

#### Dear Branch Line School Parent:

Welcome to the Livonia Family YMCA's Before & After School Child Care program! Thank you for trusting us with your child's safety and well-being. We are looking forward to sharing the next 11 months. 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:

- All completed forms must be turned into YMCA staff on-site at Branch Line School, at the Livonia Family YMCA, scanned, or faxed to Program Manager in order to be processed.
- Two business days are required to process registration paperwork.
- A 14 day written notice is required for all contract changes or terminations.
- For any contracts received after August 1, 2018 a down payment of 2 weeks will be required, amount based on registration.
- 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 available again.
- Please refer to the Parent Handbook for additional program information and policies.

## There is a yearly registration fee of \$40 that will be waived to all families registering by July 1, 2018.

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

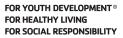
- Pay the \$39 Community Participant Rate. It is good for one calendar year and allows you to register for any YMCA programs. This is separate from the Registration fee.
- Join with a monthly membership. If you choose to have a monthly membership you will also receive 10% off your monthly child care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

This program offers a fun and safe place for your child to continue to learn and grow. It 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 Before & Afterschool program is a positive and valuable one.

Sincerely,

Kelly Plocharczyk Youth Development Manager Livonia Family YMCA 734-261-2161 ext. 216 kplocharczyk@ymcadetroit.org





#### **AFTERSCHOOL CHILD CARE CONTRACT**

Gender:   M   F   SCHOOL  Parent's Information:  ADULT #2  DATE OF BIRTH  DATE OF BIRTH  DATE OF BIRTH  E-MAIL  ADDRESS  CITYSTATE/ZIP  HOME PHONE  ECELL 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.  2018-2019 Rates: Y Members Receive 10% Off  AM Rate: \$7.00/day PM Rate: \$12.00/day  Please Select Your Days & Times:  AM   Monday   Tuesday   Wednesday   Thursday   Friday   All   PM   Monday   Tuesday   Wednesday   Thursday   Friday   All					
SCHOOL  Parent's Information:  ADULT#2  DATE OF BIRTH  DATE OF BIRTH  E-MAIL  ADDRESS  CITYSTATE/ZIP  HOME PHONE  HOME 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.  2018-2019 Rates: Y Members Receive 10% Off   Drop-In Card:  AM Rate: \$7.00/day PM Rate: \$12.00/day   PM Rate: \$12.00/day	FULL NAME	5 . 5 . 5 .	START DATE		
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PARENT SIGNATURE DATE	<b>AM</b> □ Monday □ Tuesday □ W		· ·		
STAFF USE ONLY - To Be Completed At Registration  REGISTRATION FEE  Deposit & Registration:  Deposit and the first installment and will be					
WEEKLY FEE processed within two business days of registration.	STAFF USE ONLY - To Be Completed At Registration	n Depos • Depoinsta	osit and the first allment and will be		

**LIVONIA FAMILY YMCA** 

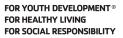
14255 Stark Rd, Livonia, MI 48154 P 734 261 2161 F 734 261 0888 ymcadetroit.org/livoniaYMCA Everyone is welcome. Financial assistance is available. The YMCA of Metropolitan Detroit strengthens communities in Southeastern Michigan through youth development, healthy living and social responsibility.

