



# 2018-2019 YMCA School-Age Care

P: (269) 345-9622 x 167

E: [childcare@kzooyymca.org](mailto:childcare@kzooyymca.org)

F: (269) 342-4088

**Prime Time starts on Wednesday, September 5, 2018**

## **Child Information**

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Grade: \_\_\_\_\_

Special Situations/Health Considerations: \_\_\_\_\_

Allergies No  Yes  If yes, explain \_\_\_\_\_

Medication No  Yes  If yes, explain \_\_\_\_\_

### **Parent/Guardian#1\***

### **Parent/Guardian#2**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone \_\_\_\_\_ Primary Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

### **Emergency Contact (if parent(s) cannot be reached):**

Name/relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check which Prime Time location the child will be attending

#### **LOCATIONS:**

#### **KING-WESTWOOD**

#### **MILWOOD**

#### **PARKWOOD-UPJOHN**

#### **PRAIRIE RIDGE**

#### **WINCHELL**

Bus Sites:

Arcadia  
Indian Prairie  
Northglade

Greenwood

El Sol

Woods Lake

**If your child will be taking a bus to/from another school, please indicate school: \_\_\_\_\_**

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

	Prime Time Schedule(Please Select One or Both)	Weekly Rate
<input type="checkbox"/>	AM Prime Time (6:30-8:45 AM)	\$50
<input type="checkbox"/>	PM Prime Time (3:45-6:00 PM)	\$55

	Schedule(Please Select All That Apply)	Daily Rate
<input type="checkbox"/>	School Break Camp (6:30am-6:00pm at Maple YMCA)	\$40
<input type="checkbox"/>	Snow Day Camp (6:30am-6:00pm at Maple YMCA)	\$40
<input type="checkbox"/>	Half Day Extended Care (12:00pm-6:00pm)	\$25

I understand and agree:

1. YMCA Child Care programs are not drop-in programs and my child must be registered prior to attending.
2. YMCA Child Care programs are prepaid programs; payments are due the Friday before care begins on Monday or alternative due dates as noted.
3. Rates listed above are flat weekly/daily rates per child and will not be adjusted by minimum hours or days attended. Rates will only be adjusted if you receive a Child Care Scholarship, CDC assistance, or if you have multiple children enrolled in our programs.
4. A two-week notice is required when canceling services and must be paid regardless if the child is in attendance.

I hereby register my child in the YMCA of Greater Kalamazoo Childcare Program. I have read the information in this packet and understand the policies of this program.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## YMCA Child Care Department Agreement and Permission Form

**Child's Name** \_\_\_\_\_ **Program Name** \_\_\_\_\_

Please read, initial, and sign this form and return it to the YMCA Child Care Department.

- \_\_\_\_\_ 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 and/or transportation arranged by the YMCA.
  - d. Use of area playground/playground equipment that may or may not have been inspected by a qualified Playground Safety Inspector or meet Michigan State Licensing Regulations.
- \_\_\_\_\_ 3. I give permission for the YMCA to apply sunscreen and/or bug spray as needed for outdoor play. I have informed the staff of any allergies to these substances.
- \_\_\_\_\_ 4. I agree to provide the necessary food when my child participates in the early learning program, extended care on half days, full day holiday camp, snow day camp, and/or summer camp.
- \_\_\_\_\_ 5. I give permission for the YMCA Child Care Services staff to take whatever steps necessary to seek emergency medical help for my child, if warranted, as stated on the child information card.
- \_\_\_\_\_ 6. I have read the YMCA Child Care Parent Handbook and agree to follow the policies therein. I acknowledge receiving the Parent Notification of the Licensing Notebook within the Parent Handbook. The Parent Handbook is available on our website: [www.kzooymca.org/childcare](http://www.kzooymca.org/childcare).
- \_\_\_\_\_ 7. I understand that the YMCA has the right to terminate care, without notice 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, or YMCA staff; 3) parent engages in inappropriate behavior (see parent handbook for definition of inappropriate behavior)
- \_\_\_\_\_ 8. I understand the childcare program may be closed due to loss of electricity, communicable disease outbreaks, etc. and agree to make arrangements for alternate emergency care for these situations.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## YMCA Child Care Department School-Age Health Statement

Child's Name \_\_\_\_\_ Program Name \_\_\_\_\_

Please read, initial, and sign this form and return it to the YMCA Child Care Department.

