All forms are fillable. Download the form to your computer, open it in Adobe Reader so you can electronically sign, save, and then email.

Thank you for submitting a supplemental registration form for the **Bloomin' Preschools 2025-26 GSRP Program**.

Please follow these steps to complete the registration process.

1. **Please sign this confirmation form within three (3) school days and email it TLiburdi@Bloomfield.org.**
2. Fill out, sign and email an **Emergency Card** for each registered child.
3. **New Bloomin' student?** Complete the **Student Enrollment Form** and send it along with the other required forms. Your child's **Health Appraisal** is due by July 1.
4. Please print/read the **HEALTH POLICY**! I have read the Health Policy and acknowledge the procedures in place.
5. Visit **the Bloomin' Preschool website** to view our *Family Handbook (*includes our philosophy, daily routines, building information, and policies & procedures). A printed copy is available upon request. Our *Licensing Notebook* (includes all licensing reports) is available in the Office during hours of operation. **www.michigan.gov/michildcare**
6. Additional required enrollment steps to be completed in July. Details to follow.

If you registered your child for the GSRP Before/After Care program, please complete these additional requirements.

1. Fill out, sign and email the **Payment Authorization Form** (one per family); used for $75.00 registration fee/per child and all future fees.
2. Before/After Care fees are not due at this time. September fees will be processed September 5. The schedule is below.
3. Failure to submit confirmation form and required paperwork in the designated timeframe will result in cancellation of your registration.
4. We will contact you to inform you of your child's status within ten school days (if he/she has a spot in Before/After Care).

Thank you,
Tara Herzberg - Bloomin' Preschools Supervisor

Child's Name:_____ **Signature:**_____ **Date:**_____

IMPORTANT INFORMATION

- 2025-26 School year begins Tuesday, September 2, 2025 and runs until Friday, June 12, 2026
- If your child has a confirmed allergy or other medical conditions (i.e. asthma, diabetes) a health plan completed by your physician is required. If medication is needed, additional documentation is required. Medication and documentation must be submitted prior to your child's first day of attendance.

BEFORE/AFTER CARE

- Fees charged monthly on the 5th for that month's fees:
  - September 5, October 5, November 5, December 5, January 6, February 5, March 5, April 5, May 5, and June 5
- May deduct or cancel through July 31, 2025, no exceptions
  - Starting October 1, four full weeks written notification (20 full school days) required to terminate signed Before/After Care contracts
- One permanent schedule change allowed per semester provided we can accommodate

----------FOR OFFICE USE---------- FOR OFFICE USE---------- FOR OFFICE USE ----------

ALL: ◯ **EC** ☐ **BAC:** ◯ EFT ☐ **New Student:** ◯ SE ◯ HA Rec'd Date_____ Initial_____