St. Patrick School Child Care Program Health/Immunization Verification 2020/2021

Student Names:	Grade:
	<u> </u>
I verify that the above named student(s) is in good health; no	oting the following restrictions: (if more than
one student is listed above, please be sure to indicate which	
I also verify that the above named student(s) immunizations immunization record (or appropriate waiver) is on file in the	
Parent Signature:	Date:
PARENT NOTIFICATION OF THE L Child Care Organizations Act, 1 Michigan Department of H	973 Public Act 116
All child care centers must maintain a licensing notebook w special investigation reports and all related corrective action reports issued and CAPs developed on and after May 27, 20	plans (CAP). The notebook must include all
This center maintains a licensing notebook of all licensi reports and all related corrective action plans. The notebook will be excluded to grow to for review doesn't be a property for review	
 The notebook will be available to parents for review dure. Licensing inspection and special investigation reports from the Bureau of Children and Adult Licensing website at year. 	rom at least the past two years are available on
I have read the above statement issued by St. Patrick	's Before and After School Supervision
Child(ren)'s Name(s)	
Parent Name	

Parent Signature _____

Date _____