



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 complete one registration form per child.

Please take note of the following information:

- AM care begins at 6:30 am, PM care ends at 6:00 pm
- 10% Sibling discounts applies to the oldest child in care
- Please review the Terms of Agreement page regarding tuition payments, cancellation/change of usage policy, and Half Days
- The annual registration fee for the 2019-2020 school year is as follows:

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

\*All full facility memberships must be valid through July 2020 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 a meal (and snack at some sites) 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 and 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

**LAKESHORE FAMILY YMCA**

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

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 childcare 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,

Keneisha Cannon  
Youth Development Manager  
keneisha.cannon@ymcadetroit.org



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## 2019-2020 School Site Rates

### East Detroit Public Schools

**Schools Served:** Bellview, Crescentwood, Forest Park, and Pleasantview Elementary

**Location:** Bellview Elementary (busing will transport to and from Crescentwood, Forest Park, and Pleasantview)

<b>Daily:</b> <input type="checkbox"/> AM \$8.75/Day <input type="checkbox"/> AM Late Start (Wednesdays) \$10.25/Day <input type="checkbox"/> PM \$10.25/Day	<b>Drop in Card:</b> <input type="checkbox"/> \$60.00 per 5 uses (excluding Half days)	<b>Half Days:</b> <input type="checkbox"/> \$20.00/Day Register for all half days (will be included in billing)
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### Van Dyke Public Schools

**Schools Served:** Carlson, McKinley, and Lincoln Elementary

**Location:** Carlson Elementary (busing will transport to and from Lincoln & McKinley Elementary)

<b>Daily:</b> <input type="checkbox"/> AM \$8.75/Day <input type="checkbox"/> PM \$8.75/Day	<b>Drop in Card:</b> <input type="checkbox"/> \$60.00 per 5 uses (excluding half/PLC days)	<b>PLC Days:</b> <input type="checkbox"/> \$13.00/Day <b>Half Days:</b> <input type="checkbox"/> \$20.00/Day Register for all half days (will be included in billing)
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### Reach Charter Academy

<b>Daily:</b> <input type="checkbox"/> AM \$8.75/Day <input type="checkbox"/> PM \$11.75/Day	<b>Drop in Card:</b> <input type="checkbox"/> \$60.00 per 5 AM or 4 PM uses (excluding half days)	<b>Half Days:</b> <input type="checkbox"/> \$20.00/Day <b>Early Release:</b> <input type="checkbox"/> \$15.75/Day Half Days & Early Release: Register for all days (will be included in billing)
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### Macomb Montessori Academy

<b>Daily:</b> <input type="checkbox"/> PM \$10.75/Day <input type="checkbox"/> Friday \$15.75/Day	<b>Drop in Card:</b> <input type="checkbox"/> \$60.00 per 5 AM or 4 PM uses (excluding Fridays)
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## EASTPOINTE COMMUNITY SCHOOLS CHILD CARE CONTRACT

### Child's Information:

FULL NAME \_\_\_\_\_ START DATE \_\_\_\_\_

AGE IN FALL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Gender:  M  F

World or Fours  Head Start

### 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:

#### Y Members Receive 10% Off

- AM Rate: \$8.75/day
  - PM Rate: \$11.75/day
  - AM Late Start Rate: \$13.00/day
  - Half Day Rate: \$20.00/day
- Register for all Half Days. All are included in billing.

#### Drop-In Card:

- \$60.00/5 uses
- Excluding half days

#### Please Select Your Days & Times: (Friday care is not available.)

- |           |                                 |                                  |                                    |                                   |                              |
|-----------|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|------------------------------|
| <b>AM</b> | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> All |
| <b>PM</b> | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> 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 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 ( )	Parent/Legal Guardian's Name (Optional)
		Home Phone ( )
Home Address (if not child's address)	Cell Phone ( )	Home Address (if not child's address)
		Cell Phone ( )
City	State	Zip Code
Email Address (optional)		Email Address
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. 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>  _____ 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.
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<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 COMPLETION: Required PENALTY: Rule Violation	

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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

\*Other payment options are available by request.

### 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

3 DIGIT CVC

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.**

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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: \_\_\_\_\_