



**Ann Arbor YMCA**

**The Collaborative: SACC Program**

\_\_\_\_\_ (Child's Name)

Welcome to the Ann Arbor YMCA Child Development Center! As the nation's leading childcare 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 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 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 provides financial scholarships that enable all community members 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 [aball@annarborymca.org](mailto:aball@annarborymca.org) or mail/drop off: The Collaborative: Ypsilanti YMCA CDC-111 S Wallace Blvd, Ypsilanti. For registration questions, contact [aball@annarborymca.org](mailto:aball@annarborymca.org), [tgevaert@annarborymca.org](mailto:tgevaert@annarborymca.org), or [dwestberry@annarborymca.org](mailto:dwestberry@annarborymca.org).

## TUITION RATES AND SCHEDULE SELECTION

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

Program enrollment: School Age Child Care

Follows YCS school year calendar – \*Camp New Heights will be overseeing no-school days and half days. Enrollment will be a separate process and will have an additional fee.\*

**FIRST DAY OF PROGRAM IS SEPTEMBER 3, 2024**

Hours of operation: M-F 7:30am-until bus arrives & bus drop off-6:00pm

AM only \_\_\_\_\_ \$235/month

PM only \_\_\_\_\_ \$200/month

AM & PM care \_\_\_\_\_ \$310/month

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 care provider.

PARENT/LEGAL GUARDIAN Print Name: \_\_\_\_\_

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

**GENERAL INFORMATION (please print clearly)**

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Gender \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Parental Custody \_\_\_\_\_

Child Lives With \_\_\_\_\_

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Parent/Guardian Name \_\_\_\_\_

DOB \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

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Parent/Guardian Name \_\_\_\_\_

DOB \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

.....

Parent/Guardian Name \_\_\_\_\_

DOB \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

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## 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 can safely participate 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 because 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: \_\_\_\_\_

**PERMISSION FOR OBSERVATION:** I understand that The Ann Arbor YMCA may have some 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 PARENT/LEGAL GUARDIAN Print

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: \_\_\_\_\_

**PARENT HANDBOOK ACKNOWLEDGEMENT:** I acknowledge that I have read The Ann Arbor 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

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: \_\_\_\_\_

# AGREEMENTS, PERMISSIONS, AND RELEASES

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

## PHOTO/VIDEO RELEASE

To use your child's picture for any reason we need your permission. Can we use his/her picture:

In the classroom only.  yes  no

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.  yes  no

Shared with other families currently enrolled. (Procure, newsletters)  yes  no

PARENT/LEGAL GUARDIAN Print Name: \_\_\_\_\_

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

## TOPICAL NONMEDICATION PERMISSION

Sunscreen provided from home.  yes  no

Bug spray provided from home.  yes  no

Diaper creams/ointments provided from home.  yes  no

Essential oils provided from home.  yes  no

I understand that giving permission allows staff to apply topical nonprescription medications to my child provided from home. This does not guarantee application.

I also understand that the staff may not be able to follow the directions stated on the bottle due to limitations of our program. An example of a direction we may not be able to follow is: Wash with soap and water after returning inside.

PARENT/LEGAL GUARDIAN Print Name: \_\_\_\_\_

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

## 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: \_\_\_\_\_

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 Type: \_\_\_\_\_

Reactions if exposed: \_\_\_\_\_

Treatment: \_\_\_\_\_

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 prior to the start date.

Please refer to Special Needs Policy in Family Handbook.

MEDICAL CONTACTS/INFORMATION Physician \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

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: \_\_\_\_\_

**HOUSEHOLD INFORMATION**

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

**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: \_\_\_\_\_

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**INFORMING ADDITIONAL GUARDIANS**

I understand that if the other parent/legal guardian(s) 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: \_\_\_\_\_

.....  
**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 \_\_\_\_\_

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**PERSONAL HISTORY**

CHILD'S NAME \_\_\_\_\_ Nickname/s \_\_\_\_\_  
DOB \_\_\_\_\_ Birthplace \_\_\_\_\_  
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 \_\_\_\_\_

**SUPPLEMENTAL HEALTH AND HABIT INFORMATION**

1. Ever been hospitalized?  No  Yes

2. Ever had surgery?  No  Yes

3. Have recurrent/chronic illness?  No  Yes

4. Ever had a heart murmur?  No  Yes

5. Ever had a serious head injury?  No  Yes

6. