



2011~2012 YMCA Preschool at Maple

1001 W. Maple Street, Kalamazoo, MI 49008

(269) 345-9622

Fax: (269) 342-4088

Child Information

Name: _____ Start Date: _____

Birth date: _____ Age: _____ Male/Female: _____ Grade: _____

Special Situations/Health Considerations: _____

Allergies: _____

Parent/Guardian Information

Parent/Guardian#1*

Name: _____ DOB _____

Address: _____

City: _____ Zip: _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Parent/Guardian#2

Name: _____ DOB _____

Address: _____

City: _____ Zip: _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

* Parent Guardian #1 will receive all billing statements.

Emergency Contact: _____ **Phone:** _____

Schedules/Rates Non-refundable Registration fee (must be paid at time of registration): **\$50**

√	Schedule (Please select one)		Select days of attendance	Weekly Rate*
	5 Full Days	7:30am - 5:45pm	Mon – Fri	\$ 175.00
	3 Full Days	7:30am - 5:45pm	M T W R F	\$ 105.00
	5 Half Days (am)	7:30am - 12:30pm	Mon – Fri	\$ 90.00
	5 Half Days (pm)	12:30pm - 5:45pm	Mon – Fri	\$ 90.00
	3 Half Days (am)	7:30am - 12:30pm	M T W R F	\$ 75.00
	3 Half Days (pm)	12:30pm - 5:45pm	M T W R F	\$ 75.00

If your child is coming from another school, please indicate school:

School: _____ **Bus Number(s):** _____

***This is a flat weekly rate per child and will not be adjusted by minimum hours or days attended. Your rates will be adjusted if you are a Child Care Grant or DHS recipient or if you have multiple children enrolled in our programs.**

I hereby register my child in the YMCA of Greater Kalamazoo Childcare Program. I have read the information on the front and back of this form and understand the policies of this program. I accept the financial responsibilities associated with my child's attendance and agree to pay all bills in a prompt manner. I assert that my child is in good health and accept responsibility for my child's health. I give my permission for my child to attend field trips with the YMCA Childcare program including swimming at the YMCA, with the understanding that I will be informed in advance of the details of any trip off the YMCA premises.

Parent/Guardian Signature

Date

YMCA PRESCHOOL PROGRAM

Program Overview

The YMCA Preschool program is a high quality childcare program known for its caring staff, nurturing environment and educationally stimulating curriculum. Activities are planned to enhance personal expression, as well as educational, social and physical development. Our program fosters individual understanding through cooperative learning and hands-on exploration of all subjects. All YMCA childcare programs are licensed by the State of Michigan. YMCA childcare staff is trained in first aid, CPR and child abuse prevention. YMCA of Greater Kalamazoo Childcare has received national program excellence awards from the YMCA of the USA annually since 1995.

Billing/Registration

The YMCA Preschool is not a drop-in program. Participants must register prior to attendance of the program. Bills will be mailed to participants on the 15th of each month for the following month. **We are a pre-paid service; meaning, payments are due by 5:00 pm the Friday before care begins on Monday. If payment is not received on time a \$20.00 late fee will be assessed.** Automatic payment options are suggested to attain timely payments. A 20% discount will be given to families with more than one participant in YMCA childcare programs. Should you receive **DHS assistance**, please be aware that there is **a co-pay agreement that must be signed**. The YMCA reserves the right to terminate service to participants with delinquent bills.

Food

Parents or guardians are responsible to provide all food for the child in care. Must provide the following for when the child is in care: Healthy morning snack, lunch, and afternoon snack. Children are not allowed to drink pop while in the center.

Snow days/School Closures

Snow days and school closures coincide with KPS schedules. The childcare program may also be closed due to loss of electricity, communicable disease outbreaks, etc. Parent agrees to make arrangements for alternate emergency care for these situations; these announcements will appear on our local news channel. Holiday Camp is available at the Maple Street YMCA Preschool during snow days and other KPS scheduled closings. **A Holiday Camp registration Form MUST be filled out prior to attending.** These forms are available at the Maple Street YMCA Childcare Department.