#### **CHILD INFORMATION RECORD**

#### State of Michigan - Department of Licensing and Regulatory Affairs - Child Care 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 Ini	tial)					Chilo	l's Date of Birth
Address (Numb	er and Street, Buildin	g/Apartmen	t Number)	City		State	Zip C	Code
Parent/Legal Gu	uardian's Name	H	ome Phone	Parent/Legal (	Guardian's	Name (Optional)	Home Pho	one
Home Address	(if not child's address	) ( (	ell Phone )	Home Address	s (if not chi	ld's address)	Cell Phone	е
City		State Z	p Code	City		State	Zip Code	
Email Address (	(optional)			Email Address	3			
Employer Name	)	W (	ork Phone	Employer Nan	ne		Work Pho	ne
Name of Child's	Physician or Health	Clinic	,	Physician's or	Health Cli	nic's Phone Numb	per	
Hospital Preferr	ed for Emergency Tre	eatment (op	tional)	,				
Allergies, Speci	al Needs and Specia	Instructions	s (Attach additional she	ets, if necessary	·.)			
BCAL-3731 (Rev. 6-	17) Previous editions 4-16,	6-15 and 7-12	may be used until September	30, 2018.			See	Reverse Side
possible, include	at least one person other	er than the pa	viduals,including parents/le rents/legal guardians to be pre individuals, attach addi	e contacted in an e				
1.				(	)		( )	
2.				(	)		( )	
3.				(	)		( )	
Release of Child	Only: List all individuals,	other than the	parents/legal guardians, to	whom the child ma	y be released	d. (If more individuals	, attach addit	ional sheets.)
1.		(	)	2.		(	)	
3.		(	)	4.		(	)	
Parent/Legal Gu	uardian Initials:							
Laive	e permission to		. lic	ensed by the Depa	artment of Lie	censing and Regulat	orv Affairs to	o secure
	cal for the above named					20.10.1.g a.1.a 110ga.a.		
I certify that I ad	ccurately completed th	is form and	if anything changes, I w	ill notify the provi	der by upda	ating this form.		
Signature of Pare	ent or Guardian				Date Sig	gned		
		_						_
Date Card Reviewed	Parent or Legal Guardian Initials	Date Car Reviewed	J	Date Card Reviewed		-	Date Card Reviewed	Parent or Legal Guardian Initials
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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 (respons	ible party must sign below)		
BILLING INFORMATION:			
☐ I am applying for Financial Assistance	☐ I have been appr	oved for childcare assistance	e through DHS (please attach award letter)
Please select your payment option:			
☐ Weekly payment option (payments will be auto ☐ Monthly payment will be automatically withdra ☐ Monthly payment - statement only *Other payment options are available by request	awn on the 1st of every mor		
ELECTRONIC TRANSFER OF FUNDS			
The YMCA use Electronic Funds Transfer (EFT). T directly from your credit/debit card, checking, or		ly withdraw payments	
RETURNED DRAFTS			
A fee may be assessed to cover the costs related I/We authorize and request the YMCA of Metrop the financial institution to debit these fees. I und I understand that a 14 day written notice is red	olitan Detroit to charge my lerstand the draft paymen	our) credit card/bank accour t will continue automaticall	
Please withdraw my Child Care payments from $\boldsymbol{m}$	y: □ CREDIT CARD □ DEB	T CARD	OUNT □ SAVINGS ACCOUNT
All payments will be charged the based on the op	otion chosen above.		
CREDIT CARD ISSUER/BANK NAME		EXPIRATION DATE	LAST 4 DIGITS OF CC
NAME ON BANK/CREDIT CARD ACCOUNT (AS IT APPEARS ON STATEM	MENT)	ROUTING/TRANSIT #	BANK ACCOUNT #
SIGNATURE OF ACCOUNT HOLDER(S)			ATE

 $\label{lem:expectation} \textbf{Everyone is welcome. Financial assistance is available.}$ 

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



### **Child 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: \_\_\_\_\_

## Child Care Usage Form Tell Us About Your Child

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 Hand	dbook
I (the undersigned) agree that I have received the YMCA Child Care Parent know all of the policies and procedures outlined within.	Handbook. I understand that it is my responsibility to read and
Parent/Guardian Signature:	Date:
Print Name:	
Parent Concussion Inf	ormation Sheet
I (the undersigned) have received the YMCA Parent Concussion Information necessary expectations.	sheet. It is my responsibility to read and understand all
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 an volunteers from all liability for any injury.	d expressly acknowledge that I release the YMCA, its staff and
Parent/Guardian Signature:	Date:
Print Name:	
Photograph / Video /	Voice Release
The YMCA of Metropolitan Detroit requests irrevocable consent to release of the above named minor child for the purpose of YMCA records, public reeither with or without my child's name or photo accompanying quotation.	
Parent/Guardian Signature:	Date:
Print Name:	
Health State	ement
This is to verify that my child is in good health. As a parent, I take responsimmunizations are up to date. A record of my child's immunizations and phoffice. I give the YMCA permission to obtain a copy of my child's health record	ysical examination, signed by a Doctor, are on file at the school
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.

Print Name: \_

• 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 Co	nsent
The Department of Human Services, Office of Child and Adult Licensing have es	
equipment. A public (school or park) playground is not required to meet all the	
required to meet. Given this information, in order for a child enrolled in a licens	
Department of Education to play on the equipment the parent must give their or play on the equipment they still be taken outdoors with the other children and	, , , ,
play on the equipment they standed career outdoors with the other children and	oncrea un une mante accioney.
Parent/Guardian Signature:	Date: