



BHK Summer Enrichment Program at CLK Elementary School June 23 – August 14, 2025

BHK is excited to announce that we have partnered with the Keweenaw Health Foundation, Copper Shores Community Health Foundation, and CLK Elementary School to provide an 8-week summer enrichment program for elementary students in Houghton and Keweenaw Counties.

Daily Summer Schedule (Monday – Thursday)	
Drop-off	8:00 am
Breakfast	8:00 – 8:30 am
Health & Wellness	8:30 – 9:30 am
Academics & Clubs	9:30 – 11:30 am
Lunch	11:30 – Noon
Afternoon Enrichment & Snack	Noon – 4:30 pm
Pick-up	4:30 – 5:00 pm

****NO programming on July 3rd****

Program Fees
Daily (9 hours)
\$22.50

- The BHK Summer Enrichment Program is a State-licensed school-age program that follows the Michigan Out-of-School Time (MOST) Standards for quality assurance.
- Minimum age requirement: Children must be 4 years 9 months old and registered for young 5s or kindergarten in the fall of 2025 to be eligible to attend. *An additional waiver is also required.*
- Program fees cover 9 hours of programming, including breakfast, lunch, and an afternoon snack, additional weekly field trips, vendors or other special events, and daily indoor and outdoor enrichment activities.
- **Payments are due in advance or at time of drop off at the beginning of the week. Student schedules due by Thursday of the week prior. Payments received are final and cannot be credited for absences.**
- We accept Department of Health and Human Services (DHHS) payments for childcare assistance for qualifying families. Go to <https://newmibridges.michigan.gov> for more information and to apply. Applications can take up to 30 days, so **apply with DHHS as soon as possible.**
- For more information, contact your Site Coordinator, Jaime Gariepy, at jlgariepy@bhkfirst.org



**BHK Great Explorations
Child Summer Schedule
June 23-August 14, 2025**

Please fill out your child(ren)'s summer schedule **to the best of your knowledge** and return as soon as possible to reserve their spot. The full registration packet will be sent once this is received.

Student Schedule and Registration MUST be completed and **returned by JUNE 13.**

*There are limited spots available so you may be put on a waiting list.
Acceptance is on a first come, first served basis.*

Student Name(s): _____

School: _____ 2024-2025 Grade: _____

*** Program cost is \$22.50/day per child***

Weeks planning to attend:	Days planning to attend:
<input type="checkbox"/> Week 1: June 23-26	<input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays
<input type="checkbox"/> Week 2: June 30-July 2 (No program July 3rd)	
<input type="checkbox"/> Week 3: July 7-10	
<input type="checkbox"/> Week 4: July 14-17	
<input type="checkbox"/> Week 5: July 21-24	
<input type="checkbox"/> Week 6: July 28-31	
<input type="checkbox"/> Week 7: August 4-7	
<input type="checkbox"/> Week 8: August 11-14	

Additional comments regarding your child(ren)'s schedule:

BHK Youth Services
2025 Summer Enrichment Program
Registration Procedure



Dear Families,

Welcome to the BHK Summer Enrichment Program! We are looking forward to a safe and exciting summer with your child. Our staff strives to deliver a program that allows your child to learn, explore, and grow. All elementary sites are licensed and uphold standards of care as defined by the State of Michigan Department of Licensing and Regulatory Affairs.

2025 summer programming will be offered at CLK Elementary School from June 23 – August 14 for four days a week (Monday through Thursday), 8:00 am – 5:00 pm. **There will be no programming on July 3rd for the Independence Day Holiday weekend.**

Program cost is \$22.50/day per child and payment is due in advance or at time of drop off at the beginning of the week. **If you are planning to apply for Department of Health and Human Services (DHHS) childcare assistance, applications to DHHS must be submitted ASAP.** Go to <https://newmibridges.michigan.gov> for more information and to apply. *Program fees will apply until we receive your approval letter.* Please contact your Site Coordinator if you need assistance with this process.

Our registration packet contains several forms that must be completed for your child to participate in GE:

- Registration Form
- Parental Consent/Release Statement
- Parent Notification Regarding Child Custody Form
- Fee Policy Agreement
- Child and Adult Care Food Program (CACFP) Household Income Instructions & Form

This registration form contains emergency information so **every line of the registration form must be filled out completely and accurately.** For example, if the line asks if your child has allergies and your child does not, please write "**none**"; a blank line or "n/a" is not acceptable. If your child does have an allergy or any other medical condition, please enter the information with as much detail as possible. If your child requires medication to be given during our program, a separate Medication Log and Consent form must be completed. Please request this form from your Site Coordinator.

