FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Welcome!

We look forward to having your family join us in the Ann Arbor YMCA School Age Child Care Program!

On your child's first day, please make sure the following items are labeled in permanent marker with your child's name:

- Reusable lunch box & containers.
- A swimsuit & goggles.
- Coats, hats, boots, mittens, etc.
- A change of clothes to keep at the YMCA for accidents, etc., which may be appropriate for kindergartners.

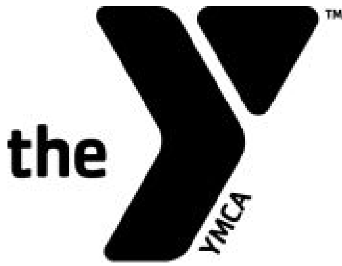
Your family's door code to enter our facility is for your family only. Please do not give this number out. If someone other than a parent or guardian is picking up/dropping off, please have them ring the doorbell. The Child Care Director will provide you with a door code.

We look forward to getting to know you and your family! Please let us know if there is anything you would like us to know about your child or your family.

Thank you,

Sarah Kim
Early Childhood Center Director
734.661.8058
skim@annarborymca.org

Terese Theophilus
SACC Lead Teacher
Half Day Pre-K Lead Teacher
734.661.8013
ttheophilus@annarborymca.org



FOR YOUTH DEVELOPMENT
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Ann Arbor YMCA School Age Child Care Registration Form
2014-2015 School Year

Child's Name: _______________________________ **Start Date**_______________

Date of Birth: _________________ **Gender: M F**

School_________________________ **Grade 2014-2015**_______

Custodial Parent/Guardian Name _____________________________________

Home Phone Number: ____________________ **Work Phone Number:** _________________

Email:____ **Cell Phone Number:**_________________

Secondary Parent/Guardian Name _____________________________________

Home Phone Number: ____________________ **Work Phone Number:** _________________

Email:____ **Cell Phone Number:**_________________

Child's Address: ______________________________ **City:** ___________________**Zip:** ________

TUITION PAYMENT METHOD:
I plan to pay my fees using the following method:

AUTOMATIC MONTHLY PAYMENT ___	**ON LINE EDGE PAYMENT ___**
This can be done by credit card or draft from your checking account. Automatic payments will be processed on the 20th of each month for the following month's tuition. A current draft authorization form with up to date account or credit card information must be on file with the Ann Arbor YMCA ECC.	If you choose this option you will receive a monthly billing statement each month prior to the 20th. Your payment will be due on the 20th of each month for the following month's tuition. **Log into your On Line Edge account and pay your Child Care balance.** Payments received after the last day of the month will be assessed a $25 late fee.

We accept publicly funded childcare subsidies. If you are on DHS, a current DHS-198 Form must be on file naming the YMCA as care provider. If you receive funds from Child Care Network, a current contract needs to be on file naming the YMCA as care provider. See the Parent Handbook or call our office for more information on these services.

The registration process is not complete until your registration and deposit fees are paid and the following forms are completed and returned to the Ann Arbor YMCA:

___ Registration Form
___ Tuition Policy Agreement
___ Child Information Record
___ Permission Form
___ Parent Handbook Acknowledgement

ATTENDANCE SCHEDULE:

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Registration Fee Enclosed ($50) _____ Deposit Enclosed ($100) _____

FOR YOUTH DEVELOPMENT
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Ann Arbor YMCA
School Age Child Care Tuition Rates
September 2014 - June 2015

After School Program

Monday-Friday 3:00pm to 6:00pm

Monthly Fees

Full Time (5 days a week)	$365 Member, $414 Non-Member
Part Time (4 days a week)	$354 Member, $402 Non-Member
Part Time (3 days a week)	$252 Member, $286 Non-Member
Part Time (2 days a week)	$177 Member, $200 Non-Member

Registration Information: $150 will hold your child's place for the fall, which includes a $50 non-refundable registration fee and $100 deposit. Payment can be made by signing up for credit card or bank draft automatic payments or using the online self pay option through your YMCA account with On Line Edge.

Annual fees are divided into 9 monthly payments, and are due by the 20th of each month for the following month's tuition. Payments are late on the 1st and a $25.00 late fee will be assessed ($25 limit per family, per month). If payment arrangements are not made by the by the 1st care will be terminated. If payment is not made in full by the 8th care will be terminated.

The first payment for the 2014-2015 school year programs is due August 20th, 2014 the final payment of the school year is due April 20th, 2015.

No School Days and Break Camp and Snow Days. Registration is required for all no school days, break camps and snow days. Registration opens one month prior to the scheduled day(s) off.

