



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Dear Hope of Detroit Afterschool Child Care Families,

Welcome to the Boll Family YMCA's Afterschool Care Program! Thank you for trusting us with your child's safety and well-being. We are excited for the 2016-2017 school year!

Online enrollment is available please visit our website to register and fill out paperwork online: <https://apm.activecommunities.com/ymcadetroit/>

Attached you will find the necessary enrollment information. Please complete all attached forms and turn into the Boll Family YMCA to ensure your child's spot in our program.

Please note the following information:

- Two business days are required to process registration paperwork.
- A 14 day written notice is required for all contract changes or terminations.
- Care is provided from 6:30am until school starts and after school from the end of the school day until 6:00pm, Monday – Friday.
- Please read the attached information and the Parent Handbook for additional program information and policies.
- Drop in care are available, it requires the completion of this packet, and the purchase of a drop in card, good for 5 visits. Once all 5 visits are used, a new card must be purchased.

**Please note there is a one-time \$39 registration fee for all contacts turned in after August 1<sup>st</sup>, 2016.**

Our program offers a fun and safe place for your child to continue to learn and grow and is structured to support experiential learning. A typical after school day will consist of a healthy snack, designated homework time, physical activity, large or small group games, indoor or outdoor games, nutrition activities, and/or arts and crafts.

Sincerely,

Kim Duchene  
Youth Development Director  
Boll Family YMCA  
313.309.9622  
[kduchene@ymcadetroit.org](mailto:kduchene@ymcadetroit.org)



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## HOPE OF DETROIT AFTERSCHOOL CHILD CARE CONTRACT

### Child's Information:

FULL NAME \_\_\_\_\_ START DATE \_\_\_\_\_

AGE IN FALL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ Gender:  M  F

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

### Parent's Information:

ADULT #1 _____	ADULT #2 _____
DATE OF BIRTH _____	DATE OF BIRTH _____
E-MAIL _____	E-MAIL _____
ADDRESS _____	ADDRESS _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
HOME PHONE _____	HOME PHONE _____
CELL PHONE _____	CELL PHONE _____

If parents are separated, who is the custodial parent?  Mother  Father  Joint Custody

If there are special circumstances involving visitation and pick-up rights, you must provide us with legal documentation.

**2016-2017 Rates:** **Y Members Receive 10% Off**

AM Rate: \$5.25/day    PM Rate: \$10.25/day    AM/PM Rate: \$15/day

**Drop-In Card Only:**

\$60.00

**Please Select Your Days & Times:**

<b>AM</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> All
<b>PM</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> All

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**STAFF USE ONLY - To Be Completed At Registration**

REGISTRATION FEE \_\_\_\_\_

WEEKLY FEE \_\_\_\_\_

PROGRAM DIRECTOR INITIAL \_\_\_\_\_

**Deposit & Registration:**

- Deposit and the first installment will be processed within two business days of registration.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Child Care Usage Form Terms of Agreement

1. All tuition payments will be due in advance. Monthly payments are drafted on the 1st of each month. Weekly payments are drafted on the Sunday prior.
2. I, the undersigned, understand and agree that in order to register for any and all YMCA Afterschool Programs **all registration paperwork must be completed thoroughly and the first installment payment made.** I also understand that payments will not be accepted at any Afterschool site. **Registration and membership fees are non-refundable.**
3. I, the undersigned, understand and agree that once my child is registered for YMCA Afterschool Program(s) **weekly fees apply whether or not my child attends.**
4. I, the undersigned, understand and agree that I am required to provide a 14 day written notice to the Y School Age Child Care Director to change my contract or to discontinue my active participation in the program. I also understand that all charges will continue to accumulate despite my child not being there until written notice of intent to change or cancel is received.
5. I, the undersigned, understand and agree that **all fees have been adjusted to account for holidays and scheduled school vacations.** I also understand and agree that **no other credits will be given, not even for unplanned school cancellation, inclement weather, natural disasters, or emergencies beyond the Y's control.**
6. I, the undersigned, understand and agree that late payments will result in an additional service charge of \$15.00.
7. I, the undersigned, understand and agree that if my account is past due, my child care services may be suspended until the account balance plus next installment is paid in full.
8. I, the undersigned, understand and agree that as the Parent/Legal Guardian of the Child stated on the front of this form, I am responsible for any outstanding balances due at the end of the current school year.
9. Our late pick up fee begins at 6:01 pm and is \$1 per minute for the first 10 minutes and \$2 per minute thereafter and is added to my next billing installment.
10. **Half days are not covered in your monthly bill and will require a separate registration and additional charge.**

I have thoroughly read the above statements, and by signing below I hereby agree to the terms and conditions listed above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## BILLING INFORMATION & PAYMENT OPTIONS

CHILD'S NAME \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

Name of responsible party for payment (responsible party must sign below) \_\_\_\_\_

### BILLING INFORMATION:

I am applying for Financial Assistance

I have been approved for childcare assistance through DHS (please attach award letter)

### Please select your payment option:

Weekly payment option (payments will be automatically withdrawn on the Sunday prior to care)

Monthly payment will be automatically withdrawn on the 1st of every month

### ELECTRONIC TRANSFER OF FUNDS

The YMCA use Electronic Funds Transfer (EFT). This allows us to automatically withdraw payments directly from your credit/debit card, checking, or savings account.

