

# School Age Child Care Contract Usage Form

2010-2011



Lakeshore Family YMCA  
23401 E. Jefferson  
St. Clair Shores, MI 48080  
(586)778-5811

Enrollment Dates  
\_\_\_\_\_ to 06/17/11

**Please Print**

Child's Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ M/F: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Billing Address (if different from above) \_\_\_\_\_

Please indicate what you are registering for by circling the appropriate fee\*.

Monthly Tuition	Before Care	After Care	Before/After Care	Afternoon 1 hour only
5 Days	\$135.00	\$170.00	\$295.00	\$110.00
3 Days	\$80.00	\$105.00	\$185.00	\$65.00
2 Days	\$55.00	\$70.00	\$125.00	\$45.00
1 Day	\$30.00	\$35.00	\$65.00	\$25.00
Drop in available <b>PM ONLY</b> at a rate of \$15 per afternoon Participants must have all required registration on file prior to usage				

Please circle the day(s) your child will attend the YMCA childcare:\*

Please circle the day(s) your child will attend the YMCA childcare:						
AM	ALL	Mon.	Tues.	Wed.	Thurs.	Fri.
PM	ALL	Mon.	Tues.	Wed.	Thurs.	Fri.
PM Drop IN – Days will vary						

Parent / Guardian Signature: \_\_\_\_\_

Parent / Guardian Name (please print): \_\_\_\_\_

**\*30 DAY NOTICE IS REQUIRED FOR ALL CONTRACT CHANGES OR TERMINATIONS \***

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## TERMS OF AGREEMENT

1. All tuition payments will be due one month in advance. Payments are due by the 15<sup>th</sup> of each month. Refer to billing Schedule for exact dates.
2. I, the undersigned, understand and agree that in order to register for any and all YMCA School Age Child Care Programs **all registration paperwork must be completed thoroughly and a 1 month down payment must be made.**
3. I, the undersigned, understand and agree that once my child is registered for YMCA School Age Child Care Program(s) weekly fees apply whether or not my child attends.
4. I, the undersigned, understand and agree that I must provide and am required to provide a **30 day written notice to the YMCA School Age Child Care Director** in order change my contract or to discontinue active participation in any of the YMCA School Age Child Care Programs.
5. I, the undersigned, understand and agree that I will pay any and all charges that accumulate if my child is not attending the YMCA School Age Child Care Program that they are registered for, and I have not given the YMCA School Age Child Care Director 30 day written notice.
6. **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 other emergencies beyond the YMCA's control.**
7. I, the undersigned, understand and agree that rates are pro-rated for students joining the program after September.
8. I, the undersigned, understand and agree that late payments may result in an additional service charge of \$10.00.
9. I, the undersigned, understand and agree that if my account is 30 days past due, my child care services will suspended until the account balance is paid in full.
10. 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 2009-2010 school year.
11. I, the undersigned, understand and agree that the following statement applies if a child care scholarship is received: Individual families awarded a YMCA scholarship must keep payments up to date. Non-compliance with tuition policies can result in revoking your scholarship.
12. I, the undersigned, understand and agree that the following statements apply if DHS/CDC subsidies are received: (1) The parent or guardian is ultimately responsible for full cost of the tuition. (2) It is the responsibility of the parent to maintain an active status with your DHS/CDC worker. (3) DHS pays a pre-set amount that may not cover the cost of this service. If fees go over pre-set amount the parent/guardian will be responsible for additional cost. (4) If you are using DHS the YMCA School Age Child Care Director must receive DHA authorization forms before any DHS/CDC subsidies will apply to your balance due.
13. I, the undersigned, understand and agree that the YMCA reserves the right to exclude my child from programs due to non-payment, behavior problems, or lack of registration documentation.
14. I, the undersigned, understand and agree that I must notify the YMCA within 48 hours of any changes in address, home phone number, work phone number, or emergency information; lack of notice of these changes will result in an immediate one day suspension of child care.
15. I, the undersigned, understand and agree to follow the health/sickness regulations set forth in the parent handbook.
16. I, the undersigned, understand and agree that if the YMCA staff notifies me that my child exhibits any of the listed infectious conditions set forth in the parent handbook, I must pick-up or arrange for the pick-up of my child within 1 hour of the initial phone call from YMCA staff.

