



Art by: Paris Turner

**WAVERLY STUDENT  
CENTER PRESENTS:  
OUTDOOR EXPLORERS  
SUMMER CAMP 2025**

Located at  
Waverly East Intermediate  
3131 W. Michigan Ave.  
Lansing, MI 48917  
Outside Door #14  
Phone: 517-321-6999  
Hours: 6:30am-6pm

## Summer Enrollment Process 2025

### Waverly Student Centers

- Complete every page in the Student Centers Summer Packet. Circle dates that your child will attend on the calendar (please turn in a separate calendar for **EACH STUDENT** attending.) \*3 Day **MINIMUM**\* **\*\*ENROLLMENT PACKETS WILL BE RETURNED IF INCOMPLETE!\*\***
- For days that are scheduled as “half days,” half days are considered 5 hours or less. **Please circle the estimated DROP OFF time for HALF DAYS.** (i.e., AM HALF DAY=drop off BEFORE 11am; PM half day= drop off AFTER 11am)
- **Registration Fee:** \$50 per child (includes field trip t-shirt, backpack and water bottle)
- **Activity Fees:** \$20 per week per child. (ALL activity fees are due at the time of enrollment. (i.e., if you sign up for 9 weeks of care: \$180 plus registration fee is due at time of enrollment) **\*ASK ABOUT THE GOODIES FACTORY/POPPIN POPCORN FUNDRAISER TO HELP OFF SET THE COST OF ACTIVITY FEES! \***
- Include money order payment or completed Tuition Express form to pay the registration fee(s) and activity fees for the summer program to complete the enrollment process. The registration fee includes **ONE** field trip shirt, a Student Center backpack, and a water bottle.
- **CURRENT TUITION BALANCE MUST BE PAID IN FULL BEFORE ENROLLING!**
- **Turn the packet into the Student Center no later than Friday April 18<sup>th</sup>.** Enrollment is on a **FIRST COME, FIRST SERVE** basis. If your child’s classroom fills up **BEFORE** April 18<sup>th</sup>, your child will be placed on a **WAITING LIST**. **Student Center cannot guarantee that a spot will be available or that field trip shirts will be available. ALL FEES ARE DUE UPON ENROLLMENT! \*If you participate in the fundraiser, your profits will be applied to your account after April 21<sup>st</sup>.**
- **Once the enrollment deadline has passed, we will NOT be able to add on weeks or field trip days!** Schedule adjustment requests may be made in writing a minimum of 48 hours in advance and are up to Supervisor discretion. Changes are not guaranteed.
- **STUDENTS MUST ARRIVE AT LEAST 30 MINUTES BEFORE THE SCHEDULED FIELD TRIP TIME TO GO OVER FIELD TRIP/BUS RULES AND EXPECTATIONS!**
- If you are interested in volunteering, please complete the background check form on pages 7 & 8 of this packet.
- **Please read the full contract carefully as some policies have changed.**

\*Summer Enrollment Packets should be turned in to Lacey Balzer or Hanna Sayles. They can be submitted to the childcare office or via e-mail. **\*\*PLEASE DO NOT EMAIL PICTURES OF THE ENROLLMENT PACKET!\*\*** **\*ENROLLMENT PACKETS WILL BE DATE/TIMESTAMPED and INITIALED by RECIPIENT\***

For further questions contact Lacey Balzer (Childcare Supervisor) [lbalzer@waverlyk12.net](mailto:lbalzer@waverlyk12.net) or Hanna Sayles (Assistant Childcare Supervisor) [hsayles@waverlyk12.net](mailto:hsayles@waverlyk12.net)

\*Please keep this page for your records. \*



## Summer Camp 2025 Rates

Waverly Student Center will be open 6/9/25-8/8/25 (9 Weeks) at Waverly East Intermediate.

Select full-time or part-time options (3 days per week minimum)

Fee	First Child	Additional Child(ren)
<b>Summer Registration (includes summer field trip t-shirt, water bottle and a Student Center drawstring backpack)</b>	\$50	\$50
<b>Activity Fees (non-refundable)</b>	\$20/week of attendance	\$20/week of attendance
<b>Half Day (5 hours or less)</b>	\$30	\$25
<b>Full Day (more than 5 hours)</b>	\$50	\$40
<b>FEE FOR NO SHOW/CANCELLATION WITHOUT 24 BUSINESS HOURS NOTICE</b>	\$20/day	\$20/day

