BHC

BEVERLY HILLS CLUB

CAMP PACKET

2026

PLEASE BRING COMPLETED PACK TO CAMP ON YOUR FIRST DAY

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Walking Field Trips

I _____ give permission to Beverly Hills Club

Parent's Name Providers Name

to take my child _____ on walking trips around

Child's Name

the neighborhood or to nearby parks/playgrounds, etc.

_____

Parent's Signature

Date

–

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Talent Release

I hereby acknowledged, the undersigned, being (over/under) eighteen years of age, grant(s) irrevocable permission and license to Beverly Hills Club, Beverly Hills, Michigan, its agents, assignees, licensees, clients and associated to use (his/her/their) name(s), likeness(es) in portraits, pictures, photographs, and all reproductions thereof and to record, amplify and reproduce (his/her/their) in connection therewith and for any advertising, publication, online use or other trade purpose.

CHILD NAME _____

ADDRESS_____

WITNESS _____ DATE _____

To be signed by Parent or Guardian in case of minor. I hereby individually and as (Father)(Mother)(Guardian) of the above, consent to the foregoing.

SIGNED _____

WITNESS _____ DATE _____

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)	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? Yes ☐ No ☐ If yes, explain: (Attach additional sheets, if necessary.)	

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

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 BHC, 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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Good Health Statement

I, _____, verify that my child, _____
Parent/Guardian Name Child's Name
is in good health and his/her immunizations are up to date. I assume responsibility for my child's state of health while at the Beverly Hills Club.

The following activity restrictions apply to my child:

1. _____
2. _____
3. _____
4. _____

_____
(print) Parent/Guardian Name

_____ _____/_____/_____
Parent/Guardian Signature Date

Reviewed and Updated:

Date:	Parent/Guardian Initials
_____	_____
_____	_____
_____	_____

31555 Southfield Rd. • Beverly Hills, MI 48025 • (248) 642-8500 • Fax (248)642-7418

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Parental Consent for Swimming Activities

Please fill out and return consent form prior to your participating in swimming activities. Each camper, regardless of age and ability, must have a completed swimming consent form as well as a swim test before swimming in the pool during camp.

_____ ____ /____/_____ _____

Child's Name Date of Birth Age

_____

Parent's Name (print)

_____ ____/____/____

Parent's Signature Date

Swim Ability

- Is your child able to swim 25 yards? Yes / No
- Is your child confident in a pool? Yes / No
- Is your child confident in the lake or open water? Yes / No
- Is your child safety consious in water? Yes / No

My child is a ☐ Swimmer ☐ Non-Swimmer

** Please note that parental consent does not remove the need for camp counselors to determine for themselves the level of each campers swimming ability.

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I, _____, give permission to the Beverly Hills Club
Parent/Guardian Name

counseling staff to apply

☐ Sunscreen daily

☐ Triple Antibiotic Ointment to injuries as needed

to my child, _____.
Child's Name

_____
Parent/Guardian Name (Print)

_____ _____/_____/_____
Parent/Guardian Signature Date

_____ I understand that by failing to permit Beverly Hills Club Camp Staff to apply sunscreen to my child, it is my responsibility to apply sunscreen to my child daily and/or provide sunscreen for staff to apply in place of the sunscreen on site.

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www.beverlyhillsclub.com

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**.

☐ 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**.

I have read the above statement issued by Beverly Hills Club
Name of Child Care Center

Child(ren)'s Name(s):	

Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.

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
	Beverly Hills Club DC 630260098

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.

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