To help our staff clarify parental custodial/non-custodial situations, **a parent/legal guardian name listed on your child's birth certificate** on the registration form. **A second parent/legal guardian or secondary main contact is also required.** We have provided a separate notification of our policies regarding custodial rights for parents. Legal documentation is required to support non-custodial claims. We recognize that every situation is unique, so please feel free to call us and discuss how we can best serve your family.

A separate registration packet is required for each child participant. **All completed forms must be returned by JUNE 13.** Those returned after this date may be put on a waiting list. **Registration is required prior to attending and can be emailed to ge@bhkfirst.org.** You will be notified of acceptance and when your child can begin.

Thank you for thoroughly completing the registration packet. This helps us provide a safe and nurturing environment for every student. Please contact us if there is additional information that you would like to provide, or if you have questions.

Melissa Parker
Youth Services Director
BHK Child Development Board
ge@bhkfirst.org
Office: (906) 487-6600 ext. 61424



2025 Summer Program Registration

BHK Child Development Board

Office Use Only: School Name _____
Start Date: _____ End Date: _____ Staff Initials: _____ Date: _____

(Please use "none" or "unknown" if it does not apply; a blank line or "n/a" is not acceptable)

Student Name (Last, First, M.I.): _____ Gender: Male Female

Street Address: _____ City, State, Zip: _____

Date of Birth: ____/____/____ Home Phone: _____

School Attended 2024-2025 Year: _____ 2025-2026 Grade: _____

List any medical conditions, allergies, dietary or other special needs, and special instructions (**fill in all boxes**):

(If your child requires medication to be given during our program, a separate Medication Log and Consent form must also be completed.)

Allergy/Special Health Concern	Signs or Symptoms to Watch For	Action Plan	Follow-up

	Parent/Legal Guardian	Parent/Legal Guardian OR Secondary Main Contact
Name:		
Child can be released to: If "No," documentation is required	Yes No	Yes No
Mailing Address:		
City, State, Zip:		
Cell Phone:		
Email:		
Preferred Contact Type: (phone call, email, etc.)		
Employer Name:		
Employer Phone #:		
Relationship to Student:	<input type="checkbox"/> Biological parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Step parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other: _____	<input type="checkbox"/> Biological parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Step parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other: _____
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed

EMERGENCY CONTACT INFORMATION

List local contacts authorized to pick up student in an emergency when parent/guardian is not available.

Name (Last, First)	Relationship to student	Home/Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

List any additional adults other than parent/guardian to whom student may be released.

Name (Last, First)	Relationship to student	Home/Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL STUDENT INFORMATION

Race (mark all that apply): American Indian or Native Alaskan Hispanic or Latino Asian Other
 Native Hawaiian or Pacific Islander Black or African American White Arab/Middle Eastern

Primary Language: English Spanish Chinese Other: _____

Special Needs: No Yes
If yes: Title I Special Ed IEP Medical: _____ Other: _____

Name and Phone of Child's Physician or Health Clinic: _____

Hospital Preferred for Emergency Treatment: _____

By signing below, the parent/guardian states that the named child is in good health. If not, please list restrictions/ limitations: _____

Parent Signature: _____ **Date:** _____

By signing below, parent/guardian states that the child's immunization records are up to date and on file with the school.

Parent Signature: _____ **Date:** _____

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

PERMISSION FOR STUDENTS TO WALK HOME

Please fill in one of the first two statements below if you give your child permission to be signed out by a Youth Services staff member any day they attend programming, **or** permission to be signed out by a staff member only on specific dates. If your child can leave the site without supervision, please note the time they can leave.

I give my permission for _____ to be signed out by staff on any day they attend.

OR

I give my permission for _____ to be signed out by staff only on certain dates. I will notify the Site Coordinator ahead of time with these dates.

FOR OFFICE USE ONLY

Bug Spray: Y N Sunscreen: Y N Pictures: Y N Lotion: Y N

Registration Review: (Sept) Parent Int. _____ Staff Int. _____ (Jan) Parent Int. _____ Staff Int. _____

