Welcome to the Ann Arbor YMCA School Age Child Care program! 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 lpasker@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 lpasker@annarborymca.org.

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

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

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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 ______________________

2019-2020 School Year Grade________________________________________________ School ☐ Ann Arbor Open ☐ Bach ☐ Eberwhite ☐ Wines ☐ Haisely

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________________________ Cell Phone________________________ ☐ EC

Name __________________________________________________________ Address __________________________________________________________ Age___________
Relationship _____________________ Home Phone________________________ Cell Phone________________________ ☐ EC

Name __________________________________________________________ Address __________________________________________________________ Age___________
Relationship _____________________ Home Phone________________________ Cell Phone________________________ ☐ EC

Signature________________________________________ Printed Name________________________________ Date________________
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 School Age Child Care may participate in youth recreation swim when available.

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: ____________

PARENT HANDBOOK ACKNOWLEDGEMENT: I acknowledge that I have read The Ann Arbor YMCA’s Parent Handbook and I am aware of the School Age Child Care 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: ____________

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 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: ____________
**Health History and Medical Release Information**

**CHILD’S NAME:**

**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. ______________________________________________________________________
   - Type: __________________________________________________________________
   - For: ____________________________________________________________________
   - Reason: __________________________________________________________________
   - Reaction: __________________________________________________________________

2. ______________________________________________________________________
   - Type: ____________________________________________________________________
   - For: ____________________________________________________________________
   - Reason: __________________________________________________________________
   - Reaction: __________________________________________________________________

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: __________________________________________________________________

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: __________________________
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.

- AAPS Early Release Days are free to those enrolled in School Age Child Care. **Pre-registration is required.**

- Break Camps, Election Days, In-service days and holidays are $50/day for Members and $55/day for Non-Members. Registration can be done online or through the Membership Desk. Programs run 8:00 am to 6:00 pm. **Pre-registration is required.**

- Snow Days are $30 for children enrolled in SACC, $40 for YMCA Members and $45 for Non-Members. You may register by calling the Membership Desk beginning at 7:00 am the day of the snow day at (734) 996-9622. Snow Day programs may not be available on all snow days dependent on the safety of roads. Operating hours are dependent on weather and staff availability. **Pre-registration is required.**

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.

The first payment for the 2019-2020 school year program is due August 20th, 2019. The final payment of the school year is due May 20th, 2020.

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).

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 payment is 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: $__________

TUTION AMOUNT:
FULL PAY TUITION:$_________________ AMOUNT OF SCHOLARSHIP: $_________________ 3RD PARTY AMOUNT:$_________________

TOTAL MONTHLY DRAFT 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

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

Credit Card #__________________________ Exp Date: ____________ Date: ____________

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/Deposit amount $__________________
Our School Age Child Care Program supports and teaches participants on the YMCA’s four core values of caring, honesty, respect and responsibility.

We believe in meeting the needs of the children and families in our Child Care Community, and treating them with respect and dignity, including diverse abilities and backgrounds, character development, social opportunities and educational experiences.

Please complete and sign the statement below:

I, ________________________________, understand the expectations of the YMCA Community, and pledge to develop my potential growth as a caring, honest, respectful and responsible member of the School Age Child Care Program.

PARTICIPANT Print Name:___________________ Signature:________________________________ Date:_______________

PARENT/LEGAL GUARDIAN Print Name:___________________ Signature:________________________________ Date:_______________