



Instructions for completing the ARCH Student Registration Packet editable form.

Thank you for enrolling your student with Kentwood Public Schools. An *editable* PDF is being provided so that families can now **Download, Complete, Save** and **Email** your new to Kentwood Public Schools students **Registration Packet** to our student enrollment coordinators. Once this information is received and processed you will be contacted via email with any further instructions on how to submit the additional documents required to complete the enrollment process for your student.

Please Note: *In order to use this editable form you will need to have a working knowledge of computers. KPS now offers several convenient ways to enroll your student. Please refer to the Kentwood Public School Website at www.kentwoodps.org for alternative enrollment options.*

Helpful Hints for Downloading and Editing this registration form:

- In order to correctly download and edit this document on a personal computer you will need to have a PDF reader software application. (Do not use the editor provided by the web browser software)
- Even though the web browser software will pull up the document and let you edit fields. It will not save your information.
- We suggest using the **Adobe DC reader software**. <https://get.adobe.com/reader/>
- **When installing the software** on your PC **unclick the boxes** if you do not want to install the McAfee Security Scan Plus software. Once the Adobe Acrobat Reader DC software is installed, you can now **Download** the Student Registration PDF to your computer and take note of where you saved the PDF.
- Use the Adobe software application to open and edit the **New Student Registration Packet**

IMPORTANT: Once all the forms are completed or as you are going through the document make sure to save your changes so that they won't be lost. At the end of the **NEW Student Registration Packet** you will be asked to electronically sign the document. If this is your first time using the software to complete a PDF you will be prompted to create a **Digital Signature**.

- Complete the steps to *Create the Digital Signature*.
- Once completed, you will be prompted to **save** the document **again**. If you saved your digital signature previously, use the name and answer "YES" when the system asks you if you want to replace the existing document.

What's Next:

- Once you have saved the New Student Registration, you can email the completed packet to arch.program@kentwoodps.org
- You will receive a confirmation email from our enrollment coordinators with next steps, once everything has been reviewed and processed.



Kentwood Public Schools
3303 Breton Rd, S.E.
Kentwood, MI 49512 Phone
616-426-5311
Fax 616-426-5257

Academic enrichment
Recreation and the arts
Community and family services
Healthy relationships

LORI BRAMBLE-ROMEO
Project Director

*** Please keep this page for reference**

ARCH is an after school program that is made possible through a 21st Century Community Learning Center Grant and is sponsored by the Michigan Department of Education. The ARCH program is offered at all ten elementary schools, three middle schools, and East Kentwood High School. This program is FREE of charge and provides FREE bus transportation for students within each home school busing area. The program is Monday-Thursday each week, with students attending all four days. Attendance and behavior are critical components in securing continued enrollment in this program.

During the program the students will participate in:

Supper, Homework Help, Academic Enrichment, Snack and Reflection

TO SIGN UP:

- Please fill out the attached forms **COMPLETELY!!** If something does not apply to your student, **please complete the blank with none or unknown. Every space must be filled. Leaving spots blank will delay enrollment.**
- If you are requesting transportation, please fill out the attached bus request form.
- Attendance is required. If your student will be missing ARCH, a parent or guardian must call to let ARCH staff know. The expectation is that students signed up for this program will be in attendance unless the ARCH Site Coordinator has been contacted by a parent. This is a safety measure put in place to ensure all students are where they are supposed to be.
- When weather allows, elementary students will use the playground equipment that is available during the school day. This equipment is exempt from Michigan Child Care Licensing Rule R 400.8170 (11), which requires a playground inspection by a certified playground safety inspector.

Completed packets will be given to each building principal, who will then work with teachers and the site coordinator to make recommendations for enrollment into the program. **Your child(ren) MAY NOT attend ARCH until a site coordinator has contacted you stating they have been selected for the program and gives a start date.**



21st CCLC ARCH
LORI BRAMBLE-ROMEIO
Project Director

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Student File Checklist

Student's Name _____

Date of Enrollment _____

Date Un-enrolled _____

_____ Enrollment policy

_____ Statement of Health

_____ Fieldtrip Permission Policy

_____ Licensing Notebook Notification

_____ Busing Letter/Information

_____ Discipline Policy

_____ Child Information Record

_____ Handbook given to parents

Parent Name acknowledging that handbook was received and that all information turned in is current. _____

_____ Site Coordinator initials verifying receipt of enrollment information.

Kentwood Public Schools, together with parents and the community, will educate all students in a safe, secure environment. We are committed to excellence, equity, and diversity in education. Our goal is for each student to master and apply the essential skills to be a successful, productive citizen.



