Welcome to the Ann Arbor YMCA Child Development Center! As the nation’s leading child care program, we believe children should have a place to explore, grow and thrive. We are committed to providing a safe and nurturing experience for your child with plenty of opportunities for growth in spirit, mind, and body. Our staff guide children through an age-appropriate curriculum that develops self-help skills and instills Y values of caring, honesty, respect and responsibility.

**Who we are:** The Ann Arbor YMCA is a charitable association of men, women and children joined by a shared commitment to nurturing the potential of children and teens, promoting healthy living, and supporting our neighbors. Each day, we work to ensure that everyone, regardless of age, income or background, has the chance to learn, grow and thrive. The Ann Arbor YMCA’s mission is to put our core values of caring, honesty, respect and responsibility into action through facilities and programs that build healthy spirit, mind and body for all.

**Everyone is welcome:** We are an association made up of people from every walk of life, working side by side to strengthen communities. Together we strive to ensure that everyone lives life to its fullest. The Ann Arbor YMCA is an organization that embraces nondiscrimination, diversity, and inclusion. We welcome all people regardless of ability, age, background, income, ethnicity, race, faith, gender, gender identity, gender expression, or sexual orientation.

**Financial Assistance:** 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. Please let us know if we may serve you or your family in this way.

**Please fill out all of these forms.** All fields are required. These forms must be completed annually and updated as needed. Email forms to klancaster@annarborymca.org or mail to or drop off: Child Development Center/Ann Arbor YMCA, 400 W. Washington St. Ann Arbor, MI 48103. For registration questions, contact klancaster@annarborymca.org.

**CHECKLIST:**
- General Info/Emergency Pickup Information
- Agreements, Permission and Releases
- Health History & Medical Release/Authorization
- Immunization Records/Health Appraisal
- Household Information, Personal and Developmental History
- Supplemental Health and Habit Information
- Schedule Selection
- Tuition Agreement
- Payment Agreement
- Financial Assistance & 3rd Party Payer (if applicable)
- Review Parent/Guardian Handbook (available at annarborymca.org)
- Child Information Record
- Licensing Notification

**PAYMENTS:**
- Registration Fee $50
- Non-Refundable Deposit Fee $100

**OFFICE USE ONLY**
- Intact Review: __________________________ Date:________
- Billing Review: __________________________ Date:________
- Director Review: ________________________ Date:________
- Lead Teacher Review: ____________________ Date:________
GENERAL INFORMATION (please print clearly)

Child’s Name__________________________________________________________  □ Returning Participant □ New Participant

Address__________________________________________________________________________ City__________________________

State_______________________ Zip________________________ Gender_________ DOB________________________ Age______________

Parental Custody_____________________________________ Child Lives With: □ Mom □ Dad □ Other ______________________

Parent/Guardian 1 Name________________________________ DOB______________ Relationship to Child___________________

Address__________________________________________________ City__________________________

State_______________________ Zip________________________ Home Phone________________________________________________

Cell Phone___________________________________________ Email___________________________________

Parent/Guardian 2 Name________________________________ DOB______________ Relationship to Child___________________

Address__________________________________________________ City__________________________

State_______________________ Zip________________________ Home Phone________________________________________________

Cell Phone___________________________________________ Email___________________________________

EMERGENCY CONTACTS AND PICKUP AUTHORIZATIONS: In addition to parents, ONLY those on the below list will be allowed to pick-up a child from a Y program. I understand that the following contacts must be at least 18 years old and have photo ID. Myself or one of the below listed contacts will be available to pick up my child and/or assume emergency responsibility within a half an hour should an emergency or illness occur. I accept responsibility for informing the YMCA, in writing, when the information changes. If you want to limit the contacts below to emergency contact only, please check the box below: EC=Emergency Contact Only

Name ___________________________ Address _________________ Age___________

Relationship _______________________ Home Phone______________  □ EC

Name ___________________________ Address _________________ Age___________

Relationship _______________________ Home Phone______________  □ EC

Name ___________________________ Address _________________ Age___________

Relationship _______________________ Home Phone______________  □ EC

Signature______________________________ Printed Name __________________________ Date____________