Termination of Services

Either parent or provider may terminate the childcare agreement upon two weeks written notice to either party. **If parent does not provide two week notice he/she will still be required to pay for care regardless if the child is in attendance.** Provider reserves the right to terminate the child care agreement immediately, without notice to the parent if: **1)** Child care fees are not paid when due; **2)** the child's participation in the program creates a direct threat of harm to the child, other children in the program, or YMCA staff; or **3)** Parent engages in inappropriate behavior (see parent manual for definition of inappropriate behavior).

This sheet's objective is solely to provide basic information about the Preschool program. For full information about the Preschool Program and the YMCA of Greater Kalamazoo Childcare Program policies, it will be necessary to read the parent manual which will be provided to parents upon registration.



Authorization for Automatic Payments

Authorization agreement

I hereby authorize the YMCA of Greater Kalamazoo to initiate electronic fund entries to my:

- checking
- savings
- Visa/MasterCard

and I authorize the financial institution named below to debit my account.

Financial institution _____

City, state _____

Routing/transit number _____

Account number _____

Credit card number _____

Expiration _____

Name on card _____

Please debit my account for child care fees owed:

- monthly: day _____
- twice per month (designate days) _____ and _____
- weekly (Friday)
- other _____

Maximum deduction amount _____

My first payment will be deducted _____

Terms and Conditions

1. I understand that this is a continuous payment plan, and will remain in effect unless the YMCA receives a minimum 2 week written notification OR the program session ends (i.e. summer or school year).
Initials _____
2. I understand that if I wish to discontinue I must give the YMCA Child Care department a 2 week notice.
Initials _____
3. Should any deduction not be honored by my bank for any reason, the payment will be re-presented electronically (up to 3 times). I realize that I am still responsible for the payment, plus a service charge of no more than \$25 (deducted electronically) applied by the YMCA. This is in addition to any service fee my bank may make. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and or account at any time.
Initials _____
4. I understand YMCA Child Care is a prepaid service and I will be denied services for failure to remain on a prepay basis.

Initials _____

Name _____

Name of child _____

This authorization remains in effect until the YMCA Child Care Department has received a 2 week written notification from me indicating my desire to discontinue.

Signature _____ Date _____

**CHILD INFORMATION RECORD
STATE OF MICHIGAN**
Department of Human Services
Bureau of Children and Adult Licensing

Date of Admission		Allergies			
Date of Discharge					
Name of Child (Last, First, Middle Initial)			Address (Number and Street, Building/Apartment Number)		
Child's Date of Birth		Home Phone ()	City	State	Zip Code
Father/Legal Guardian's Name		Home Phone	Mother/Legal Guardian's Name		Home Phone
Home Address (if not child's address)		Cell Phone	Home Address (if not child's address)		Cell Phone
City	State	Zip Code	City	State	Zip Code
Employer/School Name			Employer/School Name		
Address (Employer/School)			Address (Employer/School)		
City	State	Zip Code	City	State	Zip Code
Employer/School Phone		Daily Work/School Times		Employer/School Phone ()	Daily Work/School Times
Name(s) of Person other than Parent or Legal Guardian to whom child may be released					

BCAL-3731 (Rev. 9-09) Previous editions 3-08, 10-07, & 1-06 may be used.

See Reverse Side

I give permission to _____, licensed by the Department of Human Services (Provider's Name)			
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.			
Signature of Parent or Guardian			Date Signed
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()	
Address of Child's Physician or Health Clinic		Name of Health Insurance Carrier	
Hospital Preferred for Emergency Treatment		Health Insurance Policy Number	
Special Needs:		Date of Last DTaP (Diphtheria, tetanus, pertussis) Shot	
Name of Local Person to be Notified in an Emergency When Parents Not Available		Local Address of Emergency Person	
Home and/or Cell Phone ()	Work Number ()	City, State	Zip code
Special Instructions:			
Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.			AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.

