

2017-2018 AFTER SCHOOL CARE

YMCA CHILD CARE AT NATIONAL HERITAGE ACADEMIES

LOCATION

Excel Charter Academy
Knapp Charter Academy
Ridge Park Charter Academy
River City Scholars
Vista Charter Academy
Vanguard Charter Academy

DAYS & TIMES

Monday-Friday
Afternoon: 3:30-6:00PM

* Before Care offered
Monday's only at River City
Scholars for \$5 per week

RATES PER CHILD**

AFTER:

\$40 per week
\$10 per day

Dinner is provided.

SCHOOL BREAKS:

Day Camps available per day
or weekly at the David D.
Hunting YMCA.
Visit grymca.org.

NO SCHOOL DAY, SNOW DAYS AND DELAYS:

\$50 per full day
\$20 per half day
Ridge Park Supplemental Weeks:
\$165/wk tiered pricing available

ADDITIONAL RATE INFORMATION:

All children enrolled full-time receive a Y Youth
Membership.
10% sibling discount applied to oldest sibling.

GETTING REGISTERED

Registration paperwork must be received prior
to a child's first day in the program. Pick up the
enrollment forms at the David D. Hunting YMCA,
or email ddhycare@grymca.org.

**Confidential financial assistance is available to
those who qualify. Department of Health
and Human Services (DHHS) accepted.

ENROLLING NOW!

For sign up and information stop by the front desk at the
David D. Hunting YMCA,, email ddhycare@grymca.org, or
call 616.855.9564.



YMCA CHILD CARE AT NATIONAL HERITAGE ACADEMIES

475 Lake Michigan Drive, Grand Rapids, MI 49504
616.855.9564 • grymca.org/child-care



FOR YOUTH DEVELOPMENT®

FOR HEALTHY LIVING

FOR SOCIAL RESPONSIBILITY

PAYMENT OPTIONS AND TERMS

School Age/ Day Camp

Primary Account Holder's Name (please print): _____

Individual authorized to make account changes: _____
First M.I. Last

NAME OF CHILD: _____

☐ **Weekly EFT - Mondays only (bank charges may take up to 14 days)**

I hereby authorize the YMCA of Greater Grand Rapids to debit my account indicated above. I understand that the debit will be initiated on the due date shown below. This authority agreement is to remain in effect on a continuous basis, unless the parent wished to terminate child care services. The YMCA of Greater Grand Rapids will continue debiting my account on a week-to-week basis. **If I wish to discontinue my child care with the YMCA, I must notify the YMCA in writing 14 days before my next draft date.** Should my bank, for any reason, not honor any debit, I am responsible for the payment, plus a service charge of \$25 applied by the YMCA. This is in addition to any fees or penalties I may incur by my bank or financial institution. I understand that this is my responsibility to notify the YMCA in writing should I change financial institutions, get a new credit card, and/or make changes to my account at any time.

Parent/ Guardian Signature	Date	Staff Initials
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Please read the following:

1. The YMCA of Greater Grand Rapids Child Care Financial Agreement is a continuous payment plan. I understand that this payment plan will remain in effect for as long as I have my child enrolled in the YMCA Child Care Program, or until the ACH/ credit card is cancelled or the authorization granted to the YMCA has been revoked.
2. Failure to keep your account current will result in suspension of **all YMCA services** until the balance is paid.
3. Full weekly tuition is due regardless of absence.
4. Your child care account will accrue a \$1.00 late fee per minute after the program closes and your child is still with us.
5. There is a **\$25.00** service charge for all returns. The YMCA has the option to request cash payment.
6. **In the case of a withdrawal from the program, written notice is required two weeks (14 days) prior.**
7. The YMCA can discontinue child care services at any time without prior notice.
8. In the event that a balance is due, the YMCA has the right to charge the bank account or credit card that is on file.

PAYMENT TERMS

Begins on _____ / _____ / _____

\$ _____ Weekly Tuition

\$ _____ Total Weekly EFT

My child care tuition will be granted as continuous until the time that I decide to terminate. I agree if for any reason I wish to change the status of my tuition, I must give the YMCA written notice 14 days in advance of my EFT date. I understand that the YMCA reserves the right to adjust tuition rates as necessary, which I agree to pay upon at least 14 days advance written notice. I also understand that the YMCA will take necessary steps to collect the tuition fees if necessary, including potentially sending my account to collection.