The registration process is not complete until your non-refundable deposit and registration fee is paid with a credit card or check and this registration packet and all forms included on the check-list are completed and returned to the YMCA.
CHILD’S NAME: ____________________________

PARTICIPATION AGREEMENT AND RELEASE: Please read very carefully and sign. Please contact the Y with any questions. I am aware of all Y program activities and allow my child to participate fully unless otherwise noted on this form. I allow and hereby certify that my child named herein is capable of safely participating in Y program activities including field trips and swimming. I indemnify and hold harmless the YMCA, any officer, volunteer or employee of the YMCA and all involved with YMCA programs from liability for any harm that befalls my child as a result of participation in YMCA program. I consent, unless noted, that photographs and video taken of him or her are the property of the Ann Arbor YMCA and may be reproduced and publicized for program and marketing purposes, free of claims on my part. I agree to allow my child to be transported by YMCA vehicles, bus or walking. I understand that children in day programs must be signed in and out every day by an authorized adult 18 years and older. Parents and any of my emergency pick up/contacts must have a photo ID available to show staff every day. I agree to adhere to all program policies published by the Y.

FIELD TRIP PERMISSION: I give permission for my child ____________________________, to go on any field trips supervised by The Ann Arbor YMCA Child Development Staff. I understand that most field trips will be short walks to the playground or nearby parks. I understand that I will receive notification in advance for longer walking trips or for any trips where vehicles are used to transport my child. Anytime a vehicle is used for transportation, each child will be required to wear a seat belt or to be placed in a car seat that I would provide.

PARENT/LEGAL GUARDIAN Print Name: __________________________________________ Signature: __________________________________________ Date: __________

SWIMMING: I give permission for my child ____________________________, to participate in the YMCA Youth Aquatics Program. Children enrolled in Aviators and Half-Day Pre-K will participate in swim classes with instruction and free play.

PARENT/LEGAL GUARDIAN Print Name: __________________________________________ Signature: __________________________________________ Date: __________

PHOTOGRAPHY AND RECORDING PERMISSION: I give permission to The Ann Arbor YMCA to take photographs, sound recordings and video recordings of my child ____________________________, and to use them for educational, professional and/or marketing purposes. There is no expectation of any reimbursement in connection with their use.

PARENT/LEGAL GUARDIAN Print Name: __________________________________________ Signature: __________________________________________ Date: __________

PERMISSION FOR OBSERVATION: I understand that The Ann Arbor YMCA may have a number of students from Eastern Michigan University, University of Michigan, or Washtenaw Community College observe the children enrolled. I give permission for my child to be observed knowing that The Ann Arbor YMCA will exercise due discretion in allowing only studies that are in no way harmful to my child.

PARENT/LEGAL GUARDIAN Print Name: __________________________________________ Signature: __________________________________________ Date: __________

LIABILITY: I understand the physical activities which my child may participate in at The Ann Arbor YMCA include, but are not limited to: running, playing and sports. I agree to assume all liability for the risk of injury, illness or death on account of my child’s presence in the YMCA facility or on account of my child’s involvement in any activity at the YMCA facility whether caused by negligence of the YMCA or another person on the premises or at the sponsored activity.

PARENT/LEGAL GUARDIAN Print Name: __________________________________________ Signature: __________________________________________ Date: __________

SUNSCREEN PERMISSION: My child ☐ should ☐ should not wear sunscreen while being outdoors. Please apply first application at home. I understand that by selecting “should” allows staff to apply sunscreen to my child. This does not guarantee application.

PARENT/LEGAL GUARDIAN Print Name: __________________________________________ Signature: __________________________________________ Date: __________

BUG SPRAY PERMISSION: My child ☐ should ☐ should not wear bug spray while being outdoors. Please apply first application at home. I understand that by selecting “should” allows staff to apply bug spray to my child. This does not guarantee application.

