Hello Parents,

We hope this letter finds everyone well. We are looking forward to the fall and are making preparations for the new school year. We are enclosing some important dates and forms for your information and response. The calendar can be viewed here and you can add the calendar events to your personal calendar here. The Cheddar Up information is enclosed here. You will be receiving an email from Celsey VanMeekeren with all your Cheddar Up information. Please note the Ceddar Up account must be set up by **July 22.**

There will be an orientation for parents **only** on September 6 for the three year old class, and on September 7 for the fours. We will meet in the Great Room at Haven Church at 6:30 pm. You will need to have names and phone numbers of any people who will be picking up your child from school. At the meeting we will also have some notifications for parents from the state that we need your signature on.

There will be an open house for your child, with a parent, in the classroom on September 8 for the threes and on September 9 for the fours from 10-11:00am. This is a chance for your child to see our room, his/her classmates and teachers with you present before school begins. On September 12 for the fours, and September 13 for the threes, you will be dropping your child off at the door and they will enter school on their own!

The most important paper for you to get filled out is the health form attached here. It is required by the state for your child to attend preschool. If you have had a recent physical for your child your doctor's office may fill it out based on that physical. There is a place on the back of the form that requires a signature from the Dr. Please check to make sure they sign it. If your child hasn't had a physical you may want to call very soon to set an appointment up. It will be more difficult to get one the closer you get to September.

We are looking forward to meeting you and your child, but until then may we all stay healthy and well,

Joy Zylstra/ Director/ Teacher

Jody McCarney/ Teacher

Beth Hansen / Assistant Teacher

Nicole Reames /Assistant Teacher

Mandatory Payment Method

Dear Parent(s),

At Haven's Little Treasures Christian Preschool, we are constantly looking at ways to improve the service we provide you and your children. With this in mind, we are going to use a mandatory automated tuition and fee payment system. This system is Cheddar Up.

Cheddar Up – Allows us to process payments safely, quickly and efficiently – leaving us even more time to spend with the children.

Cheddar Up is a PCI Level 1 Service Provider. Your personal account information could not be safer. Automated payments are proven safer than paying by check – the potential for check fraud and identity theft are eliminated.

Please look over the Cheddar Up Frequently Asked Questions at cheddarup.com. If you have further questions, don't hesitate to ask Celsey VanMeekeren, celsey.vanmeekeren@gmail.com.

Cheddar Up is the way we will process payments at Haven's Little Treasures Christian Preschool. We do **require** you to set up a Cheddar Up account. This can be done at cheddarup.com or you can download the app. Please set up your Cheddar Up account by July 22nd, 2022. There will be a $30.00 late fee if set up after this date. Keep an eye out for an email from Celsey VanMeekeren with account and payment set up instructions. You will have the option of either one annual payment or monthly recurring payments, which will be processed between the 12th and 15th of every month.

We offer the following Cheddar Up payments options:

- **Recommended**
    - E-check (electronic bank transfer)
        - $0.45 fee per transaction
- Other options
    - Credit card payments
        - 3.5% + $0.45 fee per transaction

Cheddar Up is a win-win-win – convenient for you, efficient for us and best for the children. We look forward to the 2021-2022 school year!

Sincerely,

Haven's Little Treasures Christian Preschool

Haven's Little Treasures Christian Preschool
2022-2023 Calendar

September 6 - 6:30pm 3's parent orientation Haven's Great Room

September 8 - 3's Open House 10:00am-11:00am

September 13 - 3's First Day, 9:00am-11:30am

October 20-21 - Fall Break (no school)

November 21-25 - Thanksgiving Break (no school)

December 23-January 6 Christmas Break (no school)

January 16 - Martin Luther King Jr Day (no school)

January 18 - Lunch begins for students signed up for option B

February 2-3 Conferences for 4's (no school)

February 20- Presidents' Day (no school)

March 22-31 Spring Break (no school)

April 7- Good Friday (no school)

April 28- Professional Development (no school)

May 16- Last Day Picnic for the 3's

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. (**BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION**.)

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?
☐	☐	☐	1 Allergies or Reactions (for example, food, medication or other)
☐	☐	☐	2 Hay Fever, Asthma, or Wheezing
☐	☐	☐	3 Eczema or Frequent Skin Rashes
☐	☐	☐	4 Convulsions/Seizures
☐	☐	☐	5 Heart Trouble
☐	☐	☐	6 Diabetes
☐	☐	☐	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
☐	☐	☐	8 Trouble with Passing Urine or Bowel Movements
☐	☐	☐	9 Shortness of Breath
☐	☐	☐	10 Speech Problems
☐	☐	☐	11 Menstrual Problems
☐	☐	☐	12 Dental Problems: Date of Last Exam / /
☐	☐	☐	Other (please describe): _____
☐	☐		Does your child take any medication(s) regularly?
Reason for Medication			

Birth History:

Are there any current or past diagnosis(es) ☐ Yes ☐ No

If yes, please describe:

If yes, list medications:

_____ / / Was the health history reviewed by a health professional?

Parent/Guardian Signature Date ☐ Yes ☐ No ***Examiner's Initials:*** _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	VISION Date: / /	Visual Acuity			
			Muscle Imbalance			
			Other:			
☐	☐	HEARING Date: / /	Audiometer			
			Other:			
☐	☐	URINALYSIS Date: / /	Sugar			
			Albumin			
			Microscopic			
☐	☐	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl ⇨			

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	HEIGHT & WEIGHT	Height			
			Weight			
		Other: _____	Other			
☐	☐	HEMOGLOBIN / HEMATOCRIT	⇨			
☐	☐	BLOOD PRESSURE	Reading: _____			
☐	☐	TUBERCULIN Date: / /	Type: _____ Neg.: ☐ Pos.: ☐ _____ mm			

NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3
	2	
DTaP/DTP/DT/Td	1	4
	2	5
	3	6
Tdap	1	
Haemophilus Influenzae type b (HIB)	1	3
	2	4
Polio (IPV/OPV)	1	3
	2	4
Pneumococcal Conjugate (PCV7/PCV13)	1	3
	2	4
Rotavirus (RV1/RV5)	1	3
	2	
Measles,Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2

History of Chickenpox Disease? ☐ Yes ☐ No If yes, date:

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (HepA)	1	2
Influenza (IIV/LAIV)	1	3
	2	4
Meningococcal (MCV4 / MPSV4)	1	2
Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	2	
	Type of Vaccine(s)	Date of Vaccine(s)
OTHER Vaccines Specify Date & Type	1	
	2	
	3	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

Parent/Guardian refused immunizations: ☐

I certify that the immunization dates are true to the best of my knowledge

_____ _____ ___/___/___

Health Professional's Signature Title Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
☐	☐	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ 's teeth. As a result of this examination, my recommendation for treatment is: _____

child's name

_____ ___/___/___

Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ ___/___/___ _____ _____

Examiner's Signature Date ***Examiner's Name (Print or Type)*** Degree or License

_____ _____ MI _____ (___) _____

Number & Street City ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

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Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.