FOR SAFETY AND SECURITY, PLEASE DO NOT SEND FORM ELECTRONICALLY

☐ Credit/Debit Card ☐ Checking ☐ Savings ☐ Voided Check

Name on card _____ Name on Account _____

Credit Card Type _____ Exp. _____ CID # _____ Bank _____

Credit Card #														
Transit / Route # _____														

[illegible]

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.

For Provider Use Only:		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
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		
Email Address (optional)				Email Address (optional)			
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. 6-15) Previous edition 7-12 only may be used.

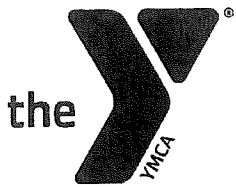
See Reverse Side

Emergency Contact & Release of Child: 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.	()	()
Release of Child Only: 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. ()

Parent/legal guardian must initial one of the following: _____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. _____ I do not give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. I understand I assume responsibility for all emergency medical care.	
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. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

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ENROLLMENT AGREEMENT

School Age/Day Camp

Child's Name _____ Gender _____ Date of Birth _____
Address _____ City _____ Zip _____
Parent/ Guardian _____
Home Telephone _____ Cell Phone _____
Allergies _____ Restrictions _____
Parent/ Guardian's Name: Mother _____ Father _____
Marital Status _____ Child living with _____
Email Address _____
Email Address _____

Weekly Schedule

Please fill in days/times (start and end) needed:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					

START DATE _____

Weekly Tuition Rate

Child One \$ _____ \$ _____
Child Two \$ _____ 10% discount \$ _____
Child Three \$ _____ 10% discount \$ _____
Scholarship/ Third Party Payments \$ _____
Attach award letters (DHHS, YMCA FA, etc.) to this form.

TOTAL TUITION DUE WEEKLY \$ _____
(After scholarships/ third party payment deductions.)

I agree:

1. I have received a copy of the Parent Handbook. I have read and agree to all of the policies and procedures outlined in the Parent Handbook.
2. I will sign my child/ren in and out daily.
3. I understand that this agreement may be changed or cancelled with 2 full weeks written notice.
4. I understand that tuition rates may change with 2 full weeks written notice.
5. I agree to pay \$ _____ weekly.
6. I agree to adhere to the YMCA's bank draft policy and understand the payment plan.
7. I am aware that the program maintains a licensing notebook that contains reports from all licensing inspections, renewal inspections, special investigations, and corrective action plans and I may review this material at any time. In addition, I may find this information on the licensing website at www.michigan.gov.

I am the parent or legal guardian of the child/ren I am enrolling and understand that it is my responsibility to keep all information, authorization, required forms, and health records pertaining to my child/ren, current and up to date.

Parent/ Guardian's Name (please print) _____

Parent/ Guardian's Signature _____ Date _____



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ALLERGY/ RESTRICTION/ MEDICAL CONDITION ALERT

School Age/ Day Camp

Child's Name _____

Date of Birth _____

Parent/ Guardians' Names _____

☐ My child has no health conditions or concerns at this time.

MEDICATIONS BEING TAKEN

All medication will be administered to the child only after the medication permission form is completed by the parent. Medication will only be given as directed in the parent handbook. Please list all medications (including over-the-counter or prescription drugs) taken routinely.

☐ Child takes no medication

☐ Child takes routine medication during the school year

The person takes the following medications:

Med #1: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Med #2: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Allergy/ Restriction/ Medical Condition: _____

Reactions: _____

Instruction for care: _____

Please submit emergency action plan from a health physician with enrollment materials.

