St. Thecla Catholic School

ESP Document Packet

2026-2027

"We, the community of St. Thecla Catholic School, dedicate ourselves to serving God through our growth in faith, education, and love for one another as members of God's Family."

20762 South Nunneley Road

Clinton Township, MI 48035

586-791-2170 | www.stthecla.com

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.

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)	2nd Phone (if applicable) ( )	Home Address (if not child's address)	2nd 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 ☐ Yes ☐ If yes, explain: (Attach additional sheets, if necessary.)	

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.**	**( )**
5.	**( )**	**6.**	**( )**

Parent/Legal Guardian Initials:

_____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

Thecla Catholic School

St. Thecla Extended School Program Health Form

This acknowledges that my child, _____ d.o.b. _____ who attends St. Thecla Extended School Program, a school age program licensed/approved by the Division of Child Care Licensing, is in good health and his/her immunizations are current.

Further, any health restrictions, allergies, medications taken by my child, or any other needs are noted below:

Parent/Guardian Signature _____ Date _____

St. Thecla Extended School Program Food and Nutrition Form

I agree to provide a snack for my child every day he/she attends St. Thecla Extended School Program after school.

I agree to provide a lunch and a snack for my child every day he/she attends St. Thecla Extended School Program on early dismissal days.

Please clearly print child's name _____

Parent/Guardian's Signature _____ Date _____

St. Thecla Extended School Program Outdoor Play Area

I understand that my child, _____ may be participating in activities on the St. Thecla Catholic School outdoor play area. This will include areas commonly known as "the playscape," "the field," and "the blacktop."

Parent/Guardian Signature _____ Date _____

20762 South Nunneley Road, Clinton Township, MI 48035-1698
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ESP Registration Email Form

Please fill out this form to receive emails for bi-weekly schedules. The email will come from callise@stthecla.com every other Monday. Please check your spam emails if you do not receive a schedule. Please fill out the Google form that will be in the email promptly so we know when your child/children will be attending. This ensures that there will be adequate staff on hand.

Your ESP payment will be deducted from your FACTS account. You will get an email ten days before the amount will be deducted. We will still be able to give you an invoice if you need it. Please let us know by email if you want your bi-weekly invoice statement.

It will also be available at the ice cream social.

Thank you,

Mrs. Callis and Mrs. Asman
ESP Directors

Email Address: _____

Family Name: _____
(Please print)

Student's Name: _____ Grade: _____
(Please print)

Student's Name: _____ Grade: _____
(Please print)

Student's Name: _____ Grade: _____
(Please print)

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WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

Child(ren)'s Name(s) (Last, First)	Facility's Name and License Number
	ST THECLA PRESCHOOL AND EXTENDED DAY SCHOOL PROGRAM – DC500081819

A written information packet has been provided at the time of enrollment. The packet included all the following information *(R 400.8146 (1-2)):*

- 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, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook. (CENTER MUST CHECK ONE)

  ☒ The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, 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.

- Other

I certify that I received all of the above items.

Parent/Guardian Signature **Date**

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

LARA is an equal opportunity employer/program.

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

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I have read the above statement issued by ST. THECLA PRESCHOOL AND EXTENDED DAY SCHOOL PROGRAM

Name of Child Care Center

Child(ren)'s Name(s):	

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.

Thecla Catholic School

Extended School Program - Handbook Agreement

- I have received a copy of the St. Thecla Catholic School ESP Handbook.
- I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures of the program.
- I understand that the Extended School Program also abides by the school policies in the ESP Handbook.

Please sign this acknowledgment form and return it to Mrs. Callis.

I have read the Extended School Program Handbook and agree to abide by the stated rules, procedures, and principles.

_____

Please clearly print student's name

_____ _____

Print Parent/Guardian Name Parent/Guardian Signature Date

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