PARENT/LEGAL GUARDIAN Print Name: __________________________________________ Signature: __________________________________________ Date: __________

FAMILY HANDBOOK ACKNOWLEDGEMENT: I acknowledge that I have read The Ann Arbor YMCA’s Parent Handbook and I am aware of the Early Childhood Program philosophy, policies, and procedures. I have read and understand the fee arrangements and conditions detailed in this handbook.

PARENT/LEGAL GUARDIAN Print Name: __________________________________________ Signature: __________________________________________ Date: __________

STATEMENT OF GOOD HEALTH: 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 registration packet. Immunization records or appropriate waivers will be kept up to date and on file with the Ann Arbor YMCA.

PARENT/LEGAL GUARDIAN Print Name: __________________________________________ Signature: __________________________________________ Date: __________
Ann Arbor YMCA
Child Development Center

Health History and Medical Release Information

CHILD’S NAME: ____________________________

PRESCHOOL HEALTH HISTORY

☐ May participate in all activities  ☐ Please restrict from these activities:

Current medical, mental, or psychological conditions pertinent to routine care of child including any current treatment/care (i.e. interests, guidance techniques, current chronic illnesses, current fears, life impacting events):

Additional Information you feel could be helpful:

ROUTINE MEDICATIONS:  ☐ None  ☐ Yes Includes prescription, holistic, over the counter, vitamins, lotions, lip balms, etc.

1. Name: ___________________  Times: ___________________  For: ___________________

2. Name: ___________________  Times: ___________________  For: ___________________

If additional space is needed, please include an additional page listing medication/s. Must fill out a YMCA medication release form signed by parent/guardian if medications are needed during program time. Please refer to the Family Handbook for specific regulations.

IMMUNIZATION RECORDS: You must provide an immunization record on a form approved by the State of Michigan (provided by the YMCA, physician’s office or immunization card completed and signed).

ALLERGIES/ASTHMA:  ☐ No  ☐ Yes Type: ___________________  Reason: ___________________  Reaction: ___________________

Treatment: ___________________

You must complete a YMCA Allergy/Asthma treatment form for any condition requiring medication or emergency treatment.

DIETARY RESTRICTIONS:  ☐ No  ☐ Yes Reason: ___________________  Reaction: ___________________

If additional space is needed, please include an additional page listing restrictions.

I.E.P.: Does your child have an I.E.P. with his/her school?  ☐ No  ☐ Yes Please attach a copy if applicable to your child’s care with the Y. Any special needs/accommodation/restriction must be determined with the parents/guardian, director and VP of the program and approved at least 4 weeks prior to the start date. Attendance for children who require additional staffing is dependent on availability of staff and may be at family’s expense. Please refer to Special Needs Policy in Family Handbook.

MEDICAL CONTACTS/INFORMATION

Physician: ___________________  Address: ___________________  Phone: ___________________

Dentist: ___________________  Address: ___________________  Phone: ___________________

Hospital Preference: ___________________  Address: ___________________  Phone: ___________________

Insurance Co: ___________________  Policy #: ___________________  ID #: ___________________

MEDICAL AUTHORIZATION AND LIABILITY RELEASE: Please read carefully and sign. Please contact the Y with any questions. In case of illness or emergency, as parent/legal guardian, I authorize the Y program director or trained and certified personnel to provide care or secure the services of a doctor if necessary. I hereby hold harmless the YMCA staff, volunteers and all involved with YMCA programs from liability for any accidents resulting from participation and consent to the YMCA to secure emergency care as needed or prescribed for my child, at my expense. This care may be given under whatever conditions are necessary to preserve life, limb or wellbeing of my child. I also give permission to the YMCA to provide transportation as needed for my child in case of an emergency, at my expense. I understand that it is my responsibility to inform the YMCA of any changes to my child’s health. I understand that medical information and personal data will be used only in Y programs, when necessary, to protect a child’s wellbeing.

Parent/Guardian Signature: ___________________

PERSON(S) RESTRICTED FROM CONTACT WITH RESTRAINING ORDER: Please provide a photo of the person and any information below which is available as well as documentation of restraining order. In the event that this person should try to pick up the child, the staff will contact the police, contact you and do everything possible to prevent the individual from removing the child from the program without risking the safety of the participant/s or staff.

Name: ___________________  Age: ___________________  Relationship to Child: ___________________

Last known address: ___________________  City: ___________________  State: ___________________  Zip: ___________________

Home Phone: ___________________  Cell Phone: ___________________  Court Order: ___________________  Date: ___________________

I understand that if the 2nd parent/legal guardian is not available to sign this form, I take full responsibility in informing him/her of all policies.

1st PARENT/LEGAL GUARDIAN Print Name: ___________________  Signature: ___________________  Date: ___________________

2nd PARENT/LEGAL GUARDIAN Print Name: ___________________  Signature: ___________________  Date: ___________________
CHILD’S NAME ___________________________ Nickname/s________________________________________
DOB____________________________ Birthplace____________________________________________________

PERSONS RESIDING IN THE HOUSEHOLD

1. Name____________________________________________ Gender__________ Date of Birth_______ Relationship__________
2. Name____________________________________________ Gender__________ Date of Birth_______ Relationship__________
3. Name____________________________________________ Gender__________ Date of Birth_______ Relationship__________
4. Name____________________________________________ Gender__________ Date of Birth_______ Relationship__________
5. Name____________________________________________ Gender__________ Date of Birth_______ Relationship__________
6. Name____________________________________________ Gender__________ Date of Birth_______ Relationship__________

IMMEDIATE FAMILY MEMBERS RESIDING OUTSIDE THE HOUSEHOLD

1. Name____________________________________________ Gender__________ Date of Birth________ Relationship__________
2. Name____________________________________________ Gender__________ Date of Birth________ Relationship__________
3. Name____________________________________________ Gender__________ Date of Birth________ Relationship__________
4. Name____________________________________________ Gender__________ Date of Birth________ Relationship__________

PERSONAL HISTORY

Pets’ names and type__________________________________________________________________________________________

What are your child’s interests, favorite activities/toys?__________________________________________________________

Has he/she had any other group/school/child care experience? ☐ No ☐ Yes If yes, what kind?_______________________________

Does he/she speak in words ☐ No ☐ Yes Complete sentences? ☐ No ☐ Yes_______________________________

Any difficulty speaking ☐ No ☐ Yes If yes, explain__________________________________________________________________________________________

Primary language used________________________________________ Other languages spoken________________________

Special needs, accommodations or requirements________________________________________________________________

DEVELOPMENTAL HISTORY

1. At what age did your child: Sit alone________________________________ Crawl________________ Walk unassisted________
2. At what age did your child say their first words?________________________ What were the words________________________
3. At what age did your child say their first sentence (two or more words)?_________________________ Drink from a cup?________
4. At what age did your child feed themselves with a spoon? _______________________________ With buttons________ Snaps________ Zippers________
5. At what age did your child dress self?_________________________ With buttons________ Snaps________ Zippers________
6. Does your child understand what people say to them? Do others, not in the family, understand what your child is saying to them?________

7. Which hand does your child favor? ☐ Right ☐ Left ☐ Neither ☐ Both

8. What words does your child use when they are sad?________________________________________

9. What words does your child use when they are angry?________________________________________

10. What words does your child use when they are hungry?________________________________________
CHILD'S NAME: ____________________________

1. Ever been hospitalized? □ No □ Yes
2. Ever had surgery? □ No □ Yes
3. Have recurrent/chronic illness? □ No □ Yes
4. Ever had Measles? □ No □ Yes
5. Ever have German Measles □ No □ Yes
6. Ever have Mumps? □ No □ Yes
7. Ever have Rheumatic Fever? □ No □ Yes
8. Ever have Chicken Pox? □ No □ Yes
9. Ever have Scarlet Fever? □ No □ Yes
10. Ever had Pneumonia? □ No □ Yes
11. Ever had Tuberculosis? □ No □ Yes
12. Ever had Whooping Cough? □ No □ Yes
13. Ever had a heart murmur? □ No □ Yes
14. Ever had a seizure? □ No □ Yes
15. Had a burn or cut serious enough to require medical attention? □ No □ Yes
16. Have allergies? □ No □ Yes
17. Have asthma/wheezing/shortness of breath? □ No □ Yes
18. Any physical disabilities? □ No □ Yes
19. How many colds has your child had this past year? _____________________
20. How does your child react to elevated temperatures? ________________

Please explain 'Yes' answers, noting the number of the questions.

Additional information you feel helpful (special instructions if your child becomes ill, reactions to allergens, reactions to medications, etc.): ____________________________

EATING HABITS (Select answer. Explain 'yes' answers below.)
1. Is your child usually hungry at meal times? □ No □ Yes If no, explain ____________________________
2. Between meals? □ No □ Yes If yes, explain ____________________________
3. Does your child use utensils? □ No □ Yes ____________________________
4. What are his/her favorite foods? ____________________________
5. What foods are refused? ____________________________
6. Any food allergies □ No □ Yes If yes, explain ____________________________
7. Does your child eat non-food item such as dirt, leaves, etc? □ No □ Yes If yes, explain ____________________________
8. Additional information you feel helpful: ____________________________

TOILET HABITS
1. Can your child be relied upon to indicate his/her bathroom needs? □ No □ Yes If no, explain ____________________________
2. What is the word used for urination? ____________________________ Bowel movements?
3. Does your child need to go to the bathroom more frequently than normal for his/her age? □ No □ Yes
4. Is he/she afraid of using the bathroom? □ No □ Yes If yes, explain ____________________________
5. Does your child need help? □ No □ Yes If no, explain ____________________________
6. When was toilet training started? ________________ When accomplished? ________________ Was your child difficult to train? □ No □ Yes
4. Does your child wet the bed at night? □ No □ Yes If yes, how often? ____________________________
CHILD’S NAME: ____________________________________________

SLEEPING HABITS
1. What time do they go to bed? ___________ Awaken? ___________ Do they take naps? ☐ No ☐ Yes From when? ___________ to ___________

2. Does he/she have his/her own room? ☐ No ☐ Yes Own bed? ☐ No ☐ Yes

3. Does he/she walk or talk or cry during sleep? ☐ No ☐ Yes If yes, explain ______________________________________________________

4. What does he/she usually take to bed with him/her?

5. What is his/her mood upon awakening? ______________________________________________________

HEARING
1. Does your child hear well? ☐ No ☐ Yes If no, explain ______________________________________________________

2. How often does your child get a cold or stuffy nose? Under what circumstances, and how is it treated? ______________________________________________________

3. Has your child ever had asthma or wheezing? ☐ No ☐ Yes If yes, under what circumstances, and how is it treated? ______________________________________________________

4. Has your child ever had an ear infection? If more than one, how often, and how was it treated? ______________________________________________________

5. Has your child ever had their ears checked? ☐ No ☐ Yes When? ___________

6. Has your child ever had tubes in their ears? ☐ No ☐ Yes When? Date of last check up? ___________

VISION
1. Does your child see well? ☐ No ☐ Yes If no, explain ______________________________________________________

2. Do your child’s eyes ever cross or drift to the side? ☐ No ☐ Yes

3. Does your child tilt their head often? Squint? ☐ No ☐ Yes If yes, during what activities? ______________________________________________________

4. Have your child’s eyes ever been checked? ☐ No ☐ Yes If yes, were glasses prescribed? When is your child due for a re-check? ______________________________________________________

SOCIAL HISTORY
1. Has your child been in any form of child care prior to The YMCA? ☐ No ☐ Yes If yes, please give a brief description ______________________________________________________

2. If changing child cares, why did you choose The YMCA? ______________________________________________________

3. Has your child had experiences playing with other children? ______________________________________________________

4. Briefly describe your child’s personality (i.e. friendly, aggressive, shy) ______________________________________________________

5. Does your child like to be alone? __________________________ How does he/she relate to strangers? ______________________________________________________

6. Does your child have a difficult time when you leave them? ☐ No ☐ Yes If yes, what happens and how do you handle the situation? ______________________________________________________