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Developed in Cooperation With:
 Departments of Consumer & Industry Services,
 Community Health, and Education;
 Michigan State Medical Society;
 Michigan Association of Osteopathic Physicians and Surgeons

HEALTH APPRAISAL

- School
- Children's Group
- Child Care Center
- Child Caring Institution
- Other: _____

Dear Parent or Guardian;

The following information is requested so that the school and parent can work together to meet the physical, intellectual, and emotional needs of the child. Fill out the information requested in Section I. Section II may be certified by transcription of information from the certificate of immunization. The remaining sections (III, IV, V) are to be completed by a doctor, nurse, and dentist. (BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)

PERSONAL

Child's Name _____ Sex _____ Date of Birth _____
 Last First Middle

Address _____ Today's Date _____
 Number & Street City Zip

Parent's or Guardian's Name _____ Telephone (Home) _____
 Last First Middle

Address _____ Telephone (Work) _____
 Number & Street City Zip

SECTION I — HEALTH HISTORY

Is your child having any of the problems listed below?	YES	NO
1. Allergies or reactions: (for example, food, medication, or other)		
2. Hay fever, asthma, or wheezing		
3. Eczema or frequent skin rashes		
4. Convulsions/Seizures		
5. Heart trouble		
6. Diabetes		
7. Frequent colds, sore throats, earaches (4 or more per year)		
8. Trouble with passing urine or bowel movements		
9. Shortness of breath		
10. Speech problems		
11. Menstrual problems		
12. Dental problems: date of last examination:		
13. Other		

Please explain any problem areas identified above:

Does your child take any medication regularly? YES NO

If yes, what medication? _____

Reason for medication: _____

Parent's Signature: _____

SECTION II — IMMUNIZATION

Statements such as "UP TO DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINE	DATE ADMINISTERED	
	TYPE	Mo/Day/Yr.
DTP/DT/Td DTaP (Specify Type)	1.	Mo/Day/Yr.
	2.	Mo/Day/Yr.
	3.	Mo/Day/Yr.
	4.	Mo/Day/Yr.
	5.	Mo/Day/Yr.
Haemophilus influenzae type b (HIB)	1.	Mo/Day/Yr.
	2.	Mo/Day/Yr.
POLIO (Specify Type) OPV/IPV	1.	Mo/Day/Yr.
	2.	Mo/Day/Yr.
	3.	Mo/Day/Yr.
Note: If Measles, Rubella, or Mumps vaccines were given before 12 months of age, the dosage must be repeated.		
MMR	1.	Mo/Day/Yr.
Varicella (Chickenpox)	1.	Mo/Day/Yr.
	2.	Mo/Day/Yr.
Hepatitis B	1.	Mo/Day/Yr.
	2.	Mo/Day/Yr.
Pneumococcal Conjugate (PCV)	1.	Mo/Day/Yr.
	2.	Mo/Day/Yr.
Other Vaccines		Mo/Day/Yr.
		Mo/Day/Yr.
		Mo/Day/Yr.
		Mo/Day/Yr.
Indicate physician diagnosis of disease or laboratory evidence of immunity as applicable		
VACCINES WAIVED DUE TO REACTIONS/CONTRAINDICATIONS/RELIGIOUS OBJECTIONS		
I certify that the immunization dates are true to the best of my knowledge		
Validating Signature	Title	Date

*According to Act 368, Public Acts of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious, and other objections provided that waiver forms are properly prepared, signed, and delivered to school administrators. Forms for these exemptions are available at your school or local health department.



YMCA Child Care Services Department

Parent/Guardian Agreement and Permission Form

Please read and sign this form and return it to the YMCA Child Care services office or your child's program site with the required health and emergency forms.