### RETURNED DRAFTS

A fee may be assessed to cover the costs related to any payment returned for non-sufficient funds.

I/We authorize and request the YMCA of Metropolitan Detroit to charge my(our) credit card/bank account for child care fees. I/We further authorized the financial institution to debit these fees. **I understand the draft payment will continue automatically until I terminate my contract in writing. I understand that a 14 day written notice is required for all contract changes or cancellations.**

Please withdraw my Child Care payments from my:  CREDIT CARD  DEBIT CARD  CHECKING ACCOUNT  SAVINGS ACCOUNT

**All payments will be charged the based on the option chosen above.**

CREDIT CARD ISSUER/BANK NAME \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

LAST 4 DIGITS OF CC \_\_\_\_\_

NAME ON BANK/CREDIT CARD ACCOUNT (AS IT APPEARS ON STATEMENT) \_\_\_\_\_

ROUTING/TRANSIT # \_\_\_\_\_

BANK ACCOUNT # \_\_\_\_\_

SIGNATURE OF ACCOUNT HOLDER(S) \_\_\_\_\_

DATE \_\_\_\_\_

**Everyone is welcome. Financial assistance is available.**

**The YMCA of Metropolitan Detroit** strengthens communities in Southeastern Michigan through youth development, healthy living and social responsibility.

## CHILD INFORMATION RECORD

### State of Michigan Department of Human Services - Bureau of Children and Adult Licensing

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.

<b>For Provider Use Only:</b>		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
Father/Legal Guardian's Name		Home Phone ( )	Mother/Legal Guardian's Name		Home Phone ( )
Home Address (if not child's address)		Cell Phone ( )	Home Address (if not child's address)		Cell Phone ( )
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 Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

**See Reverse Side**

<b>Emergency Contact &amp; Release of Child:</b> 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.	( )	( )			
<b>Release of Child Only:</b> 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.	( )		

I give permission to _____, licensed by the Department of Human Services <div style="text-align: center; font-size: small;">(Provider's Name)</div>	
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.	
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
Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

BCAL-3731 (Rev. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

# Child Care Usage Form

## Tell Us About Your Child

Is your child under any special medical (seizures, asthma, etc.) or dietary regimen?

Yes  No If yes, please describe:

---

---

---

Does your child take any prescribed medication that will need to be administered during the time that he or she is in the YMCA's Care?

Yes  No If yes, please list and also fill out the prescribed medication form:

---

---

---

Are there any problems that may confront your child while in the YMCA Program (homesickness, anxiety, moodiness, etc...)

---

---

---

Does your child have any serious fears? If so, please tell us about them:

---

---

---

Please provide any other information you feel may put us in a better position to understand your child and his or her needs:

---

---

---

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

# Child Care Usage Form

## Parent Acknowledgement and Permission Forms

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### Parent Handbook

I (the undersigned) agree that I have received the YMCA Child Care Parent Handbook. I understand that it is my responsibility to read and know all of the policies and procedures outlined within.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### Parent Concussion Information Sheet

I (the undersigned) have received the YMCA Parent Concussion Information sheet. It is my responsibility to read and understand all necessary expectations.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### Permission for Enrollment and Release of YMCA Liability

I allow my child to participate in YMCA Childcare activities; I understand and expressly acknowledge that I release the YMCA, its staff and volunteers from all liability for any injury.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### Photograph / Video / Voice Release

The YMCA of Metropolitan Detroit requests irrevocable consent to release photographs, slides, moving pictures, and audio/visual material of the above named minor child for the purpose of YMCA records, public relations and/or advertising, videos, voice or text material, and either with or without my child's name or photo accompanying quotation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### Health Statement

This is to verify that my child is in good health. As a parent, I take responsibility for my child's health while in childcare. All of his/her immunizations are up to date. A record of my child's immunizations and physical examination, signed by a Doctor, are on file at the school office. I give the YMCA permission to obtain a copy of my child's health record, on file at the school, if necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

### Michigan Department of Human Services

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult Licensing website at [www.michigan.com/michildcare](http://www.michigan.com/michildcare).

I have read the above statement issued by \_\_\_\_\_  
Name of Child Care Center

Child(ren)'s Name(s): \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Playground Consent

The Department of Human Services, Office of Child and Adult Licensing have established new criteria for playground and playground equipment. A public (school or park) playground is not required to meet all the same playground safety regulations that licensed centers are required to meet. Given this information, in order for a child enrolled in a licensed program within a school approved by the Michigan Department of Education to play on the equipment the parent must give their consent. If you choose to not give your child permission to play on the equipment they still be taken outdoors with the other children and offered an alternative activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_