



# Ann Arbor YMCA Child Development Center

Welcome! \_\_\_\_\_

(Child's Name)

**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 adults 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 [sknox@annarborymca.org](mailto:sknox@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 [sknox@annarborymca.org](mailto:sknox@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 and Payment Agreement
- YMCA Cultural Questionnaire (optional)
- Financial Assistance & 3<sup>rd</sup> Party Payer (if applicable)
- Review Parent/Guardian Handbook (available at [annarborymca.org](http://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: \_\_\_\_\_



# Ann Arbor YMCA Child Development Center

## General Information & Emergency Pick Up Information

### 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 \_\_\_\_\_ 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 \_\_\_\_\_

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.



# Ann Arbor YMCA Child Development Center

## Agreements, Permissions and Releases

**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 them 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. \_\_\_\_\_ 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 their 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 2<sup>nd</sup> parent/legal guardian is not available to sign this form, I take full responsibility in informing them of all policies.

**1st PARENT/LEGAL GUARDIAN** Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2nd PARENT/LEGAL GUARDIAN** Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Ann Arbor YMCA Child Development Center

## Household Information, Personal History and Development History

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? \_\_\_\_\_

Have they had any other group/school/child care experience?  No  Yes If yes, what kind? \_\_\_\_\_

Do they 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)? \_\_\_\_\_

4. At what age did your child feed themselves with a spoon? \_\_\_\_\_ Drink from a cup? \_\_\_\_\_

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? \_\_\_\_\_

11. What words does your child use when they need to use the toilet? \_\_\_\_\_



# Ann Arbor YMCA Child Development Center

## Supplemental Health and Habit Information

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

- 11. Ever had a heart murmur?  No  Yes
- 12. Ever had a serious head injury?  No  Yes
- 13. Ever had a broken bone?  No  Yes
- 14. Ever had a seizure?  No  Yes
- 15. Had a burn or cut serious enough to require medical attention?  No  Yes
- 13. Any medications given on a regular basis?  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
- 3. What are their favorite foods? \_\_\_\_\_
- 4. What foods are refused? \_\_\_\_\_
- 1. Any food allergies  No  Yes If yes, explain \_\_\_\_\_
- 2. Does your child eat non-food item such as dirt, leaves, etc?  No  Yes If yes, explain \_\_\_\_\_
- 3. Additional information you feel helpful: \_\_\_\_\_

### TOILET HABITS

- 1. Can your child be relied upon to indicate their 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 their age?  No  Yes
- 4. Are they 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? \_\_\_\_\_



# Ann Arbor YMCA Child Development Center

## Supplemental Health and Habit Information

CHILD'S NAME: \_\_\_\_\_

### SLEEPING HABITS

1. What time do they go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_ Do they take naps?  No  Yes From when? \_\_\_\_\_ to \_\_\_\_\_
2. Do they have their own room?  No  Yes Own bed?  No  Yes
3. Do they walk or talk or cry during sleep?  No  Yes If yes, explain \_\_\_\_\_
4. What do they usually take to bed with them? \_\_\_\_\_
6. What is their 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 do they 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 them upset? \_\_\_\_\_
9. How does your child show feelings? \_\_\_\_\_
10. What is the best way of handling your child \_\_\_\_\_



**Ann Arbor YMCA**  
**Child Development Center**  
**Supplemental Health and Habit Information**

**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

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**1st PARENT/LEGAL GUARDIAN** Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2nd PARENT/LEGAL GUARDIAN** Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**Ann Arbor YMCA  
Child Development Center  
Tuition Rates Schedule Selection**

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**

Maple Room/Early Preschool (2 ½ – 3 ½ years)     
  Willow Room/Preschool (3 ½ - 5 years and potty-trained)

<b>Maple Room</b>		<b>Willow Room</b>	
<b>Member</b>	<b>Non-Member</b>	<b>Member</b>	<b>Non-Member</b>
5 Days per week \$1454	5 Days per week \$1545	5 Days per week \$1416	5 Days per week \$1507
4 Days per week \$1162	4 Days per week \$1253	4 Days per week \$1137	4 Days per week \$1228
3 Days per week \$787	3 Days per week \$878	3 Days per week \$687	3 Days per week \$778

**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 \_\_\_\_\_

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.



# Ann Arbor YMCA Child Development Center 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 \$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 **20<sup>th</sup> of each month** prior that month's care (ex: May's tuition would be drafted on April 20<sup>th</sup>).

**AUTOMATIC PAYMENTS/DRAFTS LATE FEES:** If my draft cannot be processed on the 20<sup>th</sup> due to a change of card number, insufficient funds or other reasons, I must update the account and/or make payment by the 1<sup>st</sup>. If payment is not made in full by the 15<sup>th</sup> 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 the following Monday for any late pick-up fees for the previous week.

**CHANGE/CANCELLATION POLICY:** I understand that in order to withdraw my child from the program in which they are 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 beyond 2 weeks. 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 2<sup>nd</sup> parent/legal guardian is not available to sign this form, I take full responsibility in informing them of all policies.

**1st PARENT/LEGAL GUARDIAN** Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2nd PARENT/LEGAL GUARDIAN** Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Ann Arbor YMCA  
Child Development Center  
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: \$ \_\_\_\_\_

**TUTION AMOUNT:**

FULL PAY TUITION: \$ \_\_\_\_\_ AMOUNT OF SCHOLARSHIP: \$ \_\_\_\_\_ 3<sup>RD</sup> 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: \_\_\_\_\_

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 20<sup>th</sup> and 1<sup>st</sup> 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 20<sup>th</sup> 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 2<sup>nd</sup> parent/legal guardian is not available to sign this form, I take full responsibility in informing them 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 \$ \_\_\_\_\_



**Ann Arbor YMCA  
Child Development Center**

**Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue**

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING ANN ARBOR YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR**

**Assumption of Risk**

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Ann Arbor YMCA facilities, services, equipment and premises ("Facilities") and any participation in Ann Arbor YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

**Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Ann Arbor YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

\_\_\_\_\_  
Minor Name (Print Clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Print Clearly)



**Ann Arbor YMCA  
Learning Center**

**YMCA Child Care Cultural Questionnaire (Optional)**

Here at the YMCA, we truly embrace and celebrate the words "For All" that are said in our mission. Here in our Child Development Centers, we want to celebrate all the diversity that we have in our centers. The information you provide here is completely optional and you may fill out all or none. We will use it to guide topics we teach and celebrations we have in our classrooms.

1. In my family, we identify our culture/ethnicity as the following (list as many as you'd like): \_\_\_\_\_  
\_\_\_\_\_

2. The language(s) we speak at home is/are: \_\_\_\_\_

3. Some of our families' favorite foods are: \_\_\_\_\_  
\_\_\_\_\_

4. Holidays that are important to our family are: \_\_\_\_\_  
\_\_\_\_\_

5. I would love to come in and help my student's class celebrate on of our important holidays (Please circle one):

**Yes please!**

**No thank you!**

6. Other customs we would like you to know about are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Child's Name: \_\_\_\_\_

8. Interested Parent(s)' Name: \_\_\_\_\_

**Our Mission: 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.**