- 1. I hereby certify that my child is in good health and I accept responsibility for my child's health.**

- 2. I give permission for my child to participate in all activities of the program and to use all of the play equipment of the program. This may include:**
 - a. Swimming at the YMCA facility and being tested by a YMCA lifeguard for swimming ability**
 - b. Field trips away from the YMCA (with the understanding that I will be notified in advance of all trips)**
 - c. Use of YMCA transportation.**

- 3. I give permission for my child's likeness to appear in video or photographs used for YMCA promotional materials only.**

- 4. I give permission for the YMC Child Care Services staff to take whatever steps necessary to seek emergency medical help for my child, if warranted, as stated on the back of the emergency information card.**

- 5. I have read the YMCA Child Care Manual for Parents and agree to follow the policies therein. I understand this includes completing the required paperwork in full and on time, making my payments as scheduled, calling the YMCA if my child will not attend, sharing responsibility for my child's behavior, and working with the child care staff in a positive fashion.**

Child's Name _____

Parent/Guardian Signature _____ **Date** _____

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK
Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Human Services

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

I have read the above statement issued by _____
Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____ Date _____

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.



YMCA CHILD CARE SERVICES DEPARTMENT PLACEMENT CONTRACT

Note: This contract is required of all licensed child care centers by R 400.5105B of the Michigan Administrative Code. The Michigan Department of Consumer and Industry Services is required to inspect the child care center and enforce the contract on the terms provided in this contract.

As of (Date), the YMCA agrees to provide child care services for the following named child:

_____ (Print name of child)

_____ (Date of birth)

Part 1: Contract Provisions provided by child care facility:The YMCA, as a licensed child care facility, will provide the following provisions of the Michigan Administrative Code as required by R 400.5105b:

R 400.5102 Licensee

Rule 102. (2) A licensee shall have the following administrative responsibilities regarding staff:
(b) Develop and implement a written screening policy for all staff and volunteers, including parents who have contract with children.

R 400.5106 Program

Rule 106. (1) A center shall provide a program of daily activities and relationships that offers opportunity for the developmental growth of each child in all of the following areas:
(a) Physical development, including large and small muscles.
(b) Social development, including communication skills.
(c) Emotional development, including positive self-concept.
(d) Intellectual development.
(2) A center shall permit parents to visit the program for the purpose of observing their children at all times.
(3) A center operating with children in attendance for 5 or more continuous hours per day shall provide for outdoor play, unless prevented by inclement weather conditions.
(4) A center shall provide each child under school age in attendance for 5 or more continuous hours a day with an opportunity to rest.
(5) A center shall provide children under 12 months of age to eat and sleep on demand.

YMCA CHILD CARE SERVICES DEPARTMENT PLACEMENT CONTRACT

The YMCA Child Care Services and Preschool programs provide programs of daily activities and relationships that offer opportunities for the development growth of each child that we serve. Our Preschool and School Age curriculums include developmentally appropriate activities that include:

- Intellectual development
- Social/Emotional development, including communication and positive self-concept skills
- Physical development, including large and small muscle skills

We encourage and welcome parents to come in and visit at any time. We would love to have you come in and share your culture, special skills or just volunteer your time.

The children in the Preschool programs go outside twice a day or they go to the gym if the weather does not allow us to go outside.

The YMCA Child Care staffs are submitted to a criminal background check by the State of Michigan and the Family Independent Agency. Staff has signed written statements that they are aware that abuse and neglect of children is against the law and follow YMCA policy that by law they must report suspected child abuse and neglect. Staff is thoroughly trained in policies and procedures of the YMCA Child Care Department in the following areas:

- That the actual number and ages of children in care at any time never exceeds the number and ages of children for which we are licensed.
- That the child is released only to persons authorized by the parent.
- Staff will attend all trainings and cooperate with child care department and licensing in connection with inspection.

We welcome you to our programs and will be here to offer assistance to you and your families throughout your time with us.

Signature:_____

Date:_____