Welcome to the YMCA Before and After School 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: 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 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 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 YMCA is able to provide financial scholarships up to 80% 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 to the YIES site director. 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 & Third Party Payer (if applicable)
☐ Participation Agreement
☐ Review Parent/Guardian Handbook (available at annarborymca.org)
☐ Child Information Record
☐ Licensing Notification

PAYMENTS:

☐ Non-Refundable Deposit Fee $25

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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____________ 2019-2020 Grade__________________
Parental Custody_____________________________________ Child Lives With: ☐ Mom ☐ Dad ☐ Other ______________________
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………………..……………………………………………………………………………………………………………………………………………
Parent/Guardian 1 Name________________________________ DOB______________ Relationship to Child___________________
Address__________________________________________________________________ City___________________________
State________________ Zip________________ Home Phone____________________
Cell Phone________________________ Email______________________________
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………………..……………………………………………………………………………………………………………………………………………
Parent/Guardian 2 Name________________________________ DOB______________ Relationship to Child___________________
Address__________________________________________________________________ City___________________________
State________________ Zip________________ Home Phone____________________
Cell Phone________________________ Email______________________________
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**EMERGENCY CONTACTS AND PICK-UP 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**

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<tr>
<th>Name</th>
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<th>Relationship</th>
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Signature________________________________ Printed Name________________________ Date_________________

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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 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: ____________________________

Photography and Recording Permission: I give permission to the 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 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 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 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 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: ____________________________
YMCA
Before and After School Care at YIES
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. ____________________________________________________________________________ Times: ___________________________________________ For: ____________________________________________________________________________
2. ____________________________________________________________________________ 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: ____________________________________________________________________________ Reactions if exposed: ____________________________________________________________

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: __________
YMCA
Before and After School Care at YIES
Schedule Selection

CHILD’S NAME:________________________________________________________________________________________________

September 2019 – June 2020
Monday-Friday
7:00-8:30am
3:00pm to 6:00pm

AM:
Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
PM:
Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

**Monthly Fees:**

4-5 days per week AM and PM: $200
3 days or less per week AM and PM: $160
4-5 days per week PM only: $160
4-5 days per week AM only: $130
3 days or less per week AM **or** PM only: $130

Registration is required for all half days. Registration opens one month prior to the scheduled day(s) off. Half Days (Professional Development days) are free to those enrolled in the YMCA After School Care Program. Registration can be done with the Site Coordinator. Our program is closed on Snow Days and No School Days when the YIES building is closed.

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.
YMCA
Before and After School Care at YIES
Tuition Agreement

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 $25 deposit required at the time of registration. The first payment for the 2018-2019 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. Automatic payments are processed on the 20th of each month for the following month’s tuition (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, care will be terminated.

OVER THE COUNTER PAYMENTS: OTC payments are accepted between the 20th and 1st of the month prior to care (ex: May’s tuition must be paid between April 20th and May 1st).

OTC BILLING LATE FEES: I understand that my child’s tuition is due 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 is not made in full by the 15th of the month, care will be terminated. I understand that if I am late on OTC payments, the option for OTC payments may be revoked.

LATE REGISTRATION: I understand that if I am registering after the 20th of the month, my registration payment must include the upcoming month’s payment.

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: ___________________
YMCA
Before and After School Care at YIES
Payment Agreement

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: $__________

TUTITION 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: $__________________

PLOUSE 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: __________

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 USE ONLY:
Payment made today: Registration/Deposit amount $ ________________
The Ann Arbor YMCA Child Development Center provides a sliding scale and accepts third-party payments to ensure child 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 absenteeism 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 Y 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:_____________
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:_____________