- Student Center will provide an afternoon snack and drink as well as occasional theme related treats. Please notify SC Staff if your child has any food allergies.
- Student Center families may choose to participate in the Waverly School District's summer free food program for breakfast and lunch each day. Free breakfast and hot lunch will be provided beginning 6/16/25 until 8/8/25.
- 6/9-6/13/2025: BREAKFAST KITS WILL BE PROVIDED. PLEASE SEND YOUR STUDENT WITH A NUT FREE COLD LUNCH.
- 8/4/25: BREAKFAST KITS WILL BE PROVIDED. A FOOD TRUCK WILL BE PROVIDED FOR LUNCH.
- When sending your child with a cold lunch, please remember that Student Center is a NUT-FREE facility due to allergies. **\*\*PLEASE PROVIDE AN ICE PACK IN LUNCH BOXES FOR ANYTHING THAT NEEDS TO REMAIN CHILLED. STUDENT CENTER DOES NOT HAVE REFRIDGERATOR SPACE TO STORE LUNCH BOXES.\*\*** STUDENT CENTER DOES NOT MICROWAVE MEALS.
- **DELIVERED LUNCHES (i.e. Parent drop off, DoorDash, etc.) MUST arrive by 11:00am! Students may not have time to eat if lunches are delivered later than 11:00am. Food MUST be delivered to door #14. We will not be able to get orders from the front of the building!** If this policy cannot be followed, we will not allow delivered lunches.
- Registration fees and activity fees are NON-REFUNDABLE and due UPON ENROLLMENT. If your child's classroom fills up before April 18<sup>th</sup>, your child will be placed on the waiting list. Enrollment is on a FIRST COME, FIRST SERVE basis. School year tuition must be up to date (no past due balance) when submitting paperwork. Paperwork will be date and time stamped upon submission. INCOMPLETE packets will be RETURNED. Student Center staff will not guarantee enrollment in the Summer Program. If you want to inquire about Summer enrollment status AFTER paperwork submission, please reach out to Lacey Balzer or Hanna Sayles via E-MAIL.
- Activity fees cover all field trip expenses for the summer including transportation and admission fees AS WELL AS supplies for each week.

\*Please keep this page for your records. \*

## Summer Camp 2025 Registration Reminder

**Please remember to bring the following items when you pack for your child's Summer Camp Adventures! (Items can be left at Student Center in a bag labeled with your child's name. They will need to be taken home weekly for washing or after use.)**

- Bathing Suit (SOME WATER DAYS WILL BE SCHEDULED BUT WE MAY ALSO PARTICIPATE IN WATER ACTIVITIES SPORADICALLY)
- Towel
- Water Shoes/Flip Flops
- Change of Clothes (appropriate for summer including underwear and socks)
- Gym Shoes
- Light Weight Jacket
- Sheet/Blanket
- Sunscreen/Bug Spray (Student Center does not provide Sunscreen or Bug Spray.) Please label items with your child's name to keep them at the Student Center. **\*SPRAY SUNSCREEN AND BUG SPRAY IS THE EASIEST FOR STAFF TO HELP APPLY!\***

**Have you completed all of your child's enrollment paperwork? (REQUIRED)**

- Registration Form
- Emergency Card
- Medical History Form
- Getting Acquainted
- Parent Agreement
- Playground Consent & Liability Waiver
- Written Information Documentation
- Attendance Calendars

**\*\*\*Electronic devices are permitted under the discretion of the Director. Electronics time will be SCHEDULED daily and in line with licensing restrictions of "non-interactive media." The center will not be held responsible for any lost or broken electronic devices.**

**ANY STUDENTS FOUND PLAYING GAMES/WATCHING VIDEOS THAT ARE NOT SCHOOL APPROPRIATE WILL LOSE THEIR ELECTRONICS PRIVILEGES.**

**\*\*\*Field Trip permission slips will be available at least 1 week prior to field trips. Please make sure that you sign next to your student's name in order for your student(s) to be allowed on the school bus. Students will be REQUIRED to attend field trips if they are in attendance. If your child forgets their shirt, arrives after the bus has left OR behavior prohibits field trip attendance, your child will be required to stay home. \*Exception: \*Summer School Enrollment \* If your student is signed up for SUMMER SCHOOL and WILL NOT be attending field trips, 1-2 staff members will be on-site for Summer School students. (If we do not have ADVANCED NOTICE of these circumstances, staff WILL NOT BE AVAILABLE ON-SITE.)**

**\*\*\*STUDENTS MUST ARRIVE AT LEAST 30 MINUTES BEFORE THE SCHEDULED FIELD TRIP TIME!**

**\*\*\*Field Trip shirts must be worn on ALL field trips. Student Center will have a LIMITED number of extra field trip shirts available for purchase (\$15 each, CASH, MONEY ORDER or CREDIT/DEBIT card, PAYMENT MUST BE MADE WHEN RECEIVING T-SHIRT- DHHS CREDITS WILL NOT COVER THE COST OF ADDITIONAL FIELD TRIP SHIRTS) if a shirt is forgotten. One field trip shirt is included in the registration fee. A child will not be permitted to attend an off-site field trip without their field trip shirt.**

\*Please keep this page for your records. \*

## Student Center Summer Camp 2025

### Week 1: **"Lego" to Summer Camp!**

Join us for a LEGO-themed week full of designing and building! Students will build all sorts of fun LEGO creations, letting their imaginations guide them! This week will be filled with STEAM challenges, LEGO-themed crafts, and a LEGO brownie recipe that your kid with LOVE. It wouldn't be Lego week without a trip to LEGO LAND!

