



Start Date:	YMCA Preschool Ages 2 years 9 months to 5 years	Please check one of the following: <input type="radio"/> YMCA Member <input type="radio"/> Non-Member <input type="radio"/> Scholarship (approved by Director) <input type="radio"/> FIA-Caseworker: <hr style="width: 100%;"/> <p style="text-align: right;">Provider ID# 3941365</p>
Grade Child Is In (circle one): Young 5's K 1 st 2 nd 3 rd 4 th 5 th 6 th		

Name of Child (Last, First, Middle Initial)	 	Please check: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____	Age	
Street Address (Number and Street, Building/Apt Number)		City	State	Zip Code	
Father/Legal Guardian's Name	Home Phone Number ()	Mother/Legal Guardian's Name	Home Phone Number ()		
Home Address (if not child's address)	Cell Phone Number ()	Home Address (if not child's address)	Cell Phone Number ()		
City	State	Zip Code	City	State	Zip Code
Employer/School Name		Employer/School Name			
Address (Employer/School)		Address (Employer/School)			
City	State	Zip Code	City	State	Zip Code
Employer/School Phone ()	Daily Work/School Times		Employer/School Phone ()	Daily Work/School Times	
Email Address			Email Address		

Name(s) of Person other than Parent or Legal Guardian to whom child may be released

Parent Consent/Authorization

Please initial each statement if giving consent, otherwise leave blank.

I _____ authorize the YMCA to take my child on all field trips, whether by bus, YMCA van or by walking.

I _____ give permission for promotional photographs to be taken of my child.

I _____ give permission for my child to swim at the YMCA or any YMCA function.

I _____ give permission for the YMCA to apply sunscreen and/or bug spray to my child when outdoors when I provide it.

I understand that the YMCA shall not be responsible for any personal injuries or losses sustained to my child while on YMCA premises or as a result of a YMCA sponsored activity. I further agree to indemnify and save harmless the YMCA from any claims or demands arising out of such injuries or losses.

I give permission to the YMCA of Lenawee County, licensed by the Department of Human Services, to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. I understand that in the event of injury, I will be contacted first and this waiver will only be needed if my emergency person or I cannot be reached.

_____	_____
Parents/Guardians Signatures	Date Signed

Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number	
Address of Child's Physician or Health Clinic		Name of Health Insurance Carrier	
Hospital Preferred for Emergency Treatment		Health Insurance Policy Number	
Medical/Allergy/Special Needs Information (please list any information the staff should be aware of)		Date of Last DTaP (Diphtheria, tetanus, pertussis) Shot	
Name of Local Person to be Notified in an Emergency When Parents Not Available		Local Address of Emergency Person	
Home and/or Cell Phone ()	Work Number ()	City, State	Zip Code
Special Instructions:			
My child, _____ is in overall good health and should have no problems with daily activities at the YMCA.			
Parents/Guardians signatures _____		Date _____	
R400.5305 Health Records. Rule 305. (1) Upon enrollment and annually thereafter, the center shall obtain and keep on file at the center a signed statement from the school-aged child's parent all of the following: (a) The child is in good health with activity restrictions noted. (b) The child's immunizations are up to date. The immunization record or appropriate waiver is on file with the child's school.			

CHILDREN'S VIOLENCE POLICY

This policy has been put into effect to secure the safety of our children and staff. If a child becomes violent toward another child or an adult compromising the safety of that child or adult and the other children, we will take action in the following ways:

FIRST OFFENSE:

Parents are notified and child is sent home immediately for the remainder of that day; child may return on the next scheduled day. The child and family are referred to the Child Care Network, Child Expulsion Prevention Program.

SECOND OFFENSE:

Consequences of the FIRST OFFENSE and the child is suspended for 3 days.

THIRD OFFENSE:

The child's enrollment is terminated immediately; a 2-week notice by the director is not required.

- In the case of severe violence with severe injury, the THIRD OFFENSE consequence will be enforced. (The director judges severity of violence and injury).

I have read and understand the above information of the YMCA of Lenawee County's Children's Violence Policy.

