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|---|---|--|
| Start Date: | Please circle the school your child attends: <ul style="list-style-type: none"> • Herrick • Patterson • Sutton • Acres • Middle School | Please check one of the following: <ul style="list-style-type: none"> <input type="radio"/> YMCA Member <input type="radio"/> Non-Member <input type="radio"/> Scholarship (approved by Director) <input type="radio"/> FIA-Caseworker: |
| Grade Child Is In (circle one): Young 5's K 1 st 2 nd 3 rd 4 th 5 th 6 th | Care provided in the following program: YMCA Latchkey at Tecumseh Acres, Herrick Park, and Sutton Elementary | <hr style="width: 50%; margin: 0 auto;"/> Provider ID# 3941365 |

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|---|--|-------------------------|---|----------|---------------------------------------|--------------------------------|------|----------------------------|--|----------|--|----------|--|
| 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 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 Time Before and After | 4-5 days | \$55/week | \$70/week | \$80/week |
| Part Time Before and After | 3 or less days | \$45/week | \$60/week | \$65/week |
| Full Time Before or After | 4-5 days | \$40/week | \$55/week | \$60/week |
| Part Time Before or After | 3 or less days | \$25/week | \$40/week | \$45/week |
| Half Day | | \$10/day | \$13/day | \$16/day |
| Full Day | | \$20/day | \$25/day | \$30/day |

- 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
 XXX-XX-____ Please provide last four digits of your social security number for billing purposes.
 E-Mail address for communication purposes _____

 (Signature of Parents/Guardians) XXX-XX-_____
 last 4 digists of Social Security Number _____
 (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)

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

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.

Morning Routine

Arrival 6:00 am

- Start of School

- Morning staff greets parents and children as they arrive.***
- Free Choice (Throughout the morning)***
- Children can choose from a variety of play areas. Choices include board games, puzzles, cards, blocks, legos, arts and crafts, science activities, and more...***
- Breakfast (Throughout the morning)***
- Breakfast is served to any child that wants it.***
- Dismissal***
- Children will be chaperoned to their classroom at this time. Children are to have all areas of the room picked up and orderly.***
- Afternoon Routine***

Arrival-_____

End of School until 6:00pm

****Afternoon staff greets children as they arrive. Children eat snack.***

4:00pm-5:00pm Children participate in the planned activity for the day. (Nutrition, Theatre/Music, Crafts, Fitness, Community Service Projects)

5:00pm-5:30pm Children will choose from the free play areas, go to the gym, or go outdoors.

5:30pm-6:00pm Children help staff clean up play areas, continue with table play until parent arrival.