Notes: _____

Parental Consent/Release Statement

Please circle **Y** or **N** for each statement

Student name: _____

Y	N	I authorize the BHK Great Explorations program and the participating school district to share demographic information regarding my child that is necessary for program operation. All information gathered regarding my child will be held confidential.
Y	N	I authorize the local participating school district to provide my child's education records including report cards, DIBELS scores, etc. to the BHK Great Explorations program.
Y	N	I understand that the BHK Great Explorations program cannot be held responsible for all occurrences during the afterschool or summer portion of the program.
Y	N	I have read and understood the Great Explorations Parent Handbook and I understand that my child and I will be expected to abide by the rules as stated in both documents.
Y	N	I understand the consequences for my child's behavior if they do not abide by the rules as stated in the Parent Handbook.
Y	N	BHK strives for inclusive services and has multiple tiers of strategies to support my child's development. I understand that reasonable accommodations will be made for children to be successful and make academic progress, unless my child's behavior is disruptive to the learning environment or a threat to the safety of others or themselves, or such accommodations fundamentally alter the program.
Y	N	My signature below gives permission to BHK Child Development Board and the school district to secure emergency medical and emergency surgical treatment for the above-named minor child while in care.
Y	N	Great Explorations will provide food service that consists of breakfast, lunch, dinner, or snack, as appropriate. I will provide food for my child on the days that my child does not participate in Great Explorations food service.
Y	N	I give permission for my child to participate in Great Explorations field trips. Individual permission slips will be required for specific field trips. I understand that unplanned, last minute field trips within walking distance may happen. A sign will be posted at program entrance notifying you of the location to unplanned walking field trips.
Y	N	By signing below, I also authorize my child to be transported in school district, Lamers/R&A Bus Lines, or BHK buses by certified drivers.
Y	N	I authorize the application of insect repellent as needed (check with site coordinator for specific brand).
Y	N	I authorize the application of SPF 50 kids' broad-spectrum sunscreen as needed (check with site coordinator for specific brand).
Y	N	I authorize the application of hand/body lotion for dry or cracked skin as needed (fragrance free/hypoallergenic - check with site coordinator for specific brand).
Y	N	I authorize the program to take and use photos, recordings, videos, and other media of my child participating in program activities, for education or public relations purposes.
Y	N	I understand that BHK staff, because of their profession, are legally required to report any suspicion of child abuse or neglect to the relevant authorities.
Y	N	I understand that because the program occurs on school grounds, the playgrounds may not be inspected by a separate certified playground safety inspector.
Y	N	I understand that this center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. This notebook is available to parents for review during regular business hours.

Parent Signature: _____ Date: _____

(By signing above, the parent/guardian certifies that all information in this registration is complete and accurate.)

BHK Youth Services
Parent Notification regarding Child Custody

As per State and Federal Law (MCL 722.30 & FERPA), please be advised, the BHK Child Development Board Youth Services program recognizes the equal rights of parents and guardians as indicated on a certified birth certificate or legal court order.

In cases where parents/guardians are legally separated, or divorced, the parental rights of both parties will be equally recognized by your child’s program site, **unless and until** a parent/guardian has a legal court order that specifically restricts or denies the non-custodial parent’s access to the child at their program site, the child’s records, or other protective order.

To accommodate a custodial parent’s request to deny non-custodial parent’s rights to access any information on a child, the program site **must** have a copy of the most recent court order on file that indicates that the parent’s access and information rights are inhibited. Otherwise, either parent with proper identification, may have access to the child at their program site, request and receive information and be included in the child’s educational process.

Please sign to indicate you have read this and understand the program’s position.

(Parent/guardian name – please print)

(Parent/guardian signature)

(Date)

BHK YOUTH SERVICES SUMMER FEE POLICY AGREEMENT

1. Schedule:

Tentative Daily Summer Schedule (Monday – Thursday)	
Drop-off	8:00 am
Breakfast	8:00 – 8:30 am
Health & Wellness	8:30 – 9:30 am
Academics & Clubs	9:30 – 11:30 am
Lunch	11:30 – Noon
Afternoon Enrichment & Snack	Noon – 4:30 pm
Pick-up	4:30 – 5:00 pm

****No Programming on July 3rd****

2. Rates:

Program Fee
Daily (9 hours)
\$22.50/child

3. Payments: Payments are due in advance or at time of drop off at the beginning of the week. Checks, cash and credit card payments through PayPal are accepted. Payments received are final and cannot be credited for absences. **If you are planning to apply for Department of Health and Human Services (DHHS) childcare assistance, applications to DHHS must be submitted ASAP.** Go to <https://newmibridges.michigan.gov> for more information and to apply. *Program fees will apply until we receive your approval letter.* Please see your Site Coordinator if you need assistance with this process or for alternative pre-payment plans.

4. Late Pick-up Fee: Parents/guardians are expected to drop off and pick up their child at the designated time and sign their child in and out every day. A late fee will be charged for each child picked up after the closing time as follows: \$5 for up to 15 minutes late, \$10 for 15-30 minutes late, \$20 for more than ½ hour late. Parents must discuss irregular schedules with their Site Coordinator prior to the week of attendance. If no one can be reached within 30 minutes after scheduled pick-up time, then the local law enforcement agency and Child Protective Services will be contacted.