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: \_\_\_\_\_

Date of Admission	Allergies
Date of Discharge	

**CHILD INFORMATION RECORD  
STATE OF MICHIGAN**  
Department of Human Services  
Bureau of Children and Adult Licensing

Name of Child (Last, First, Middle Initial)		Address (Number and Street, Building/Apartment Number)		
Child's Date of Birth	Home Phone ( )	City	State	Zip Code
Father/Legal Guardian's Name		Home Phone	Mother/Legal Guardian's Name	
Home Address (if not child's address)		Cell Phone	Home Address (if not child's address)	
City	State	Zip Code	City	State
Employer/School Name		Employer/School Name		
Address (Employer/School)		Address (Employer/School)		
City	State	Zip Code	City	State
Employer/School Phone	Daily Work/School Times	Employer/School Phone ( )	Daily Work/School Times	
Name(s) of Person other than Parent or Legal Guardian to whom child may be released				

BCAL-3731 (Rev. 9-09) Previous editions 3-08, 10-07, & 1-06 may be used.

See Reverse Side

I give permission to _____, licensed by the Department of Human Services (Provider's Name)			
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.			
Signature of Parent or Guardian			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	
Special Needs:		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:			
Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.			AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.

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1. Is your child under any special medical (seizures, asthma, etc.) or dietary regimen? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

2. 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? \_\_\_\_\_ If yes, please list and also fill out the prescribed medication form: \_\_\_\_\_

\_\_\_\_\_

3. Are there any problems that may confront your child while in the YMCA Program (homesickness, anxiety, moodiness, etc.) \_\_\_\_\_?

\_\_\_\_\_

\_\_\_\_\_

4. Does your child have any serious fears? If so, please tell us about them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please provide any other information you feel may put us in a better position to understand your child and his or her needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# School Age Child Care Usage Form

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## Parent Acknowledgement and Permission Forms

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Parent Handbook

I (the undersigned) agree that I have received the YMCA School Age 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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### 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 Lakeshore Family YMCA, its staff and volunteers from all liability for any injury.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### 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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### 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 Lakeshore Family YMCA permission to obtain a copy of my child's health record, on file at the school, if necessary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

# School Age Child Care Usage Form

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## EXTRA-CURRICULAR ACTIVITY FORM

There are times when students will attend before and/or after school activities run by Prevail Academy and its staff. If your child will be attending any of these clubs, sports, etc., **you must thoroughly complete this form and give it to the YMCA staff in advance, or your child will not be released from our care\***.

My child, \_\_\_\_\_, has permission to attend the following before and/or after school activity\_\_\_\_\_.

This activity runs on the following day(s) at the following time(s):

\_\_\_\_\_.

Parent Signature: \_\_\_\_\_ Date:

\_\_\_\_\_

\*Additional forms can be obtained from YMCA staff at any time.

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## Parent Information

### **Mother/Legal Guardian:**

Title \_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_ / \_\_\_ / \_\_\_

### **Mailing Address (If different from child)**

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_ - \_\_\_ - \_\_\_\_\_

Business Phone \_\_\_ - \_\_\_ - \_\_\_\_\_ Mobile Phone \_\_\_ - \_\_\_ - \_\_\_\_\_

Home E-Mail Address \_\_\_\_\_

Work E-Mail Address \_\_\_\_\_

### **Father/Legal Guardian:**

Title \_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_ / \_\_\_ / \_\_\_

### **Mailing Address (If different from child)**

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_ - \_\_\_ - \_\_\_\_\_

Business Phone \_\_\_ - \_\_\_ - \_\_\_\_\_ Mobile Phone \_\_\_ - \_\_\_ - \_\_\_\_\_

Home E-Mail Address \_\_\_\_\_

Work E-Mail Address \_\_\_\_\_

## Child Information

First \_\_\_\_\_ M.I. \_\_\_ Last \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ Male/Female

First \_\_\_\_\_ M.I. \_\_\_ Last \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ Male/Female

First \_\_\_\_\_ M.I. \_\_\_ Last \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ Male/Female

First \_\_\_\_\_ M.I. \_\_\_ Last \_\_\_\_\_ DOB \_\_\_ / \_\_\_ / \_\_\_ Male/Female

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