Parents/Guardians Signature

Date

The Michigan Department of Consumer & Industry Services will not discriminate against any individual or group because of race, religion, age, national origin, color, marital status, political beliefs or disability. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Billing Contract

Please fill out the days and times your child will be attending.
The schedule may be changed by giving a one-week written notice to the Director.
Termination requires a two-week written notice.

Arrival time:

Departure time:

	Monday	Tuesday	Wednesday	Thursday	Friday

Please check one: (see definitions below)

Weekly Tuition:

		Family Membership	Youth Membership	Non Member
Full Day Full Time	<i>4-5 days 5 or more hours</i>	\$90/week	\$110/week	\$130/week
Half day Full Time	<i>4-5 days 5 or less hours</i>	\$65/week	\$80/week	\$95/week
Full Day Part Time	<i>3 or less days for 5 or more hours</i>	\$70/week	\$85/week	\$100/week
Half Day Part Time	<i>3 or less days for 3 or less hours</i>	\$40/week	\$55/week	\$70/week

- A youth membership is \$11.00 per month**
- Family Membership is \$59 per month**
- (please call 263-2151 ext. 103 to speak to Chris Moore Membership Director about memberships)

*Families receiving assistance from FIA are required to pay the co-pay amount based on the percentage that FIA will not cover. Ex: FIA pays 90%, the family pays 10% of the published fee.

Parent Billing Authorization
Please check all statements

- I have my child enrolled in Y Childcare at the YMCA of Lenawee County.
- I understand that payment is due every Friday for the following week.
- I understand that there is a \$15 non-refundable registration fee.
- I understand that a \$5 charge will be applied for every 15 minutes or fraction there of past 6 p.m.
- I understand that a \$5 charge will be applied for every 15 minutes or fraction there of before 6 a.m.
- I understand that a 10% charge will be applied to my account if my payment is not received by the last day of the each month.
- If I receive payments from the Family Independence Agency, I understand that I am responsible for all tuition not paid by that agency.
- Financial Responsibility: I certify that I will be responsible for all childcare tuition and any other fees that are charged to my account (see tuition/billing policies). I understand that in the event that payment is not received by the last day of the month, the YMCA will terminate my child from the program, and refer my account to a collection agency or may seek other legal action.
- I understand that this contract remains effective, unless a two-week written notice is given to terminate care and the contract.

In witness whereof, the parties hereto have executed this contract as of the specified date:
Parents, Legal Guardians or Responsible Adults

(Signature of Parents/Guardians)

(Printed Name)

Upon signing this agreement, the parents, legal guardians or responsible adult and the childcare facility agree to abide by all of the provisions contained in this contract.

In witness whereof, the parties hereto have executed this contract as of the specified date:
Parents, Legal Guardians or Responsible Adults

YMCA of Lenawee County

(Signature of Parents/Guardians)

(Signature)

(Printed Names)

Tara Cromwell
(Printed Name)

(Relationship to Child)

XXX-XX-_____
Last 4 digits of Social Security Number

Child Care Director May 17, 2011
(Title) (Date)

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Registration Checklist

- Registration packet completely filled out and double-checked.
- Please make sure you put the start date for your child and if they are a member or non-member.
- Your child's health appraisal & food program sheet must be turned in no later than 30 days after enrollment. Failure to do so will result in termination of care until those forms are turned in.
- Upon your start date you will receive a start up packet on or before your child's first day.
- Please call 263-2151 x 105 if you have any questions.

Preschool Routine

Sample Daily Schedule

6:00-8:00 Arrival/Breakfast/ Free Choice

8:00-9:00 Free Choice Areas

9:00-9:30 Circle Times, Letters, Music, Calendar

9:30-9:45 Wash Hands/ Potty/ Snack

9:45-11:00- Centers

11:00-11:30 Gym/Outdoors Time

11:30 – 12:00 Wash Hands/ Potty/ Lunch

12:30 – 2:30 Rest Time

2:30-3:00 Potty/Wake up Time

3:00- Snack

3:00-4:00 Free Choice Areas

4:00-4:30 Gym/ Outside Time

3:15 – 3:40 Snack Time

3:40- 3:45 Bathroom

3:45 – 4:30 Outside Play Time

4:30-6:00- Transition to School-Age Room/ Free Choice areas