### Week 2: **Explore Michigan:**

Students will explore the natural world in their own "backyard" when they attend camp this week. They will go on nature scavenger hunts, learn about plant and animal life found in Michigan and learn some fun facts about our home state. We will take a trip to the Outdoor Adventure Center in Detroit.

### Week 3: **Spectacular Sports:**

From using geometry to determine the angle of a golf swing to the physics behind a perfect football spiral, STEAM can be found in many surprising places in the world of sports. Explore the physics and mathematics behind some of your favorite sports. This week, we're goin' BOWLING!

### Week 4: **Dynamite Dinosaurs**

Have a dynamite time with dinosaur activities, games and crafts this week! Kids will explore the Mesozoic Era through activities that get them learning about creatures that roamed the Earth long ago. We'll even get some hands on experience with real life dinosaurs at Critchlow Alligator Sanctuary!

### Week 5: **Go Wild: Amazing Animals**

For campers who love all animals, we have Amazing Animals! Campers will learn about a wide variety of animal friends that share our world. Animal themed games, crafts and activities will showcase animal adaptations and diversity. Of course we will be taking a trip to Binder Park Zoo!

### Week 6: **Under the Big Top**

Join us for a circus themed, fun-filled week! Students will participate in show-stopping activities, create trapeze art, cook up some tasty circus treats like cotton candy and popcorn, and even watch circus performers in action in our own gymnasium!

### Week 7: **Fairy Tale STEAM**

Adventure is out there! Our imagination is loaded with the newest STEAM challenges inspired by classic fairy tales such as Jack and the Beanstalk, The Three Little Pigs, Rapunzel, Little Red Riding Hood, and more! Help solve the mystery of who pushed Humpty Dumpty off the Wall, what they used to do it, and where they hid the item. Embark on an imaginative adventure designing and engineering solutions to problems that occurred "once upon a time." Watch how our challenges each day unfold, from introducing each story, preparing for the challenge, and finally...putting our STEAM minds to the test!

### Week 8: **Space Explorers**

Campers will spend some time in space as we explore the wonders of the solar system. We will learn about the planets, discover constellations and find out what lies beyond the edges of the Milky Way!

### Week 9: **Think Big: Investigating Inventions**

Childhood curiosity, experimentation, and imagination can develop one's play instinct—an inner need according to Carl Jung. This week campers will investigate how things work and who invented some of the things we use on a daily basis!

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# WAVERLY

## COMMUNITY SCHOOLS

Pride. Tradition. Excellence.

### VOLUNTEER/CHILD CARE BACKGROUND CHECK

Service to provide: \_\_\_\_\_ Date(s) to Provide Service: \_\_\_\_\_

Please circle one: VOLUNTEER                      CHILD CARE                      INTERN

Building(s) \_\_\_\_\_

In order to ensure the protection of children in the care of Waverly Community Schools, school policy requires, prior to any and all persons providing a volunteer service at the school or for any function conducted by the school; all potential volunteers complete a background check. The background check is a name check only, through the State of Michigan ICHAT system and is based on individual identifiers. Any applicant declining to complete a "Volunteer Background Check" acknowledgment form will not be considered.

#### POTENTIAL VOLUNTEER INFORMATION

Full Printed Name: \_\_\_\_\_

Maiden name or other name(s) previously used: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
[mm/dd/yyyy]

Race (Please check one): White \_\_\_\_\_ Black \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_  
Unknown/Other \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

#### HISTORY INFORMATION

1) Have you volunteered at Waverly Community Schools before? ☐ Yes ☐ No

2) Have you ever pled guilty, or been convicted of a felony in a state or federal court?

☐ Yes ☐ No

Date and state offense/conviction occurred: \_\_\_\_\_

If yes, provide a detailed description of the conviction: \_\_\_\_\_

\_\_\_\_\_





# WAVERLY

## COMMUNITY SCHOOLS

Pride. Tradition. Excellence.

Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?

