



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA AFTER SCHOOL CARE REGISTRATION PACKET 2016-2017

Welcome!

**We look forward to having your family join us in the
YMCA After Care Program!**

Sarah Kim
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Site Coordinator
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Registration Form 2016-2017 School Year

Child's Name: _____ Start Date: _____

Date of Birth: _____ Gender: M F

School: _____ Grade 2016-2017: _____ Teacher: _____

Custodial Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Secondary Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Child's Address: _____ City: _____ Zip: _____

ATTENDANCE SCHEDULE (check all that apply)

YIES Students Only AM:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

All Students PM:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

TRANSPORTATION (check one)

_____ My child will take the school bus from their YCS school to YIES.

_____ A parent/guardian is responsible for personal transportation to YIES.

_____ N/A, my child is a student at YIES.

The registration process is not complete until your registration fees are paid with a credit card or check, and the following forms are completed and returned to YMCA staff:

_____ Registration Form

_____ Tuition Policy Agreement

_____ Child Information Record

_____ Permission Form

_____ Health Statement

_____ Parent Handbook Acknowledgement

Registration Fee Enclosed (\$10)* _____

*Registration fees are not required if you are receiving a scholarship through the Y



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Tuition Rates January - June 2017

After School Program

Monday-Friday

7:00-8:30am*

3:00pm to 6:00pm

Monthly Fees

Full Time (4-5 days a week)

\$8 a day/\$40 a week/\$160 a month

Part Time (3 days a week)

\$10 a day/\$30 a week/\$120 a month

Registration Information: \$10 non-refundable deposit will hold your child's place in the program. Payment can be made with a credit card, check, or bank withdrawal.

Full time tuition is \$8 a day and part time tuition is \$10 a day, divided equally into 10 monthly payments for the school year. Automatic payments are run on the 10th of each month for the following month's tuition. Check or cash payments are due by the 20th of the month. A \$25.00 late fee will be assessed for any payments made after the 20th. (\$25 limit per family, per month). If payment arrangements are not made by the 1st, care will be terminated. If payment is not made in full by the 1st, care will be terminated.

Checks should be made out to 'The YMCA'. All over-the-counter payments should be turned into the YMCA drop box in the YIES office or to the Site Coordinator.

The final payment of the school year is due May 20th, 2017.

Registration is required for all ½ days. Registration opens one month prior to the scheduled day(s) off.

½ Days (Professional Development days) are free to those enrolled in the YMCA After School Care Program. Registration can be done with the Site Coordinator. **Pre-registration is required.**

Our program is closed on Snow Days and No School Days when the YIES building is closed.

*The before school program is available for YIES students only



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Tuition Policies

BILLING AND REGISTRATION FEES: There is a non-refundable \$10 registration fee. The annual tuition has been divided into equal monthly payments. Payment options include automatic payment through credit card or bank draft or over-the-counter check or cash payments. Automatic payments are processed on the **10th of each month** for the following month's tuition.

BILLING LATE FEES: I understand that my child's tuition is due by the 20th of every month. If payment is not received by the 20th, I will be charged a \$25 late fee per family. If payment arrangements are not made by the 1st, care will be terminated. If payment is not made in full by the 1st, 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. My payment information on file will be charged by the 1st of the following month for any late pick-up fees for the current month.

WITHDRAWAL FROM THE PROGRAM: I understand that in order to withdraw my child from the program in which he/she is enrolled, I must provide written notice of my intent to withdraw my child. Written notice must be provided to the Site Coordinator 30 days prior to the first day of the month in which your child has their last day.

I have read and agree to the Y After School Tuition Plan and Policies including payment of all financial obligations.

CHILD(REN)'S NAME(S): _____

PARENT/GUARDIAN'S NAME: _____

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____



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Monthly Automatic Payment Agreement

Child(ren) Name(s): _____

Name(s) of Parent(s)/Guardian(s): _____

Mailing Address: _____

City: _____, MI Zip: _____ Phone: _____

TUITION AND SCHOLARSHIPS

Full-time participant tuition (4-5 days per week) is \$8 per day and part-time participant tuition (3 days per week) is \$10 per day. Through the generous contributions of our donors, the Ann Arbor YMCA is able to provide financial scholarships that enable all members of the community to enjoy YMCA programs, regardless of income. If you cannot afford the full monthly price and would like to receive financial assistance, please indicate below what you are able to pay. If you need additional financial assistance, please contact Sarah Kim at 734-661-8058.

Full-time Monthly Payment (check one)

Full \$160 tuition \$130 tuition \$100 tuition

Part-time Monthly Payment (check one)

Full \$120 tuition \$100 tuition \$80 tuition

AGREEMENT

- 1 The Ann Arbor YMCA monthly debit is a continuous and automatic payment plan and will be processed on the **10th of each month**, for the following month's tuition. 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.
- 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 Before/After 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.



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Permission Form

FIELD TRIP PERMISSION

I give permission for my child to go on any field trips supervised by the YMCA 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 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 _____

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 _____

TRANSPORTATION TO YMCA AFTER SCHOOL CARE AT YIES

I understand that I am responsible for my child(ren)'s transportation to YMCA After School Care at YIES. I understand that Ypsilanti Community Schools does provide bussing transportation as an option from all YCS elementary and early learning centers. The YMCA bus may be different than my child(ren)'s normal after school bus. The YMCA will provide all participants with a bus tag that will indicate all the days they are enrolled with the YMCA so school staff will know what bus to put YMCA participants on. If for any reason my schedule changes on a day that my child(ren) are enrolled in the YMCA, I will pick up my child(ren) from YIES after they get off the YMCA bus.

I understand there is no transportation home from the program and I am responsible for the collection of my child(ren) by 6:00 PM.

Parent/Guardian Signature _____ Date _____



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PHYSICAL HEALTH STATEMENT

I hereby attest that my child _____ is in good health.
Furthermore, 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 _____



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PARENT HANDBOOK ACKNOWLEDGEMENT

I acknowledge that I have read the Parent Handbook and I am aware of the YMCA After School Program philosophy, policies and procedures.

I have read and understand the fee arrangements and conditions detailed in this handbook.

This acknowledgement must be placed in our files. Please sign this form and return it to the Site Coordinator.

Parent/Guardian Signature

Date

Site Coordinator's Signature

Date