I, the undersigned, give consent to post information about my child's allergy, restriction, and/or medical condition throughout the program for safety purposes. ☐ Yes ☐ No

Parent/ Guardian Signature _____

Date _____



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AUTHORIZATION FORMS

School Age/Day Camp

Child's Name _____
(First Name, Last Name)

GENERAL LIABILITY RELEASE

Liability:

I understand that the YMCA of Greater Grand Rapids assumes no responsibility for injuries, which I or my child may sustain as a result of my or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by the YMCA of Greater Grand Rapids and Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the YMCA of Greater Grand Rapids, its agents, servants, and employees from any and all claims for injury, death, loss or damage that I or my child may suffer. I understand the YMCA of Greater Grand Rapids is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

PHOTO RELEASE

I give permission to the YMCA of Greater Grand Rapids and Affiliates to use without limitation or obligation, photographs, film footage, tape recordings or other media that may include my child's image or voice for purposes of promoting or interpreting YMCA programs. Please check a box below to detail how and when the YMCA of Greater Grand Rapids has permission to use photographs, film footage, tape recordings or other media that may include your child's image or voice.

- ☐ I give permission for photographs, film footage, tape recordings or other media that may include my child's image or voice to be used in promotional material for the YMCA of Greater Grand Rapids in advance notifications and approval of event.
- ☐ I DO NOT give permission for photographs, film footage, tape recordings or other media that may include my child's image or voice to be used in promotional material for the YMCA of Greater Grand Rapids.

SKIN CARE PRODUCT AUTHORIZATION

I give the YMCA authorization to use the following skin care products on my child, _____

(Child First, Last Name)

Check all that apply:

- ☐ My child has permission to apply insect repellent if going outdoors.
- ☐ My child has permission to apply sunscreen if going outdoors.

All products must be supplied by parents or guardians and labeled with the child's name.

Parent/ Guardian Signature

Date



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AUTHORIZATION FORMS (continued)

School Age/Day Camp

TRANSPORTATION AUTHORIZATION

My child _____, has my permission to be transported in the YMCA of Greater Grand Rapids' bus or contracted transportation service to and from any field trips scheduled. I understand that a notice will be sent home in advance of any field trip. If the YMCA is providing transportation, record of each child riding in the bus will be on site. All busses are checked annually by the Michigan State Police, and carry a first aid kit for emergencies.

HEALTH AUTHORIZATION

Child's Name _____

This is to certify that the child above is in good health and may participate in scheduled YMCA activities except as stated in the restrictions above (if any). As the child's parent/guardian, I will assume full responsibility for the child's health while the child is enrolled at the YMCA Day Camp or School Age program site. This means that I will keep my child home when he/she become ill while in the program.

My child's immunizations are up to date and a copy is on file at my child's school.

Participant Name (please print) _____

Signature (if minor, parent/ guardian signature) _____

Date _____

Date _____

SWIM PROGRAM

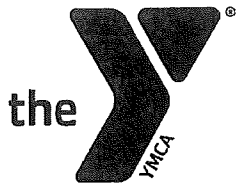
Child's Name _____

The child listed above has my permission to participate in the YMCA Swimming Program.

Parent/ Guardian Signature _____

Date _____

Please list on lines below, any previous experience your child has had with water or swim programs.



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HEALTH AND BEHAVIOR NOTIFICATIONS

School Age/Day Camp

Child's Name _____

Date of Birth _____

Parent/ Guardians' Names _____

☐ My child has no health conditions or concerns at this time.

MEDICATIONS BEING TAKEN

All medication will be administered to the child only after the medication permission form is completed by the parent. Medication will only be given as directed in the parent handbook. Please list all medications (including over-the-counter or prescription drugs) taken routinely.

☐ Child takes no medication ☐ Child takes routine medication during the school year

The person takes the following medications:

Med #1: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Med #2: _____ Dosage: _____ Specific times taken each day: _____

Reason for taking: _____

Allergy/ Restriction/ Medical Condition: _____

Reactions: _____

Instruction for care: _____

Please submit emergency action plan from a health physician with enrollment materials.

BEHAVIORAL/ SPECIAL NEEDS

Are there any behavioral or special needs your child may have? If so, please explain: _____

If your child has a documented Individual Education Plan (IEP) or Individual Family Services Plan (IFSP) please submit a copy with enrollment materials.

I, the undersigned, give consent to post information about my child's allergy, restriction, and/or medical condition throughout the program for safety purposes. ☐ Yes ☐ No

Parent/ Guardian Signature _____

Date _____