5. Financial Assistance: Families who qualify for free/reduced lunch during the school year may qualify for childcare assistance through the Department of Health and Human Services (DHHS). Families must apply with DHHS as soon as possible to avoid unnecessary program fees. Call 482-0500 (Houghton County), 353-4700 (Baraga County), or see your Site Coordinator if you need assistance with this process.

6. Returned Check: A fee of \$30 will be charged for returned checks. Payment must be made by cash or money order to cover the returned check. Two returned checks will result in future payments by cash or credit card only.

I understand and agree to this policy:

Student Name _____ Site _____

Guardian Signature _____ Date _____

Parent or Guardian

**Instructions for Parents/Participants/Guardians
Household Income Eligibility Statement - Child Care Institutions**

If you are applying for foster child(ren) only, follow these instructions:

Part 1: Do not complete.

Part 2: List name, age, and birth date of foster child(ren); check the box for foster child.

Part 3: Sign and date the form. The last four digits of a social security number are not necessary.

If your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, follow these instructions:

Part 1: List the name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR.

Part 2: List the name, age, and birth date for all children enrolled in day care.

Part 3: Sign and date the form. A Social Security Number is not necessary.

Note: Benefits received under WIC, Medicaid, or Department of Health and Human Services (DHHS) Child Care Assistance Program (where DHHS pays a portion of your child care expense) does not automatically qualify for Category A (free) meals.

All other households, including households where some of the children are foster children, follow these instructions (not required if household is over the income limits and don't have any foster children):

Part 1: Do not complete.

Part 2: List the names and ages of everyone (related or not related) living in your household, including you, other adults and children (If you need more space, use a separate sheet of paper.)

Place a ✓ in the column for all children enrolled in child care

List household members' ages and dates of birth

Place a ✓ in the next column if children in the household are foster children

If no case number is indicated in Part 1, list (by person) the amount and source of income received last month. List monthly earnings **before** deductions, monthly welfare, child support or alimony or any other income including retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits, Worker's Compensation, unemployment, strike benefits, regular contributions of people who do not live in your household or any other income

Place a ✓ in the box for those listed who do not have income

If you are in the Military Housing Privatization Initiative or receive Combat Pay, do not include the housing allowance as income

Foster child payments received by the family from the placement agency are not considered income and do not have to be reported. The presence of a foster child in a family does not make all children in the household automatically eligible for free meals

If you are a farmer or self-employed, monthly income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income

Part 3: Sign and date the form and list the last four digits of your Social Security Number or check the box indicating "I do not have a Social Security Number."

Help With Income To determine annualized income:

If paid every week, multiply the total gross income by 52.

If paid every two weeks, multiply the total gross income by 26.

If paid once a month, use the total gross monthly income.

If paid twice a month, multiply the total gross income by 24.

If paid once a year, use the total gross yearly income.

Return the completed application to the child care center.

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center

at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form

AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: [USDA Program Discrimination Complaint Form](#), from any USDA office, by calling

(866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed

AD-3027 form or letter must be submitted to USDA by:

1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
program.intake@usda.gov

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

Return this completed form to: (Insert institution's name, address & telephone number)

Household Income Eligibility Statement – Child Care Institutions

Part 1 – Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR)

If any member of your household receives FAP, FIP, or FDPIR, provide the name and case number for the person who receives the benefits.

Name: _____ Case Number: _____

Part 2 – Household Information

First and Last Names of All Household Members, Related and Unrelated	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	How Often? (x)					Amount of Welfare, Child Support, or Alimony	How Often? (x)					Amount of All Other Income (Indicate source and amount)	How Often? (x)					Mark if No Income (x)			
						A n n u a l l y	M o n t h l y	2 x M o n t h	B i W e e k l y	W e e k l y		A n n u a l l y	M o n t h l y	2 x M o n t h	B i W e e k l y	W e e k l y		A n n u a l l y	M o n t h l y	2 x M o n t h	B i W e e k l y	W e e k l y				

Part 3 – All Households: Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will receive federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature: _____ Print Name: _____ Date: _____

Last four digits of Social Security Number: **XXX-XX-** _ _ _ _ ___ I do not have a Social Security Number

For Institution Use Only:

For Institution Use Only		
Total Household Members:	Total Income: \$	<input type="checkbox"/> Annually <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> 2x Month
		APPROVED CATEGORY Categorical Eligibility (A/Free): Foster FIP FAP FDPIR Other Household Children: A (Free) B (Reduced) C (Paid)
Institution Official Signature: _____		Approval Date: _____

This form is valid for 12 months from the date of institution signature. Approval date and institution signature are required.

Privacy Act Statement

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

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This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

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