigan, CDC and Health Department guidelines.

Our Plan includes:

- How we will monitor symptoms of COVID-19.
- How our programs practice social distancing, as developmentally appropriate.
- How we will ensure hygiene (including regular cleaning and disinfecting).
- How we will use safety equipment (including PPE, when appropriate).
- Communication protocol for families to report symptoms or a positive test and policies on when children will be excluded from care.
- Isolation procedure in case of symptoms or confirmed cases onsite.
- How to maintain required staff to child ratios in the event that a staff member(s) becomes ill.

### **Changes To Our Physical Space**

Each one of these changes helps prevent the spread of COVID-19 and encourage social distancing.

- Identify a location to safely isolate individuals who develop symptoms during care. This will be in a separate designated room in the school building. The room will be washed and sanitized after each use. Your child will sit in that room, separated from the other children, until a parent picks up. Children will be supervised until a parent picks up.
- Remove toys and objects which cannot be easily cleaned or sanitized between use- Toys will be limited to items made of materials that can be easily sanitized or disinfected. All Cloth toys will be removed at this time. Children are not allowed to bring toys from home.



- Limit, or eliminate, use of common spaces.
- We will no longer combine classrooms. We will keep each group separated as much as possible.
- We will continue with maintaining social distance during virtual lab sessions.
- Rearrange seating to seat children six feet apart (when possible) and limit the number of children sitting together. This is especially true for mealtimes. We will allow them to continue to eat together but socially distanced to limit exposure. The teacher will serve the children.
- Use touchless trash cans to provide a hands-free way to dispose of tissues and contaminants.
- Ensure water is safe- We will not be using the water fountain at this time. We will provide each child with their own water bottle. This will eliminate the possible transfer of saliva.
- No unnecessary items should be brought from home.

## **Monitoring Symptoms of COVID-19**

We are required to check for COVID-19 symptoms when children and staff arrive. Checks are conducted before children, parents and staff enter the school. Re-check is required if an individual appears sick or displays symptoms for COVID-19.

## **Parents**

- All parents MUST wear a mask at pick up and drop off.
- 1 Parent per family entering the school at a time (if you need assistance with dropping children off or picking up a staff member will assist).
- 1 family at a time will be allowed to enter the main lobby entrance to be screened before entering the school. Please line up outside of the school and continue to maintain social distancing.
- Staff will check for signs/symptoms of all children entering the facility. This includes forehead temperature taken. Multiple thermometers will be made available and cleaned after each use.
- Parents will be asked -Has your child been in close contact with a person who has COVID-19? (If yes, the family should self-quarantine for 14 days.), Has your child felt



unwell in the last 3 days? (persistent cough, temperature, difficulty breathing, cold, diarrhea and/or vomiting) If so, your child will not be able to attend care without being seen by a doctor and getting Covid test if necessary.

- Parents please communicate with us about possible or confirmed cases of COVID-19. Families should report possible illness if anyone in their household shows symptoms or has tested positive for COVID-19, including the child or family members if they or their children experience possible symptoms or have a positive test.
- We will continue to report weekly to the Ingham County Health Department and with our families regarding cases, exposures, updates to our policies and procedures.
- Please go straight to the bathroom and wash your hands and your child's hands when entering the school after screening.

## **Children**

- Fever is the key indicator for young children. If a child's temperature is above 100.4 degrees, the child will be excluded from care. Cough and/or diarrhea in addition to fever is suggestive of coronavirus.
- We will continue to monitor symptoms throughout the day and monitor temperatures when children appear ill or "not themselves."
- Children develop a fever alone, or a fever with a cough and/or diarrhea will be isolated from the group and their parents contacted for prompt pick up. Parents should contact their primary care physician/medical provider. It is very important that children are picked up immediately.

If an individual in a classroom is identified with a positive test for COVID-19 the classroom will be closed, cleaned and everyone in that classroom will be quarantined for 14 days initially. We will Contact the health department for guidance and best practices and to determine if the entire facility must close.

## **Staff**

- When staff members arrive: Temperature checks before entering the facility. Have multiple thermometers available for screening. Thermometers will be cleaned and disinfected between uses.
- Screened for cough, shortness of breath, difficulty breathing, change in smell or taste, and diarrhea.
- Staff arriving with fever above 100.4 or other symptoms will be sent home.



- Staff will report contact with anyone outside of work who has had a documented case of COVID-19. Staff will be instructed to self-quarantine if they have been exposed to COVID-19.
- Staff will be required to get a Covid 19 test and have a negative result to return to work.
- All staff must wear a face mask which will be provided. If reusable mask is worn it must be washed every day.
- Gloves are provided but must be discarded after each use per child. Do Not use the same pair of gloves when assisting multiple children.
- DO NOT WEAR the same gloves when going from room to room.
- Keep your hands off your face mask and face as much as possible.

### **Guidelines for Returning to Care and Work**

Staff members and children must stay home and self-isolate if they show symptoms of COVID19. It can be challenging to determine when to isolate young children because they are ill more often than adults, and the cause of a fever is sometimes unknown. If a staff member or child has a fever or a cough, we will follow our child and staff illness policy.

At this time, it is recommended that children be fever free for 72 hours before returning to care (even if other symptoms are not present) instead of our normal 24hrs fever free policy. If a staff member or child exhibits multiple symptoms of COVID-19, we suspect possible exposure, or an individual tests positive for COVID-19, the individual must stay home until:

- Has been fever-free for at least 72 hours without the use of medicine that reduces fevers AND
- Other symptoms have improved AND
- At least 10 days have passed since your symptoms first appeared.

Most children and staff members can return to care/work based on improved symptoms and the passage of time. Local health departments recommend that some individuals (for example, immunocompromised individuals) receive two negative tests in a row, 24 hours apart. Parents please have back-up childcare plans if the child or a family member becomes ill or is required to self-quarantine due to possible COVID-19.



## **Staff Hand Washing Policy**

- After using the restroom
- Before and after serving meals.
- After assisting a child with any type of bodily fluids such as: wiping noses, cleaning up spit up or vomit, aiding a child in the restroom etc.
- If leaving the classroom and before returning into the classroom.

## **Classroom Hand Washing Policy**

- Wash all children's hands when entering the classroom.
- Handwashing after each transition activity.
- Wash hands every bathroom break.
- Handwashing before and after each meal.
- Handwashing when necessary after sneezing, coughing in hand, hands in mouth etc.

## **Cleaning Protocols**

We will continue to use robust cleaning protocols daily for items touched frequently. This will require designated cleaning staff.

- We have designated staff to clean the classrooms throughout the day, after lunch and at the end of the night.
- We will clean the classrooms once a week using a ULV Fogger to thoroughly disinfect and sanitize all surfaces (ULV foggers are used by hospitals to sanitize and disinfect).
- Any toys that have any type of bodily fluids on them will be removed from circulation immediately to be sanitized and disinfected.
- After each transition and activity, staff will spray toys and surfaces with disinfectant.
- Bathrooms will be cleaned thoroughly multiple times throughout the day.
- Outdoor play structures will be disinfected daily.



## Authorization for Credit Card/ EFT Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Monthly Payment Option:    \_\_\_ Visa    \_\_\_ Mastercard    \_\_\_ Discover    \_\_\_ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Monthly Amount to be Charged: \$ \_\_\_\_\_ (USD)

EFT \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ BANK NAME: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

I authorize Caterpillar Corner Learning Center to charge/debit the amount listed above to the credit card/bank provided herein. I agree to pay for Care in accordance with the issuing bank cardholder/account holder agreement.

**Cardholder/Accountholder - Please Sign and Date**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Return the completed and signed form to the following:**

Caterpillar Corner Learning Center  
2168 N Cedar St., Holt, MI 48842  
517-889-5348

## School Age Parent Health and Playground Statement

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ acknowledge all of the following:

- (a) The child is in good health with activity restrictions noted.
- (b) The child's immunizations are up-to-date.
- (c) The immunization record or appropriate waiver is on file with the child's school.

List Any restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Playground Statement

#### Outdoor play area.

School-age centers operating in school buildings approved by the Michigan Department of Education are required to notify parents in writing at the time of enrollment that the center plans to use a public school's outdoor play area and equipment.

Children who attend the school during the day use a school playground, it is reasonable to allow school-age children attending a before or after school child care program at the same location to use that same playground.

We want to make parents aware that a school playground is not required to meet the same playground safety regulations that other licensed centers are required to meet.

**WRITTEN INFORMATION PACKET DOCUMENTATION**  
Michigan Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems

Child(ren)'s Name(s) (Last, First)	Center Name
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A written information packet has been provided at the time of enrollment. The packet included all the following information:

- 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, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
  - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
  - The licensing notebook is available to parents during regular business hours.
  - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).
- Other \_\_\_\_\_

I certify that I received all of the above items.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

LARA is an equal opportunity employer/program.

## CHILD INFORMATION RECORD

### State of Michigan - Department of Licensing and Regulatory Affairs - 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 line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only:</b>		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		Home Phone ( )	Parent/Legal Guardian's Name (Optional)		Home Phone ( )
Home Address (if not child's address)		Cell Phone ( )	Home Address (if not child's address)		Cell Phone ( )
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address		
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 Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

**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	

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