☐ Yes ☐ No

Date and state offense/misdemeanor occurred: \_\_\_\_\_

If yes, provide a detailed description of the conviction: \_\_\_\_\_

3) Are you the subject of a current criminal investigation or have pending charges against you?

☐ Yes ☐ No

Date and state the investigation is ongoing: \_\_\_\_\_

If yes, provide a detailed description of the investigation or pending charges: \_\_\_\_\_

**\*\*FOR CHILD CARE ONLY:**

4) U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever lived outside of Michigan? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have lived outside of Michigan, please indicate where and when. Location \_\_\_\_\_

Year(s) \_\_\_\_\_

Waverly Community Schools reserves the right to “approve” or “deny” any volunteer service upon review of the background check returned. The determination will be based upon the individual’s fitness to have responsibility for the safety and wellbeing of children. Providing false information, or information contradicting to the background check information, is grounds for immediate volunteer denial.

By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete the requested background check. Please note that any incorrect, false, or incomplete information to the questions above will be grounds for stopping the employment, volunteering, or doing an internship.

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

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

Please return completed form to the appropriate school building.

**OFFICE USE ONLY**

Approved ☐ Denied ☐ Date Approved/Denied \_\_\_\_\_

Determining Staff Member \_\_\_\_\_



Date of Application: \_\_\_\_\_ Date you wish your child to begin \_\_\_\_\_

### CHILD

NAME \_\_\_\_\_ GRADE (entering Fall 2025) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ GENDER: \_\_\_\_\_ PREFERRED PRONOUNS: \_\_\_\_\_

**Field Trip Tee Shirt Size (ONE shirt is included in registration.):** YS YM YL YXL ASM AM AL AXL

**Additional CHILD Field Trip Shirt (must be same size as ordered above; + \$15 each)?** YES NO **QUANTITY:** \_\_\_\_\_

**ADULT Field Trip Shirt (+\$20 each)?** YES NO **QUANTITY:** \_\_\_\_\_ **SIZE:** \_\_\_\_\_

**(If the company runs out of the size needed, we will size UP one.)**

### Parent/Guardian Information

#### Guardian

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ ☐ **Check for Text Messaging: Service Carrier:** \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother/Guardian SS#: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Custodial Parent (If married, mark both parents)

#### Guardian

#### Guardian

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ ☐ **Check for Text Messaging: Service Carrier:** \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian SS#: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Custodial Parent (If married, mark both parents)

**PG-Movie Permission:** I give permission for my child to view carefully selected movies with a PG rating.

**Please circle and initial** \_\_\_\_\_ **Yes/No**

**Photo Release:** I give permission for my child to be photographed or videotaped during Waverly Child Care hours. I understand that the photo/videos will be used for information/promotional purposes, newsletters, Facebook, and Website related to Waverly Community Schools Student Centers. Students listed as "NO PHOTO" will be blurred or have a photo sticker over their face for social media posts.

Please circle and initial:

**Newsletters (Newsletters are emailed to all enrolled families and posted to the Facebook page and Waverly website.)** \_\_\_\_\_ **Yes/No**

**Facebook** \_\_\_\_\_ **Yes/No**

**District Website** \_\_\_\_\_ **Yes/No**



## Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. \_\_\_\_\_ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

#### COMPLETE ONE SECTION ONLY

##### SECTION A (Credit Card)

Cardholder Name _____		Phone # _____	
Cardholder Address _____	City _____	State _____	Zip _____
Account Number _____		Expiration Date _____	
Cardholder Signature _____		Date _____	

##### SECTION B (Bank Account)

Your Name _____		Phone # _____	
Address _____	City _____	State _____	Zip _____
Bank or Credit Union Name _____	Bank or Credit Union Address _____	City _____	State _____ Zip _____
Routing Transit Number (see sample below) _____		Account Number (see sample below) _____	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Authorized Signature _____		Date _____	

#### For Official Use Only

Date Received \_\_\_\_\_

Employee Signature \_\_\_\_\_

John Sample Mary Sample 123 Nice Street Anytown, USA		BANK OF THE WEST 555-555-5555		00226	
Pay to the order of: _____		Attach Voided Check Here \$ _____			
		Deposit slips not accepted _____ Dollars			
123456789	1800336	0226			
Routing Number	Account Number	Check Number			

A service of



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## Waverly Student Center

### Student Behavior Expectations

- ❖ I will follow directions the first time they are given.
- ❖ I will keep my hands, feet, and all objects to myself.
- ❖ When in the building, I will use the voice level that is expected by my teacher during an activity.
- ❖ I will use appropriate language.
- ❖ I will ask a teacher for permission to leave the classroom.
- ❖ I understand that the Student Center is not responsible for the loss, theft, damage, or vandalism to student property including electronic devices and that the use of electronic devices is at Student Center staff's discretion.
- ❖ I will not willfully vandalize Student Center property. (Vandalism is defined as the willful destruction and defacing of district/program property. The student and parent will be held financially responsible for damages including, but not limited to, the cost for district staff or others to repair, replace, and/or clean-up the damaged property.)
- ❖ I will not participate in bullying behavior.