7. Does your child demand a lot of adult attention? ______________________________________________________

8. What makes him/her upset? ______________________________________________________

9. How does your child show feelings? ______________________________________________________

10. What is the best way of handling your child? ______________________________________________________
CHILD’S NAME:__________________________________________________________________________________________________

11. Is your child afraid of anything such as animals, thunderstorm, the dark, etc? ________________________________

12. Many children, under stress, exhibit certain behaviors. Please circle any behaviors your child does while under stress: Twirl Hair  Bite nails
   Temper Tantrums  Wet the Bed  Sleep Walk  Suck Thumb of Fingers  Hold their Breath  Have Nightmares

13. What method of discipline do you use with your child?________________________________________________________________________
   ___________________________________________________  ___________________________________________________

14. Has your child experienced trauma?  ☐ No  ☐ Yes  Would you like to speak with the director or teachers?  ☐ No  ☐ Yes

15. Is there any special information which would help us take care of your child?___________________________________________________________
   ________________________________________________________________________________________________________________________
   ________________________________________________________________________________________________________________________
   ________________________________________________________________________________________________________________________

Thank you for filling out our supplemental history form. All the information you have given us will help make your child’s adjustment and transition to our program smoother and easier. If you ever have additional information you feel we should be aware of, please let us know.

– Early Childhood Development Staff

1st PARENT/LEGAL GUARDIAN Print Name:________________________ Signature:__________________________________ Date:______________

2nd PARENT/LEGAL GUARDIAN Print Name:________________________ Signature:__________________________________ Date:______________
CHILD’S NAME: ____________________________

FEE SCHEDULE OPTIONS: Check the program you are enrolling for and the attendance schedule plan. Monthly tuition fees are listed per plan.

**Full Day Program Enrollment**

___ All Star Room/Early Preschool (2 ½ - 3 ½ years)  ___ Aviator Room/Preschool (3 ½ - 5 years and potty-trained)

<table>
<thead>
<tr>
<th></th>
<th>All Star Room</th>
<th>Aviator Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Days per week</td>
<td>$1070</td>
<td>$1040</td>
</tr>
<tr>
<td>4 Days per week</td>
<td>$965</td>
<td>$935</td>
</tr>
<tr>
<td>3 Days per week</td>
<td>$855</td>
<td>$835</td>
</tr>
</tbody>
</table>

**ATTENDANCE SCHEDULE – FULL DAY CARE**

*FULL-DAY PLANS:* Provides care at The Ann Arbor YMCA between the hours of 7:30am and 6:00pm.

Monday _____  Tuesday _____  Wednesday _____  Thursday _____  Friday _____

**Half Day Program Enrollment**

___ Adventurers/Half Day Pre-K (3 ½ - 5 years potty-trained)

Half-Day Pre-K follows the Ann Arbor Public Schools Calendar for 2018-2019. This program runs from September to June only, and is closed on No School Days, Snow Days, and School Vacations.

<table>
<thead>
<tr>
<th></th>
<th>Adventurers Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Days per week</td>
<td>$595</td>
</tr>
<tr>
<td>4 Days per week</td>
<td>$475</td>
</tr>
<tr>
<td>3 Days per week</td>
<td>$355</td>
</tr>
</tbody>
</table>

**ATTENDANCE SCHEDULE – HALF DAY CARE**

*HALF-DAY PLANS:* Provides care at The Ann Arbor YMCA between the hours of 9:15am and 1:15pm.

Monday _____  Tuesday _____  Wednesday _____  Thursday _____  Friday (reserved for 5 day students) _____

We accept publicly funded childcare subsidies. If you are on CDC, a current CDC MDE-4583 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 the provider. See the Parent Handbook or call the YMCA Child Development Office for more information on this service.
CHILD’S NAME: ___________________________________________________________

Name of Responsible Party (Full Name) ______________________________________ Relationship to Child __________________________

Address ________________________________________________________________ City __________________________________________ State ___________ Zip __________________

Home Phone _____________________________________________________________ Cell Phone ______________________________________________

Work Phone _____________________________________________________________ Email ________________________________________________

YMCA Financial Assistance, MDHHS CDC, CCN and other third-party providers participants must be authorized before registering. All Financial Assistance, CDC and other third-party participants must complete and sign this form.