### Health Records

1. My child is in good health and I accept responsibility for my child's health. \_\_\_\_\_

2. Are there any allergies, conditions, or health concerns we should be aware of? Y N

If yes, explain \_\_\_\_\_

\_\_\_\_\_

3. Is your child on any medication? Y N If yes, what \_\_\_\_\_

4. Will any medication need to be given while your child is at the YMCA Child Care Program? Y N

If yes\*, what \_\_\_\_\_

\*Please see the child care department for a medication permission form.

5. I hereby certify that my child's immunizations are up-to-date. \_\_\_\_\_

6. I hereby certify that my child's immunization record or appropriate waiver is on file with the child's school. \_\_\_\_\_

### Health Restrictions

1. Does your child have any restrictions regarding activities played at the YMCA of Greater Kalamazoo sites? Y N

If yes, what \_\_\_\_\_

\_\_\_\_\_

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



**YMCA OF GREATER KALAMAZOO PHOTO  
AND VIDEO/AUDIO RECORDING RELEASE**

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by YMCA OF GREATER KALAMAZOO, I hereby give my permission and consent, now and for all time, to YMCA OF GREATER KALAMAZOO, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA OF GREATER KALAMAZOO and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA OF GREATER KALAMAZOO for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at YMCA OF GREATER KALAMAZOO, I authorize, according to this Release, shall belong to YMCA OF GREATER KALAMAZOO, YMCA of the USA and third parties collaborating with YMCA OF GREATER KALAMAZOO and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA OF GREATER KALAMAZOO;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA OF GREATER KALAMAZOO will not be subject to any obligation of confidentiality and may be shared with and used by YMCA OF GREATER KALAMAZOO, YMCA of the USA and third parties collaborating with YMCA OF GREATER KALAMAZOO and/or YMCA of the USA;
- YMCA OF GREATER KALAMAZOO, YMCA of the USA and third parties collaborating with YMCA OF GREATER KALAMAZOO and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA OF GREATER KALAMAZOO; and
- YMCA OF GREATER KALAMAZOO, YMCA of the USA and third parties collaborating with YMCA OF GREATER KALAMAZOO and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA OF GREATER KALAMAZOO for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA OF GREATER KALAMAZOO, YMCA of the USA and third parties collaborating with YMCA OF GREATER KALAMAZOO and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA OF GREATER KALAMAZOO as described herein.

I am the Mother/Father/Legal Guardian of \_\_\_\_\_(child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

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

**Date** \_\_\_\_\_

# CHILD INFORMATION RECORD

## State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only:</b>	Date of Admission	Date of Discharge
Name of Child (Last, First, Middle Initial)		Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City
		State
		Zip Code
Parent/Legal Guardian's Name	Home Phone ( )	Parent/Legal Guardian's Name (Optional)
		Home Phone ( )
Home Address (if not child's address)	Cell Phone ( )	Home Address (if not child's address)
		Cell Phone ( )
City	State	Zip Code
Email Address (optional)		Email Address
Employer Name	Work Phone ( )	Employer Name
		Work Phone ( )
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ( )
Hospital Preferred for Emergency Treatment (optional)		
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)		

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

**See Reverse Side**

<b>Emergency Contact &amp; Release of Child:</b> List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)		
1.	( )	( )
2.	( )	( )
3.	( )	( )
<b>Release of Child Only:</b> List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)		
1.	( )	2. ( )
3.	( )	4. ( )

<b>Parent/Legal Guardian Initials:</b>
_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care.

<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b>	
Signature of Parent or Guardian _____	Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation	

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# Authorization for Automatic Payments

We are a pre-paid service; payments are due by 5:00 pm the Friday before care begins on Monday. Automatic payment options are required to maintain timely 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 \_\_\_\_\_

Name on account/card \_\_\_\_\_

Address on account \_\_\_\_\_

City, State, Zip \_\_\_\_\_

- Account information already on file

**If your account is not already on file, please contact the child care office at (269) 345-9622 ext 167 to submit full account information.**

Last 4 Digits: Routing/transit number \_\_\_\_\_

Last 4 Digits: Account number \_\_\_\_\_

OR

Last 4 Digits: Credit card number \_\_\_\_\_

Expiration Date \_\_\_\_\_

### Schedule

Schedule must reflect pre-paid requirement.

Please debit my account for child care fees owed:

- weekly on due date (Friday)  
 bi-weekly (Fridays)  
 monthly: date \_\_\_\_\_

Scheduled deduction amount \_\_\_\_\_

My first payment will be deducted on \_\_\_\_\_

### 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. 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 \_\_\_\_\_

3. 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: \_\_\_\_\_

### Registration Fee

- May process registration fee with this account information. Initials \_\_\_\_\_

***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. I have fully read this form and agree to the terms.***

Signature \_\_\_\_\_ Date \_\_\_\_\_