Some examples of specific behaviors that constitute bullying include but are not limited to:

- Spreading rumors or posting degrading, harmful, or explicit pictures, messages, or information using social media or other forms of electronic communication (also known as "[cyber-bullying](#)").
- Taunting or making sexual slurs about a person's gender orientation or sexual status.
- Name-calling, joking, or making offensive remarks about a person's religion, gender, ethnicity, or socioeconomic status.
- Physical acts of aggression, such as punching, slapping, or tripping someone.

#### Behavior Policy for Physical Aggression:

- 1<sup>st</sup> Incident: Warning- Verbal/Written: Conversation with parent.
- 2<sup>nd</sup> Incident: 1 Day Suspension
- 3<sup>rd</sup> Incident: 2 Day Suspension
- 4<sup>th</sup> Incident: 1 Week Suspension
- 5<sup>th</sup> Incident: Meeting with parent to discuss behavior plan
- 6<sup>th</sup> Incident+: Determined by Behavior Plan

**\*Persistent VERBAL/SOCIAL Bullying WILL fall under the Behavior Policy for Physical Aggression. \***

I understand that my student is expected to follow all of the behavior expectations listed above. I understand that if he or she does not, he or she may be removed from the program.

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

# CHILD INFORMATION RECORD

State of Michigan - Department of Lifelong Education, Learning, and Potential - 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		Primary Phone ( )	Parent/Legal Guardian's Name (Optional)		Primary Phone ( )
Home Address (if not child's address)		2 <sup>nd</sup> Phone (if applicable) ( )	Home Address (if not child's address)		2 <sup>nd</sup> 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? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)					

CCL-3731 (Rev. 6/7/2024) Previous editions 7-18, 4-21, & 3-22 may be used

See Reverse Side

<b>Emergency Contact &amp; Release of Child:</b> 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.	( )	( )			
<b>Release of Child Only:</b> 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.	( )		
5.	( )	6.	( )		

<b>Parent/Legal Guardian Initials:</b>	Waverly Student Center
I give permission to _____, licensed by the Department of Lifelong Education, Advancement, and Potential, 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

CCL-3731 (Rev. 6/7/2024) Previous editions 7-18, 4-21, & 3-22 may be used

### *MEDICAL HISTORY AND CUSTODIAL INFORMATION*

CHILDS NAME/D.O.B.: \_\_\_\_\_

**I hereby certify that my child is in good health, their immunizations are up-to-date, and his/her immunizations or immunization waiver is on file with the school.**

**PARENT(S) NAME:** \_\_\_\_\_ **PARENT(S) SIGNATURE:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

#### *PARENT PERMISSION FOR TOPICAL, NON-PRESCRIPTION MEDICATION*

I GIVE PERMISSION TO THE STAFF OF WAVERLY COMMUNITY SCHOOLS STUDENT CENTERS, TO APPLY TOPICAL, NON-PRESCRIPTION MEDICATION **PROVIDED BY ME (PARENT/GUARDIAN) (SUNSCREEN, INSECT REPELLENT, CHAPSTICK, LOTION, COUGH DROPS, ETC.)** ON MY CHILD. **\*Please note that students will not be permitted ChapStick/lotion/bug spray/etc. without a signed form. As always, prescription and over-the-counter medications will require a completed medication form. \***

**PARENT(S) SIGNATURE:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

#### *MEDICAL HISTORY*

PLEASE LIST BELOW ANY MEDICAL, SOCIAL, AND/OR EMOTIONAL CONCERNS OR ALLERGIES (FOOD/ENVIRONMENTAL/MEDICATION/ETC.) THAT OUR STAFF NEED TO BE AWARE OF REGARDING YOUR CHILD. Please include if your child has a documented IEP/504 Plan.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### *CUSTODIAL CONCERNS*

*(Including individuals that are not allowed to pick up, etc.)*

PLEASE INFORM THE STAFF IN WRITING BELOW IF THERE ARE ANY CONCERNS WITH CUSTODIAL SITUATIONS IN REGARD TO YOUR CHILD.