- Break Camps are $50/day for Members and $55/day for Non-Members. Break camp registration can be done on line or through the front desk*. **Pre-registration is required**.
- No School Days (AAPS In-Service Days) are free to those enrolled in School Age Child Care. Registration can be done on line or through the front desk*. **Pre-registration is required**.
- Snow Days are $28 for children enrolled in SACC, $40 for YMCA members and $45 for non-members. You may register by calling the front desk beginning at 7:00am the day of the snow day at (734) 996-9622. **Pre-registration is required**.

*Previously email registration was also available for these programs, in order to offer you a more efficient registration process all registrations for these programs will be done on line or through the front desk.

FOR YOUTH DEVELOPMENT
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Ann Arbor YMCA Child Care Tuition Policies

BILLING AND REGISTRATION FEES: There is a non–refundable $50 registration fee and $100 deposit. The $100 deposit will be credited to your last month's tuition should you withdraw from the program with 30 days written notice prior to the first day of the month in which your child has their last day. The annual tuition has been divided into equal monthly payments. Payment options include automatic payment through credit card or bank draft. Payment can be made by signing up for credit card or bank draft automatic payments or using your On Line Edge account to pay your child care balance.

BILLING LATE FEES: I understand that my child's tuition is by the 1st of every month. If payment is not received by the 1st, I will be charged a $25 late fee per family. If payment arrangements are not made by the by the 1st care will be terminated. If payment is not made in full by the 8th care will be terminated.

LATE PICK-UP FEE: I understand that I will be billed $10 for and up until the first 10 minutes that I am late to pick-up my child and $1 every minute thereafter.

WITHDRAWAL FROM THE PROGRAM: I understand that in order to withdraw my child from the program in which he/she is enrolled and to have the deposit returned to me, I must provide written notice of my intent to with draw my child. Written notice must be provided to the Child Care Director 30 days prior to the first day of the month in which your child has their last day. At that time, my deposit will be deducted from my final month's payment by Childcare Office.

SICK DAYS AND HOLIDAYS: I understand that I will not be credited for sick days, unless my child has an extended illness. In the case that your child has an extended illness please contact Childcare Director to discuss your child's illness related absences and the possibility of a reduced payment in accordance with the length of their illness. Holidays are already factored into to my child's monthly tuition rate.

I have read and agree to the Ann Arbor YMCA Child Care Program Tuition Plan and Policies including payment of all financial obligations.

CHILD'S NAME: ____

PARENT'S NAME: _____________________________________

PARENT'S SIGNATURE: ________________________________

DATE: __________________

FOR YOUTH DEVELOPMENT
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Ann Arbor YMCA – Child Care Services
Monthly Automatic Payment Agreement

Child(ren) Name(s): ____
School/Child Care Site Name: ____
Name(s) of Parent(s)/Guardian(s): ____
Mailing Address: ____
City: _____________________________ MI Zip: ____________ Phone: ______________________
Amount of Child Care Fee: $____________________ per month

AGREEMENT:

1. The Ann Arbor YMCA monthly debit is a continuous payment plan and will be processed on the **20th of each month**. I understand that this plan will remain in effect until I wish to terminate my YMCA Child Care or until the end of the school year (school-age care only).
2. I authorize the Ann Arbor YMCA to draft my account for any late pick-up charges which I may incur while participating in the Child Care programs.
3. It is to my complete understanding that if I wish to terminate or change my child care in any way, I must give the Ann Arbor YMCA Child Care Office 30-DAYS WRITTEN NOTICE prior to my next debit date. If proper notice is not received, I will be held responsible for tuition regardless of whether or not my child attends the Ann Arbor YMCA Child Care program.
4. Should any debit not be honored by my bank/credit card company for any reason, I understand that I am still responsible for the payment, plus a $20.00 service charge applied by the YMCA. This is in addition to any service fee my bank/credit card company may require.

CREDIT CARD DRAFT:
Credit Card Type (please circle): VISA MASTERCARD DISCOVER

Name of Cardholder (as it appears on the card):____

Card Number: ______-______-______-______ Exp. Date of Card: ___________

I (we) hereby authorize the Ann Arbor YMCA to debit the above credit card on the date and for the amount indicated each month for my child care services.

____ ______________
Card Holder's Signature Date

BANK DRAFT:
Depository Name (Bank): __________________________________ Account Number: __________________________ Routing/Transit Number: ______________________________

Name(s) on Account (please print): ____

I (we) authorize the Ann Arbor YMCA to initiate debit entries to my/our account on the date and for the amount indicated each month for my child care services. Please provide the Ann Arbor YMCA with a check marked VOID.