☐ I am an MDHHS CDC Client ☐ I am a CCN Client ☐ I have third-party provider not listed: ____________________________

☐ I am applying for YMCA Financial Assistance ☐ I have been approved for YMCA Financial Assistance

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 12 equal monthly payments for Aviators and All Stars and 10 equal payments for Adventures/Half Day Pre-K. 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.

AUTOMATIC PAYMENTS/DRAFTS: Payment options include automatic payment through credit card, debit card or bank draft. Payment can be made by signing up for credit card or bank draft automatic payments to pay your child care balance. Automatic payments are processed on the 20th of each month prior that month’s care (ex: May’s tuition would be drafted on April 20th).

AUTOMATIC PAYMENTS/DRAFTS LATE FEES: If my draft cannot be processed on the 20th due to a change of card number, insufficient funds or other reasons, I must update the account and/or make payment by the 1st. If payment is not made in full by the 15th of the month I will be charged a $25 late fee per family. I understand that if payments are not made in full by the end of the month, care will be terminated.

ALTERNATIVE PAYMENT OPTIONS: If your family requires a payment option other than an Automatic Draft, please speak with the Director.

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 credit card on file will be charged following month for any late pick-up fees for the current month.

CHANGE/CANCELLATION POLICY: 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 Director 30 days prior to the first day of the month in which your child has their last day. No refunds are issued for fees already paid. A credit may be placed on the account for future Y programs at the discretion of the Regional Child Development Director. No credits or refunds are issued for termination of care due to lack of payment or termination due to behavior.

SICK DAYS, HOLIDAYS AND VACATIONS: I understand that I will not be credited for sick days unless my child has an extended illness. Holidays are already factored into my child’s monthly tuition rate. I understand I will not receive a credit for days missed due to vacation. For vacations extending more than 2 weeks, please speak with the Director.

I understand that if the 2nd parent/legal guardian is not available to sign this form, I take full responsibility in informing him/her of all policies.

1st PARENT/LEGAL GUARDIAN Print Name: __________________________ Signature: __________________________ Date: ________________

2nd PARENT/LEGAL GUARDIAN Print Name: __________________________ Signature: __________________________ Date: ________________
CHILD’S NAME: ________________________________________________________________________________

YMCA ANNUAL CAMPAIGN: Many program participants receive some form of financial assistance. If your family would like to help another child in need, please add a donation amount. Yes, I would like to make a monthly donation in the amount of: $__________ or a one time donation of: $__________

TUITION AMOUNT:
FULL PAY TUITION: $_____________ AMOUNT OF SCHOLARSHIP: $_____________ 3RD PARTY AMOUNT: $_____________

AMOUNT OF MONTHLY CHILD CARE TUITION: $_____________ TOTAL MONTHLY DRAFT/OTC PAYMENT: $_____________

MULTIPLE PAYERS (IF APPLICABLE):

Payer #1 Name: __________________________________________________ Monthly Charge: $__________________________
Payer #2 Name: _________________________________________ Monthly Charge: $__________________________

PLEASE SELECT PAYMENT PLAN
☐ MONTHLY CREDIT/DEBIT CARD DRAFT ☐ MONTHLY BANK DRAFT ☐ ALTERNATIVE OPTION APPROVED BY DIRECTOR

Payer #2 (if applicable): ☐ MONTHLY CREDIT/DEBIT CARD DRAFT ☐ MONTHLY BANK DRAFT ☐ ALTERNATIVE OPTION APPROVED BY DIRECTOR

Credit/Debit Card Holder Name ___________________________________________ ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card # ________________ ________________ ________________ ________________ Exp Date: ________________ Date ________________

Responsible Party Name __________________________________ Signature __________________________ Date ________________

OVER THE COUNTER PAYMENT OPTION

Manual Pay Option (Requires prior approval only): Cash or check payment. Payment is due between the 20th and 1st prior to the month of care.