1. \_\_\_\_\_
2. \_\_\_\_\_

**I HAVE A COURT DOCUMENT REGARDING THE ISSUES OF CUSTODIAL CONCERNS YES / NO**

**If "yes," please submit a copy to Student Center Staff.**

## Playground Consent

The Department of Human Services, Office of Child Day Care Licensing has developed criteria for playgrounds and playground equipment as follows:

R400.8170 Outdoor Play Area

Rule 170

(11) The playground equipment, use zones, and surfacing in the outdoor play area shall be inspected by a certified playground safety inspector and an approval granted for playground equipment and areas used before issuance of an original provisional license, upon request of the department, and before using any newly added playground equipment. The center shall provide documentation of the inspection to the department upon request and shall keep it on file at the center.

**(19) School-Age Centers operating in school buildings approved by the Michigan Department of Education are exempt from sub rule (11) of this rule, provided the licensee informs parents, in writing at the time of enrollment, if the center plans to use a public school's outdoor play area and equipment that does not comply with this rule.**

**In order for a child enrolled in a licensed program within a school approved by the Michigan Department of Education to utilize the playground, guardians must give their consent. Please sign below to provide permission for your child to use outdoor school play areas with equipment that may not comply with sub rule 11 above.**

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

Parent Signature/Date: \_\_\_\_\_

### Parent/Legal Guardian Waiver and Release of Liability ("Waiver")

I am the parent/legal guardian of \_\_\_\_\_, and I give my child permission to participate in the **WAVERLY STUDENT CENTER** ("the Program"), an enrichment and recreational program organized by Waverly Community Schools (the "District").

I understand that this opportunity is voluntary, and I have voluntarily opted for my child to participate. I further understand that the Program will involve activities including but not limited to use of school playground equipment and science experiments, that some events may take place off District grounds, and that some activities carry the potential for death, serious injury, and property loss.

On behalf of myself, my child, my family, and my successors, heirs, and assigns, I assume the risk of any and all injury that may occur in any manner related to the Program's activities. I freely and voluntarily agree to indemnify, defend, release, and forever hold harmless the District and its board members, officers, employees, volunteers, and agents from any claims, damages, costs, and/or responsibility of any kind ("Liability") that may be asserted by any person or entity for Liability, including attorney fees, caused by or arising out of my child's participation in the Program. This Waiver shall survive termination and/or completion of the Program and my child's participation therein.

**Printed Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**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](http://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](http://www.michigan.gov/michildcare).

I have read the above statement issued by

Waverly Student Center/East Intermediate
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Name of Child Care Center

Child(ren)'s Name(s):	
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Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

LARA is an equal opportunity employer/program.
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## WAVERLY STUDENT CENTER

### Getting Acquainted with Your Child

To help us provide the best care possible for your child, please complete and return this form with your registration packet.

-Reviewed only by Student Center staff. –

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Nickname/Name your child prefers to be called/Preferred pronouns: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Mother/Guardian/Step-Parent \_\_\_\_\_

Father/Guardian/Step-Parent \_\_\_\_\_

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Other

Siblings Names & Ages \_\_\_\_\_

My child's favorite toys/activities are \_\_\_\_\_

Have there been any changes in your child's life recently? \_\_\_\_\_

My child's greatest fears are: \_\_\_\_\_

When angry, my child will: \_\_\_\_\_

My child has difficulty: \_\_\_\_\_

Please share any family traditions/holiday celebrations/heritage information. Are there any holidays that your family does NOT celebrate? \_\_\_\_\_

My child will need assistance with (i.e., going to the bathroom/remembering to use the bathroom, understanding/following directions, etc.): \_\_\_\_\_

Other helpful information about your child: \_\_\_\_\_

### Waverly Student Center Tuition:

- **Complete calendars for the entire summer** with the dates that your child will be attending Student Center circled. (**Schedule is required** to facilitate student bussing and staff-to-student ratios.)
- Student Center requires a **3-day attendance minimum per week**. You will be charged for 3 days if the minimum is not met.
- If your child will be scheduled for a HALF DAY (5 hours or less), **please circle the estimated DROP OFF time for HALF DAYS. (i.e., AM HALF DAY=drop off BEFORE 11am; PM half day= drop off AFTER 11am)**
- There will be a fee of **\$20/child/day** if a child is scheduled to attend and does not show up/cancels without **24 hours' WRITTEN notice (i.e.: via e-mail to Lacey Balzer or Hanna Sayles)**.
- Tuition will be charged based on the schedule that is turned in. "Add On" days require PRIOR SUPERVISOR AUTHORIZATION. We do not accommodate "drop in" care. **FIELD TRIP DAYS CANNOT BE ADDED AFTER THE APRIL 18<sup>th</sup> DEADLINE.**
- Payment for each week will be due by 12pm on Monday of the following week.
- A late fee of \$20.00 will be applied to accounts that are 2 weeks past due.

Please outline below who is responsible for payment of tuition and fees.

