



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Dear Before and Afterschool Child Care Families,

Welcome to the Lakeshore Family YMCA's Afterschool Care Program. We are excited to have the opportunity to share this school year with your child. We look forward to helping your child grow and learn in a safe and healthy environment.

Attached to this letter you will find the necessary enrollment information to begin your child's care. All forms must be completed at the time of registration to secure your child's enrollment in the program. Please, one registration form per child.

Please take note of the following information:

- AM care begins at 6:30am, PM care ends at 6:00pm
- 10% Sibling discounts do apply to the first child in the family and cannot be combined with any other YMCA promotional offer
- Please review the Terms of Agreement page regarding tuition payments, cancellation/change of usage policy, and Half Days
- The annual registration fee for the 2016-2017 school year is as follows:

	<u>Family Rates:</u>
YMCA Full Facility Members*:	\$40.00
Community:	\$80.00

*All full facility memberships must be valid through July, 2017 at a Metropolitan Detroit YMCA location to receive this rate.

Our Y Afterschool Care program is dedicated to offering a fun and safe place for your child to continue to learn and grow. All sites are licensed by the state of Michigan. A typical day may consist of arts and craft projects, designated time for homework, small and large group games, literacy, and character development. We also focus on Healthy Eating and Physical Activity (HEPA) Standards using components from the CATCH (Coordinated Approach to Child Health) program. We serve both a meal and snack containing fresh fruit and/or vegetables.

Because enrollment can vary, we ask that you commit to a usage schedule at the time of registration to maximize our capacity. The flexibility to accommodate contracts changes throughout the school year is determined largely by availability of spaces in the program. If all program space has been filled, a waiting list will be taken on a first come, first serve basis. Should the program need to be restructured because of low registration, parents will be notified. If such instance occurs, the YMCA reserves the right to close a site, whether it is the morning or afternoon.

Thank you again for choosing the YMCA as your child care provider. We look forward to serving you, and hope that your experience with the YMCA's Afterschool Care program is a positive and valuable one.

Sincerely,

Lauren Klein
Youth Development Manager
lklein@ymcadetroit.org

LAKESHORE FAMILY YMCA

23401 E. Jefferson, St. Clair Shores, Michigan 48080
P 586 778 5811 F 586 778 3230 ymcadetroit.org/lakeshore



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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.

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

2016-2017 Rates:

Y Members Receive 10% Off

AM Rate: _____ PM Rate: _____ AM/PM Rate: _____ Drop-In Card Only: \$60.00
(see back for specific school rates)

REGISTRATION FEE _____

WEEKLY FEE _____

PROGRAM DIRECTOR INITIAL _____

Deposit & Registration:

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

LAKESHORE FAMILY YMCA
23401 East Jefferson, St. Clair Shores, Michigan 48080
P 586 778 5811 F 586 778 3230 ymcadetroit.org/lakeshore

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.

East Detroit Public Schools

Bellview, Crescentwood, Forest Park, and Pleasantview Elementary – Program held at Bellview Elementary

Daily:

- AM \$8.00/Day
- PM \$9.50/Day

Drop in Card:

- \$60.00 per 5 uses (excluding Half days)

Half Days: Register for all half days (will be included in billing)

- \$15.00/Day

Van Dyke Public Schools

Carlson Elementary - AM and PM Program held at Carlson Elementary
Lincoln and McKinley Elementary- AM and PM Program held at Carlson Elementary
(busing will transport to and from Lincoln and McKinley Elementary)

Daily:

- AM \$8.00/Day
- PM \$8.00/Day

Drop in Card:

- \$60.00 per 5 uses (excluding Half/PLC days)

PLC Days

- \$4.00 per PLC Day if scheduled for PM care on Wednesday
- 12.00 PLC days only

Half Days: Register for all half days (will be included in billing)

- \$15.00/Day

Reach Charter Academy

Daily:

- AM \$8.00/Day
- PM \$11.00/Day

Drop in Card:

- \$60.00 per 5 am or 5 pm uses
(excluding Half days)

Half Days: Register for all half days (will be included in billing)

- \$15.00/Day



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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 _____

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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.

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
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

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.	()		

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:

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.

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: _____