



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Canton Charter School Parent:

Welcome to Plymouth Community YMCA's School Age Child Care (SACC) program. We are looking forward to sharing the next 10 months with your child before and after school.

Attached you will find the necessary enrollment information. Please complete all forms and turn 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. 2, 2014.
- Total program fees are based on 36 weeks of care, all scheduled "no school" days are deducted from the contract. Childcare payments are payable in 10 monthly installments, due on the 25th of the month.
- A 14 day written notice is required for all contract changes or terminations.
- School's Out Camp is available at an off-site location sponsored by the Plymouth Community YMCA, additional registration and cost is required.
- Please refer to the Parent Handbook for additional program information and policies.

The annual registration fee for the 2014-2015 school year is \$40.

The annual Y membership is \$39 for the family.

Open enrollment has begun. Until May 31st pay only the \$39 membership fee, the registration fee is waived, and we will bill you for your first of 10 installments. Register between June 1 and June 30th and pay the \$39 membership fee, and half the registration fee (\$20), or a total of \$59. We will bill you for your first of 10 installments. Register July 1st thru August 15th and pay only the \$39 membership fee and the full registration fee for a total of \$79. Again, we will bill you for your first of 10 installments. After August 15, 2014 the first installment will be required at the time of registration along with the \$39 membership and the \$40 registration fee.

Our program offers a fun and safe place for your child to continue to learn and grow. Our program is structured using weekly theme based activities that 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, or arts and crafts.

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

Sincerely,
Lisa Zawisza
Youth Development Director
Plymouth Family YMCA
734-453-2904
lzawisza@ymcadetroit.org



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SCHOOL AGE CHILD CARE CONTRACT

Child's Information:

FULL NAME _____

AGE _____

DATE OF BIRTH _____

Gender: M F

SCHOOL _____

GRADE _____

Parent's Information:

PARENT/GUARDIAN #1 _____

PARENT/GUARDIAN #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.

2014-2015 Rates:

AM Rate: \$5.50/day, \$26.00/week **PM Rate:** \$10.00/day, \$47.00/week **AM/PM Rate:** \$15.00/day, \$70.00/week

Please Select Your Days & Times:

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

PARENT SIGNATURE _____

DATE _____

Office Use Only

START DATE _____

SCANNED TO METRO _____

REGISTRATION FEE _____

SCHOOL COPY _____

WEEKLY FEE _____

MEMBERSHIP TYPE _____

PLYMOUTH FAMILY YMCA

248 Union Street, Plymouth, MI 48170

P 734 453 2904 F 734 453 4191 ymcadetroit.org/plymouth

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BILLING INFORMATION & PAYMENT OPTIONS

CHILD'S NAME _____ BIRTH DATE _____ Female Male

E-MAIL ADDRESS _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Please indicate payment responsibility (if applicable) _____

BILLING INFORMATION:

I am applying for Financial Assistance I am on DHS (please attach award letter if applicable)

Please select your payment option:

- Weekly payment option (all payments are due by 5:00 pm the Friday prior to the week of care)
- Monthly payment option (all payments are due the 25th of the month by 5:00 pm)
- Monthly EFT payment option (please complete information below)

ELECTRONIC TRANSFER OF FUNDS

The YMCA encourages the use of Electronic Funds Transfer (EFT). This will allow 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. If a family has two or more payments returned for insufficient funds within a contract period, the family may be asked to pay in the form of cash or money order.

Please initial that you have read and understand the above statements: _____

I/We authorize and request the YMCA of Metropolitan Detroit to charge my(our) credit card/bank account for monthly 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 or pay in full annually. I understand that a 14 day written notice is required for all contract changes or cancellations.**

Please withdraw my monthly SACC installments from my: CREDIT CARD DEBIT CARD CHECKING ACCOUNT SAVINGS ACCOUNT

All payments will be charged on the 25TH of the month.

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
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 Terms of Agreement

1. All tuition payments will be due in advance. Monthly payments are due by the 25th of each month. Weekly payments are due by 5:00 pm the Friday before care.
2. I, the undersigned, understand and agree that in order to register for any and all YMCA School Age Child Care Programs **all registration paperwork must be completed thoroughly and a down payment must be made.** I also understand that payments will not be accepted at any Child Care site. Registration and membership fees are non-refundable
3. I, the undersigned, understand and agree that once my child is registered for YMCA Child Care Program(s) weekly fees apply whether or not my child attends.
4. I, the undersigned, understand and agree that I must provide and am required to provide a 14 day written notice to the YMCA School Age Child Care Director in order to change my contract or to discontinue active participation in any of the YMCA School Age Child Care Programs.
5. I, the undersigned, understand and agree that I will pay any and all charges that accumulate if my child is not attending the YMCA Child Care Program that they are registered for, and I have not given the YMCA Child Care Director or Business Office a 14 day written notice.
6. **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 other emergencies beyond the YMCA's control. Half days are not covered in your monthly bill and will require a separate registration and payment**
7. I, the undersigned, understand and agree that late payments will result in an additional service charge of \$10.00.
8. I, the undersigned, understand and agree that if my account is 10 days past due, my child care services will suspended until the account balance is paid in full.
9. 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.
10. I, the undersigned, understand and agree that the following statement applies if a child care scholarship is received: Individual families awarded a YMCA scholarship must keep payments up to date. Non-compliance with tuition policies can result in revoking your scholarship.
11. I, the undersigned, understand and agree that the following statements apply if DHS/CDC subsidies are received: (1) the parent or guardian is ultimately responsible for full cost of the tuition. (2) It is the responsibility of the parent to maintain an active status with your DHS/CDC worker. (3) DHS pays a pre-set amount that may not cover the cost of this service. If fees go over pre-set amount the parent/guardian will be responsible for additional cost. (4) If you are using DHS the YMCA Child Care Director must receive DHS authorization forms before any DHS/CDC subsidies will apply to your balance due.
12. I, the undersigned, understand and agree that the YMCA reserves the right to exclude my child from programs due to non-payment, behavior problems, or lack of registration documentation.
13. I, the undersigned, understand and agree that I must notify the YMCA within 48 hours of any changes in address, home phone number, work phone number, or emergency information; lack of notice of these changes will result in an immediate one day suspension of child care.
14. I, the undersigned, understand and agree to follow the health/sickness regulations set forth in the parent handbook.
15. I, the undersigned, understand and agree that if the YMCA staff notifies me that my child exhibits any of the listed infectious conditions set forth in the parent handbook, I must pick-up or arrange for the pick-up of my child within 1 hour of the initial phone call from YMCA staff.
16. 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 due at time of pick up.

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: _____

YMCA OF METROPOLITAN DETROIT
1401 Broadway, Suite 3A, Detroit, MI 48226
P 313 267 5300 F 313 267 5330 ymcadetroit.org

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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 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: _____