Responsible Party Name __________________________________ Signature __________________________ Date ________________

BANK DRAFT

Please attach voided check to this page.

Responsible Party Name __________________________________ Signature __________________________ Date ________________

AGREEMENT:

1. The Ann Arbor YMCA monthly debit is a continuous payment plan and will be processed on the 20th 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 (School Age Child Care/Half-Day Pre-K only).

2. I authorize the Ann Arbor YMCA to draft or bill 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. The YMCA is not responsible for any service fee my bank/credit card company may require.

I understand that if the 2nd parent/legal guardian is not available to sign this form, I take full responsibility in informing him/her of all policies.

1st PARENT/LEGAL GUARDIAN Print Name: __________________________ Signature: __________________________ Date: ________________

2nd PARENT/LEGAL GUARDIAN Print Name: __________________________ Signature: __________________________ Date: ________________

OFFICE ONLY:

Payment made today: Registration amount $ __________________
The Ann Arbor YMCA Child Development Center provides a sliding scale and accepts third-party payments to ensure quality child care is accessible. It is important that you read and understand the fee schedule so you are aware of the rates you will be charged for any YMCA services used which are not covered by your third-party funding. This agreement is REQUIRED for all families who are subsidized by CDC, the YMCA, Third Party agencies, or other individuals.

As parent or legal guardian of (child's name), ______________________________, I understand and agree to the following:

Initial________________ I am responsible for payment of tuition fees when waiting for authorization or if my authorization expires with CDC, the YMCA or third-party agencies or other individuals. I understand that I must provide payment in full upon starting the program if not authorized by CDC, the YMCA or third-party agencies, or other individuals prior to the start date.

Initial________________ I understand that excessive absentmism will result in the possible loss of my child's space in the program.

Initial________________ I am responsible for payment of my parent fee by the 1st of every month. I have read the Parent Agreement and Fee Schedule including payment policies and understand that I am responsible for any fees not covered by CDC, YMCA or a third party.

Initial________________ I am responsible for payment at the full fee for any care I use that is not authorized by CDC, YMCA or a third party. This includes, but is not limited to:

1. Any care that occurs before or after the dates authorized by CDC, YMCA or third-party
2. Care used on days/times not authorized by CDC, YMCA or third-party
3. Late pick-up fees
4. Late payment fees
5. No notification fees
6. Any other fees as indicated in YMCA documents including the Parent Handbook

Initial________________ I am responsible for contacting CDC and the YMCA immediately in writing if my situation changes (employment status, hours of work, enrollment in school, custody, living arrangements or change of address).

Initial________________ If applicable, I am responsible for providing my caseworker with documentation at least two weeks before my current expiration date. This gives your caseworker time to process your information and provide a new authorization to the YMCA before your current authorization expires.

Initial________________ I understand that cancellation/expiration of CDC, YMCA scholarship or third-party agreement does not automatically cancel enrollment in childcare with the YMCA. I am responsible for completing registration and change/cancellation forms according to YMCA policies. If your CDC, YMCA or third-party set up expires, we assume you want to continue childcare as a full paying family unless we are notified otherwise.

Initial________________ I understand that YMCA financial assistance may be available if I do not qualify for CDC. Financial assistance is not retroactive so it is important to apply immediately if denied by CDC.

Initial________________ I understand that failure to make payments as scheduled can/will result in termination of my care and will result in lack of CDC benefits for future providers. Failure to pay fees in a timely manner may result in dis-enrollment from the program and my account may/will be sent to collections.

I understand that if the 2nd parent/legal guardian is not available to sign this form, I take full responsibility in informing him/her of all policies.

1st PARENT/LEGAL GUARDIAN Print Name: __________________________ Signature: __________________________ Date: ____________

2nd PARENT/LEGAL GUARDIAN Print Name: __________________________ Signature: __________________________ Date: ____________

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<table>
<thead>
<tr>
<th>Gross Annual Income</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tr>
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