



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

Dear Henry Ford Before and After School Child Care Families:

Welcome to the Boll Family YMCA's Afterschool Program! We are looking forward to sharing the 2019-2020 school year with your student.

Attached you will find the necessary enrollment information. Please complete all forms and turn it in at the time of registration too ensure your child's spot in our program.

Please note the following information:

- Two business days are required to process registration paperwork in person, four business days when signing up online
- All tuition payments are due in advance. Monthly payments will be drafted on the 1st of the month. Weekly payments will be drafted on the Sunday prior
- 14-day written notice is required for all contract changes or terminations.
- Please refer to the Parent Handbook for additional program information and policies.  
(Available at [ymcadetroit.org/boll/child-care](http://ymcadetroit.org/boll/child-care). Choose the Before & Afterschool tab)
- Half Days must be checked separately on the registration form

Open enrollment for all families begins May 1, 2019.

Register before June 30th, and we will waive the registration fee.

Register before August 26th and your registration fee and first payment is due September 1, 2019.

- The annual community participant fee for the 2019-2020 school year is \$39, and will be waived if you are a full YMCA member.
- The annual Registration fee for the 2019-2020 school year is \$30

Thank you for choosing the YMCCA 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. If you have any questions, please contact the Youth Development Manager.

Danielle Smith  
313-309-9622 ex. 3017  
[danielle.smith@ymcadetroit.org](mailto:danielle.smith@ymcadetroit.org)



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## UPA & HFA 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.

#### 2019-2020 Rates:

AM Rate: \$6.25/day  
AM/PM Rate: \$16.00/day

#### Y Members Receive 10% Off

PM Rate: \$12.75/day  
Half Day: \$21.00/day

#### Drop-In Card Only:

\$70.00  
\*Cannot be used for half days

#### Please Select Your Days & Times:

AM  Monday  Tuesday  Wednesday  Thursday  Friday  All  Half Day

PM  Monday  Tuesday  Wednesday  Thursday  Friday  All  Half Day

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.

**BOLL FAMILY YMCA**  
1401 Broadway, Detroit, MI 48226  
P 313 309 9622 F 313 309 3397 ymcdetroit.org/boll

**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.

|   |                   |  |
|---|-------------------|--|
| <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   |
| Parent/Legal Guardian's Name  | Home Phone<br>( ) | Parent/Legal Guardian's Name (Optional)            |
|   |                   | Home Phone<br>( )                                  |
| Home Address (if not child's address)   | Cell Phone<br>( ) | Home Address (if not child's address)              |
|   |                   | Cell Phone<br>( )                                  |
| City  | State             | Zip Code   |
|   |                   |  |
| Email Address (optional)  |                   | Email Address                                      |
| Employer Name   | Work Phone<br>( ) | Employer Name                                      |
|   |                   | Work Phone<br>( )                                  |
| Name of Child's Physician or Health Clinic  |                   | Physician's or Health Clinic's Phone Number<br>( ) |
| Hospital Preferred for Emergency Treatment (optional)                                       |                   |  |
| Allergies, Special Needs and Special Instructions (Attach additional sheets, 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**

|  |     |        |
|--|-----|--------|
| <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. ( ) |

|   |
|---|
| <b>Parent/Legal Guardian Initials:</b><br><br>_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care. |
|---|

|   |                   |
|---|-------------------|
| <b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b> |                   |
| 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 |
|  |                                   |                    |                                   |                    |                                   |   |                                   |
| LARA is an equal opportunity employer/program. |                                   |                    |                                   |                    |                                   | AUTHORITY: 1973 PA 116<br>COMPLETION: Required<br>PENALTY: Rule Violation |                                   |

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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 Youth Development Manager 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.** All half days not paid for in advance will be charged at a higher rate of \$30 per day attended.
11. Any unscheduled drop-ins not prepaid by a drop-in card or communicated as a one-time emergency will be charged to your account at a higher rate of \$20 per session attended.

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

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: \_\_\_\_\_