21st Century After School Learning Centers REGISTRATION FORM

RETURN COMPLETED FORM TO YOUR CHILD'S SCHOOL OFFICE

Please Print													
First Name:	Middle Name:	Last Name:	Date of Birth Male or Female										
Home Address:		Home Tel.#: _____ Cell Ph#: _____ Email: _____	Language spoken at home:										
Attending School:	Grade	Homeroom Teacher											
Parent/Guardian full name:	Place of work and address:	Work Ph #:											
Child's Ethnicity African American Multi-racial Asian (specify) _____ Native American Pacific Islander White/Caucasian Other Hispanic/Latino (specify) _____	Family Size <table> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>6</td> <td>7</td> <td>8</td> <td>9</td> <td>10+</td> </tr> </table>		1	2	3	4	5	6	7	8	9	10+	Lunch Status Do you currently qualify for: Free Lunch Reduced Lunch Full Price
1	2	3	4	5									
6	7	8	9	10+									
Learning Center Applying To: Please check one: Bowen Elementary - Grade 1 - 5 Brookwood Elementary - Grade 1 - 5 Challenger Elementary - Grade 1 - 5 Discovery Elementary - Grades 1 - 5 Endeavor Elementary - Grades 1 - 5 Explorer Elementary - Grades 1 - 5 Glenwood Elementary - Grades 1 - 5 Meadowlawn Elementary - Grades 1 - 5 Southwood Elementary - Grades 1 - 5 Townline Elementary - Grades 1 - 5 Crestwood Middle School - Grades 6 - 8 Pinewood Middle School - Grades 6 - 8 Valleywood Middle School - Grades 6 - 8 East Kentwood High School - Grades 9 - 12		Household Income Please check one: under \$5,000 \$5,000 - \$9,999 \$10,000 - \$14,999 \$15,000 - \$24,999 \$25,000 - \$34,999 \$35,000 - \$39,999 \$40,000 - \$49,999 \$50,000 and above											

Kentwood Public Schools does not discriminate on the basis of race, color, national origin, sex, age, disability, religion, height, weight, or marital status in its programs and activities.

Please check or state any health problems or disabilities that the school should be aware of:

- ☐ Allergies to insect bites-insect type _____ ☐ Requires Epi Pen ☐ Requires Benadryl
☐ Allergies to food – What food? _____ ☐ Requires Epi Pen
☐ Allergies to medications – Name? _____ Reaction? _____
☐ Asthma – Will you provide the school with an inhaler? Yes No Nebulizer? Yes No
☐ Other? Specify _____

***If your child requires medication administration, diabetic monitoring, Epi Pens, Inhalers or has severe allergies please contact Learning Center Coordinator immediately.**

I give permission for staff to administer the following over the counter medications:

(Prescription medication – see separate form) ☐ Sunscreen

Parent/Guardian: _____ DATE: _____

Signature of parent/guardian is required for registration

In case of an emergency, a staff member from 21st Century Program will contact you immediately.

CIVIL RIGHTS/ NON-DISCRIMINATION

In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Ave, SW, Washington, D.C 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

STATEMENT OF HEALTH AND IMMUNIZATIONS

(School-age MUST be updated every year)

All children enrolled in ARCH Programs must meet local, state and Michigan Department of Education health requirements for school entry.

My child is in good health with only the following activity restrictions/health conditions.

My child's immunizations are up to date at _____ school. Grade _____

Parent Name _____

Date _____

TRANSPORTATION POLICY NO ELEMENTARY (1ST – 5TH) CHILD IS ALLOWED TO WALK HOME ALONE FROM THE LEARNING CENTER. If you do not request transportation, you must designate a responsible adult (over 18) to pick up your child at the learning center.

- ☐ MY CHILD WILL BE PICKED UP AT THE LEARNING CENTER
☐ MY CHILD MAY WALK HOME FROM THE LEARNING CENTER (middle & high school students only)

Name of Responsible Adult: _____ Telephone# _____

☐ I AM REQUESTING TRANSPORTATION



21st Century After School Program CONSENT FORM

Grades: 1st grade through 12th grade

Kentwood Public Schools is offering an after school program to enhance academic achievement and the educational experience. Kentwood Public School personnel will staff the program. In order to maximize the benefit this program offers to your student, the program's staff would like to request access to your student's educational record to review information relating to citizenship, grades, and performance on standardized tests. Before this information can be shared, the parent/guardian of the student must give written consent. The parent/guardian has the right to request a copy of any information shared with the program. To give your consent, please complete the information below and sign your name.

I _____ give my consent for _____
Parent/guardian's name Child's name

to participate in the ARCH after school program. I further give my consent to Kentwood Public School personnel to have access to the following information from my student's education record. This may include record of citizenship, grades, performance on standard academic tests, and other information, if applicable, so that program staff can tailor programs in ways that will best help students succeed in academic and non-academic situations.

MEDIA PUBLICATIONS PERMISSION:

I give permission to 21st Century Scholars Learning Center Programs to take videos/pictures that may include my child and might be used in publications (e.g. newspaper stories, newsletters/publications, local access television, 21st Century website). Yes No

21st Century Electronic Student Management System:

I understand by enrolling my child into a 21st Century Learning Center program, my child will be part of an electronic Student Management System that complies with full confidentiality and "Acceptable Use Policies" of the Kentwood Public Schools.

Parent/Guardian: _____

21st Century Community Learning Centers Evaluation:

I understand by enrolling my child into a 21st Century Learning Center program, my child will be part of a local and state wide evaluation. This evaluation complies with full confidentiality and "Acceptable Use Policies" of the Kentwood Public Schools. Participation in this research is entirely voluntary and you may choose to withdraw your child from participation at any time. Your child has the right to refuse to answer any particular questions. Your child's name will not be used in any written or published documents. Results from the evaluation will be used to fulfill reporting requirements to the State of Michigan and will also be used by staff members to improve the quality of the program.

Parent/Guardian: _____

Please email form to arch.program@kentwoodps.org

DO NOT SEND YOUR CHILD TO PROGRAM UNLESS NOTIFIED OF ENROLLMENT BY SITE COORDINATOR

Parent Notification of the Licensing Notebook Requirement

Child Care Organizations Act, 1973 Public Act 116

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans for the last 5 years. The licensing notebook is available to parents during regular business hours. Licensing inspection reports, special investigation reports, and corrective action plans from at least the past 3 years are available on the department's child care licensing website at www.michigan.gov/michildcare.
- The website where parents can access child care licensing rules is www.michigan.gov/michildcare.

I have read the above statement issued by _____.
Name of Child Care Center

Parent Name

Discipline Policy

To the Parent(s) of _____,

In order to maintain an environment that ensures safe and quality care, Kentwood Public School's ARCH Program has developed a discipline plan.

Our staff will use positive methods of discipline, which will encourage self-control, self-direction, increased self-esteem and cooperation. The staff will attempt to explain to the student why certain behaviors are inappropriate, and will focus on the desired behavior rather than on the negative behavior. Rules will be explained to the children at all sites. Please read and discuss the following rules and consequences with your child.

RULES

These rules will be in effect at all times.

1. Children will demonstrate respect for everyone.
2. Children will follow the leader's directions.
3. Children will treat materials with care.
4. Children will use appropriate language and voice levels.

CONSEQUENCES

When a child chooses not to follow these rules:

1. Verbal and or written warning.
2. Separation from an activity / alternate activity.
3. Child will be given time to reflect on their inappropriate behavior.
4. Conference with the leader and parent.

*Severe misbehavior (fighting, threatening children or leaders, or verbal abuse) may result in the child being immediately removed and/or suspended the following day.

**If inappropriate behaviors are repeated on a regular basis, children may be dismissed and/or suspended from the program,

We have discussed this plan with all of the children at each site. Please review the rules and consequences with your child. Your support and cooperation will help us provide safe and quality care for your child and all of our children. Please sign and return the form below to your site leader.

I have read the discipline plan and will discuss it with my child, _____

Parent name _____

Date _____

Comments _____



LORI BRAMBLE-ROMEO
Project Director

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Dear parent,

You have given your child permission to ride the bus home from the 21st Century After School ARCH Program. Please list the bus stop that you wish us to drop your child off at the bottom of this page. We ask that you sign your name at the bottom as well, authorizing this stop. Thank you for your participation in this program.

Sincerely,

Lori Bramble-Romeo

Lori Bramble-Romeo, ARCH Program Director

STUDENT'S NAME _____

STUDENT'S ADDRESS _____

SCHOOL NAME _____

BUS STOP _____

PARENTS NAME _____

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.)					

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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.	

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