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#### Parent Agreement (please initial each policy):

- ☐ \_\_\_\_\_ I agree to clock my child in and out on the kiosk each day of attendance.
- ☐ \_\_\_\_\_ I agree to walk my child(ren) to their classrooms doors upon drop off.
- ☐ \_\_\_\_\_ I agree to **email** the childcare supervisors 24 **business hours** in advance to inform staff of a child's absence. I understand that I will be charged a "no show" fee of \$20 if the Student Center is not notified of an absence without 24 business hours notice. (**I understand that I cannot add field trip days after I submit enrollment paperwork.**) **"NO SHOW" fees will be waived if a doctor's note is submitted PRIOR to tuition billing.**
- ☐ \_\_\_\_\_ **No Show Fees: \$20/day PER CHILD** if cancelation is not made with at least 24 hours written notice (via email to Lacey Balzer or Hanna Sayles)
- ☐ \_\_\_\_\_ I understand that the childcare program is a **nut-free** environment, and I will ensure that no nut products are sent with my child for lunch, snack, or special treats.
- ☐ \_\_\_\_\_ I understand that I will be informed and must provide permission for all planned field trips.
- ☐ \_\_\_\_\_ I agree to take full responsibility for any damage to person or property caused by my child while in care.
- ☐ \_\_\_\_\_ I agree that I, or one of my emergency contacts, will pick up my child immediately if their behavior or health requires sending them home.
- ☐ \_\_\_\_\_ **Late Pick Up Fees:** I understand that after 6:00 p.m. I must pay a late fee of **\$1.00 PER MINUTE PER CHILD** after the classroom session ends.
- ☐ \_\_\_\_\_ I understand that the Waverly Student Center's Parent Handbook details these and other policies and procedures, and that I have received a Parent Handbook upon enrollment.
- ☐ \_\_\_\_\_ Students will be **REQUIRED** to attend field trips if they are in attendance. If your child forgets their shirt, arrives after the bus has left OR behavior prohibits field trip attendance, your child will be required to stay home. **\*Exception: \*Summer School Enrollment \* If your student is signed up for SUMMER SCHOOL and WILL NOT be attending field trips, 1-2 staff members will be on-site for Summer School students. (If we do not have ADVANCED NOTICE of these circumstances, staff WILL NOT BE AVAILABLE ON-SITE.)**
- ☐ \_\_\_\_\_ I understand that my child will ride a Waverly School District bus for all summer field trips unless prior arrangements have been made.
- ☐ \_\_\_\_\_ I understand that it is my responsibility to notify the Student Center staff of any special needs (i.e., IEP, 504, medical needs, allergies, etc.) so that they can plan accordingly to provide the best care possible for my child. **This would also include a child who is allowed to self-carry an inhaler or epi-pen.**
- ☐ \_\_\_\_\_ I understand that the Student Center is not responsible for the loss, theft, damage, or vandalism to student property including electronic devices and that the use of electronic devices is at Student Center staff's discretion.
- ☐ \_\_\_\_\_ I understand that the Student Center is not responsible for the loss, theft, damage, or vandalism to student property including toys from home and that the use of toys from home is at Student Center staff's discretion.

Parent/Guardian Signature & Date:

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Summer 2025

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## Waverly Student Center



Select full day or half day options (3 day per week minimum). Less than 3 scheduled days will be charged for the extra day(s).

Payment for each week will be due by the Monday of the following week. A \$20 late fee will be charged to accounts with a balance 2 weeks past due.

Half day attendance is 5 hours or less.

**AM: DROP OFF BEFORE 11am**

**PM: DROP OFF AFTER 11am**

Students MUST arrive at least 30 minutes before the scheduled "field trip" time.

Field trips are TENTATIVE and SUBJECT TO CHANGE. Student Center Staff will notify parents of changes no later than 1 week before the activity is scheduled.

**Please check the box for the lunch choice where applicable.**

3131 W. Michigan Ave.  
Lansing, MI 48917  
(Outside Door #14)

Phone:

K-1st Grade Room: 517-321-6166  
2-3rd Grade Room: 517-321-3985  
4-6th Grade Room: 517-321-1967

# June 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	2	3	4	5 Student Center CLOSED PM ONLY for Summer Set-Up	6 Last Day of School! Student Center CLOSED for Summer Set-Up	7
8	9 Half Day AM PM Full Day	10 Half Day AM PM Full Day	11 Half Day AM PM Full Day	12 Half Day AM PM Full Day	13 Half Day AM PM Full Day	14
15	16 Half Day AM PM Full Day	17 Half Day AM PM Full Day	18 Half Day AM PM Full Day	19 Happy Juneteenth National Independence Day! Student Center CLOSED	20 Half Day AM PM Full Day	21
22	23 Half Day AM PM Full Day	24 Half Day AM PM Full Day	25 Half Day AM PM Full Day	26 Half Day AM PM Full Day	27 Half Day AM PM Full Day	28
29	30 Half Day AM PM Full Day					

