



For Youth Development  
For Healthy Living  
For Social Responsibility

Dear Before and After School Families,

Welcome to the Downriver Family YMCA's Before and After School Care Program!

Thank you for trusting us with your child's safety and well-being. Attached you will find the necessary enrollment information. Please complete all forms and turn them in at the time of registration to ensure your child's spot in our program.

Please note the following information:

- ✓ Two business days are required to process registration paperwork received after Sept 1, 2016.
- ✓ A 14-day written notice is required for all contract changes or terminations.
- ✓ Half Day care, No School Care, Snow Day Care, Holiday Break, Mid-Winter Break and Spring Break Care are all available at an additional cost and WITH A SEPARATE REGISTRATION.
- ✓ At Metro Charter and Allendale Elementary morning care begins at 6:30AM and afternoon care ends at 6:00PM. There is a per child late fee charged for students pick up after 6:00PM
- ✓ Wyandotte and Lincoln Park Schools morning care begins at 7:00AM and afternoon care ends at 6:00PM. There is a per child late fee charged for students pick up after 6:00PM.
- ✓ Please refer to the parent handbook for additional program information and policies. The parent handbook is downloadable from the YMCA website at [YMCADetroit.org/downriver/programs/child-care](http://YMCADetroit.org/downriver/programs/child-care). Please choose the Before & After School tab.
- ✓ Drop In care is available and requires the purchase of a drop in card, good for 5 sessions of care (AM & PM care count as separate sessions). Once all 5 days are used, a new card must be purchased before care is attended again.
- ✓ Your contract states that "Weekly discounts apply to weeks in which there are five days of care". For the Downriver branch the discounted charges are \$31 per week for AM care, \$51 per week for PM care and \$71 per week for AM and PM care

There is a yearly registration fee of \$40 that will be waived to all families registering by July 31, 2016.

You are required to have a relationship with the YMCA during your time in care. There are two choices.

- Pay the \$39 Community Participant Rate. It is good for one calendar year and allows you to register for any YMCA programs.
- Join with a monthly membership. If you choose to have a monthly membership you will also receive 10% off your monthly child care payment.

Families that enroll between May 1, 2016 and July 31, 2016 will pay only their Community Participant or membership. You will receive an email from the business office in early August and your first payment will be due on September 1, 2016. Families that register August 1<sup>st</sup> to August 20<sup>th</sup> will pay the \$40 registration fee and their community participant or membership. Your first installment will be due September 1, 2016. If you register August 21, 2016 or later you will pay your first installment, the \$40 registration fee, and your community participant or membership. Payments are due weekly on Sundays or monthly on the 1<sup>st</sup> of each month. Weekly payments require a credit card on file for drafting on Sundays.

Once again, thank you for choosing the YMCA as your childcare provider. We look forward to serving you, and we hope that your experience with the YMCA is a positive and valuable one.

Sincerely,

Lisa Zawisza

Youth Development Director

[Downriver Family YMCA](http://DownriverFamilyYMCA.org)

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## 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**  
 Weekly discounts apply to weeks when care is provided 5 days.  
**AM Rate: \$6.50/day**  
**PM Rate: \$10.75/day**  
**AM/PM Rate: \$16.75/day**

**Drop-In Card Only: \$60.00**  
 **½ Day Rate: \$25.00/day**  
 **No School Day Rate: \$40.00/day**  
 \*Half Days & No School Days will be added to your installment in which they occur.

**Please Select Your Days & Times:**

**AM**     Monday     Tuesday     Wednesday     Thursday     Friday     All  
**PM**     Monday     Tuesday     Wednesday     Thursday     Friday     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.



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## 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: \_\_\_\_\_



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## 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
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.	

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# 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:

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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:

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

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

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

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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: \_\_\_\_\_