_________________________________ _________________________________ ______________
Authorizing Signature(s) Date

Ann Arbor YMCA Staff Signature: ____________________________________ Date:________

CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult 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.

For Provider Use Only: 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

Father/Legal Guardian's Name		Home Phone ( )	Mother/Legal Guardian's Name		Home Phone ( )
Home Address (if not child's address)		Cell Phone ( )	Home Address (if not child's address)		Cell Phone ( )
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
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. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

See Reverse Side

Emergency Contact & Release of Child: 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.	( )	( )

Release of Child Only: 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.	( )

I give permission to ______________________________ (Provider's Name), 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.

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

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.

BCAL-3731 (Rev. 7-12) Previous editions 9-09,3-08, 10-07, & 1-06 may be used until 12/31/13.

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. (**BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION**.)

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?
☐	☐	☐	1 Allergies or Reactions (for example, food, medication or other)
☐	☐	☐	2 Hay Fever, Asthma, or Wheezing
☐	☐	☐	3 Eczema or Frequent Skin Rashes
☐	☐	☐	4 Convulsions/Seizures
☐	☐	☐	5 Heart Trouble
☐	☐	☐	6 Diabetes
☐	☐	☐	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
☐	☐	☐	8 Trouble with Passing Urine or Bowel Movements
☐	☐	☐	9 Shortness of Breath
☐	☐	☐	10 Speech Problems
☐	☐	☐	11 Menstrual Problems
☐	☐	☐	12 Dental Problems: Date of Last Exam / /
☐	☐	☐	Other (please describe):
☐	☐		Does your child take any medication(s) regularly?

Reason for Medication

/ /

Parent/Guardian Signature Date

Birth History:

Are there any current or past diagnosis(es) ☐ Yes ☐ No

If yes, please describe:

If yes, list medications:

Was the health history reviewed by a health professional?

☐ Yes ☐ No ***Examiner's Initials:*** ______

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	VISION Date: / /	Visual Acuity			
			Muscle Imbalance			
			Other:			
☐	☐	HEARING Date: / /	Audiometer			
			Other:			
☐	☐	URINALYSIS Date: / /	Sugar			
			Albumin			
			Microscopic			
☐	☐	BLOOD LEAD LEVEL Date: / /	Level ______ ug/dl ⇨			

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	HEIGHT & WEIGHT	Height			
			Weight			
☐	☐	Other: ______	Other			
☐	☐	HEMOGLOBIN / HEMATOCRIT	⇨			
☐	☐	BLOOD PRESSURE	Reading: ______			
☐	☐	TUBERCULIN Date: / /	Type: ______ Neg.: ☐ Pos.: ☐ ______ mm			

NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (Hep B)	1	3
	2	
DTaP/DTP/DT/Td	1	4
	2	5
	3	6
Tdap	1	
Haemophilus Influenzae type b (HIB)	1	3
	2	4
Polio (IPV/OPV)	1	3
	2	4
Pneumococcal Conjugate (PCV7/PCV13)	1	3
	2	4
Rotavirus (RV1/RV5)	1	3
	2	
Measles,Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2

History of Chickenpox Disease? ☐ Yes ☐ No If yes, date:

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (Hep A)	1	2
Influenza (TIV/LAIV)	1	3
	2	4
Meningococcal (MCV4 / MPSV4)	1	2
Human Papillomavirus (HPV4/HPV2)	1	3
	2	
OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	1	
	2	
	3	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your child's school or local health department.

Parent/Guardian refused immunizations: ☐

I certify that the immunization dates are true to the best of my knowledge

Health Professional's Signature ____ Title ____ Date ___/___/___

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
☐	☐	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined ____ (child's name) 's teeth. As a result of this examination, my recommendation for treatment is: ____

Dentist's Signature ____ Date ___/___/___

PHYSICIAN'S SIGNATURE

Examiner's Signature ____ Date ___/___/___ *Examiner's Name (Print or Type)* ____ Degree or License ____

Number & Street ____ City ____ MI ZIP Code ____ (____) Telephone ____

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

****

Developed in Cooperation with the Departments of Human Services, Education, Community Health, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

OLGA DAZZO
DIRECTOR

IMMUNIZATION WAIVER FORM

INSTRUCTIONS TO PARENTS OR GUARDIANS:

Vaccine-preventable diseases are still with us. Immunizations are one of the most effective measures to protect children from harmful diseases and even death. A high proportion of children must be immunized to prevent outbreaks of disease in school settings and other places where children work and play closely together.

Sections 9208 and 9211 of the Michigan Public Health Code require that a parent, guardian, or person in *loco parentis* applying to have a child registered for the first time in a Michigan school and/or in 6th grade, or in a program of group residence, care, or camping in this state shall present to officials at the time of registration or no later than the first day of school or program enrollment, a certificate of immunization verifying that the child has been vaccinated against diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B, and varicella (chickenpox). Pneumococcal conjugate and *Haemophilus influenzae* type b vaccines are also required for preschool-aged children. Meningococcal vaccine is required for children 11 years of age or older who are in the 6th grade or newly enrolled in the district.

A parent or guardian wishing to exempt his or her child from a particular vaccination must provide a written statement indicating the religious or philosophical objections to the vaccination(s). A child who has been exempted from a vaccination is considered susceptible to the disease or diseases for which the vaccination offers protection. **The child may be subject to exclusion from the school or program, if the local and/or state public health authority advises exclusion as a disease control measure.**

By signing this waiver, you acknowledge that you are placing your child and others at risk of serious illness should he or she contract a disease that could have been prevented through proper vaccination.

ALL INFORMATION MUST BE FILLED IN BELOW.

I object to having my child, ______________________, *born* ______________, *immunized with the vaccines I have checked below:* *(First & Last Name)* *(Birth Date)*

- ☐ *DTaP, DT, Td, Tdap (Diphtheria, Tetanus, Pertussis)*
- ☐ *Polio*
- ☐ *Hepatitis B*
- ☐ *MMR (Measles, Mumps, Rubella)*
- ☐ *Haemophilus influenzae* type b
- ☐ *Pneumococcal Conjugate*
- ☐ *Varicella (chickenpox)*
- ☐ *Meningococcal*

Reason: ______________________________

Parent(s)/Guardian(s) Name: ______________________________

*Address:*______________________________ *Telephone:* ______________

*Child's Address*______________________________ *Telephone:*______________
If different from parent/guardian

______________________________ ______________
Parent or Guardian's Signature *Date Signed*

____
Preschool Program or Licensed Day Care Center OR School Name ***(Required)***

File in the child's permanent record and send a copy to your local health department.

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Ann Arbor YMCA School Age Child Care Permission Form

FIELD TRIP/TRANSPORTATION PERMISSION

I give permission for my child ______________________, to be transported by the Ann Arbor YMCA from his/her school to the YMCA on the days he/she is registered to attend. I give permission for my child to go on any field trips supervised by the Ann Arbor YMCA Child Care Staff. I understand that many trips consist of short walks to nearby locations. I understand further that I will be notified in advance about any longer trips and that, if any vehicle is used to transport my child, each child will be required to wear a seat belt or be placed in a car seat that I would provide.

Parent/Guardian Signature____ Date _______________

PHOTOGRAPHY AND RECORDING PERMISSION

I hereby irrevocably release, consent and allow the Ann Arbor YMCA and its agents to use my child's photograph/likeness/voice, as it pertains to participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement in connection with its use.

Parent/Guardian Signature____ Date _______________

LIABILITY

I understand the physical activities which my child may participate in at the YMCA include, but may not be limited to: swimming, running, playing and sports. I agree to assume all liability and release the YMCA from any liability for the risk of injury, illness or death on account of my child's presence in a YMCA facility or on account of my child's involvement in any activity at a YMCA facility or at the sponsored activity.

Parent/Guardian Signature____ Date _______________

SWIMMING

I give permission for my child__________________________________, to participate in the YMCA Youth Aquatics Program. A kindergartner or school-aged child may participate in youth recreation swim when available.

Parent/Guardian Signature____ Date _______________

SUNSCREEN/BUG SPRAY

My child (circle one) **should** **should not** wear sunscreen while being outdoors. Please apply first application at home. Sunscreen should be supplied by you, the parent. I understand that selecting "should" allows staff to apply sunscreen to my child. This does not guarantee application.

My child (circle one) **should** **should not** wear bug spray while being outdoors. Please apply first application at home. Bug spray should be supplied by you, the parent. I understand that selecting "should" allows staff to apply bug spray to my child. This does not guarantee application.

Parent/Guardian Signature____ Date _______________

PHYSICAL HEALTH

I hereby attest that my child_________________________________is in good health. Further more any activity restrictions, allergies, medications taken by the child, or any other needs are listed in the Child Information Record. Immunization records or appropriate waivers are up to date and on file with my child's school.

Parent/Guardian Signature____ Date _______________