## Schedule of Events

- ◇ **Week 1: "LEGO" TO SUMMER CAMP!**
- ◆ Wednesday June 11th: LegoLand (9:30am-4:00pm)
- \* STUDENTS WILL NEED A COLD SACK LUNCH FROM HOME
- ◇ **Week 2: EXPLORE MICHIGAN**
- ◆ Wednesday June 18th: Outdoor Adventure Center (9:00am-4:00pm)
- ◇ **Week 3: SPECTACULAR SPORTS**
- ◆ Tuesday June 24th: K-1st Grade- Royal Scot Bowling (9:30am-1:00pm)\*PIZZA LUNCH INCLUDED\*
- ◆ Wednesday June 25th: 2nd-3rd Grade- Royal Scot Bowling (9:30am-1:00pm)\*PIZZA LUNCH INCLUDED\*
- ◆ Thursday June 26th: 4th-6th Grade- Royal Scot Bowling (9:30am-1:00pm)\*PIZZA LUNCH INCLUDED\*
- ◇ **Week 4: DYNAMITE DINOSAURS**

Waverly Student Center



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4-6th Grade Room: 517-321-1967

# July 2025

Sun Mon Tue Wed Thu Fri Sat

		1 Half Day AM PM Full Day	2 Half Day AM PM Full Day	3 Half Day AM PM Full Day	4 Happy Fourth of July! Student Center CLOSED!	5
6	7 Half Day AM PM Full Day	8 Half Day AM PM Full Day	9 Half Day AM PM Full Day	10 Half Day AM PM Full Day	11 Half Day AM PM Full Day	12
13	14 Half Day AM PM Full Day	15 Half Day AM PM Full Day	16 Half Day AM PM Full Day	17 Half Day AM PM Full Day	18 Half Day AM PM Full Day	19
20	21 Half Day AM PM Full Day	22 Half Day AM PM Full Day	23 Half Day AM PM Full Day	24 Half Day AM PM Full Day	25 Half Day AM PM Full Day	26
27	28 Half Day AM PM Full Day	29 Half Day AM PM Full Day	30 Half Day AM PM Full Day	31 Half Day AM PM Full Day		

## Schedule of Events

◇ Week 4 (continued): **DYNAMITE DINOSAURS**

◆ Wednesday July 2nd: Critchlow Alligator Sanctuary (11:15am-4:00pm)

\* STUDENTS WILL NEED A COLD SACK LUNCH FROM HOME

◇ Week 5: **SPACE EXPLORERS**

◆ Tuesday July 8th: Abram's Planetarium (BEYOND THE SUN) and MSU Dairy Store (11:30am-3:30pm)

\* STUDENTS WILL EAT LUNCH BEFORE WE DEPART

◇ Week 6: **UNDER THE BIG TOP**

◆ Thursday July 17th: The Striped Circus (on-site) (12:45pm-2:00pm)

◇ Week 7: **FAIRY TALE STEAM**

◆ Wednesday July 23rd: Ann Arbor Hands On Museum (8:30am-2:30pm)

◇ Week 8: **GO WILD: AMAZING ANIMALS**

◆ Thursday July 31st: Binder Park Zoo (9:30am-5:00pm)

## Waverly Student Center



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**PM: DROP OFF AFTER 11am**

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Phone:

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4-6th Grade Room: 517-321-1967

# August 2025

Sun Mon Tue Wed Thu Fri Sat

THEME:

					1 Half Day AM PM Full Day	2
3	4 Half Day AM PM Full Day	5 Half Day AM PM Full Day	6 Half Day AM PM Full Day	7 Half Day AM PM Full Day	8 Half Day AM PM Full Day	9
10	11 CLOSED Fall Set Up	12 CLOSED Fall Set Up	13 CLOSED Fall Set Up	14 CLOSED	15 CLOSED	16
17	18 CLOSED	19 CLOSED	20 FIRST DAY OF SCHOOL: SC CLOSED	21	22	23
24/31	25	26	27	28	29	30

## Schedule of Events

### Week 9:

◆ Wednesday August 6th: Mt. Pleasant Discovery Museum (8:30am-3:30pm)

\* STUDENTS WILL NEED A COLD SACK LUNCH FROM HOME

◆ Thursday August 7th:

⇒ LUNCH FOOD TRUCK: CONE APPETIT (1 PIZZA CONE & ONE DESSERT CONE or ICE CREAM CONE)

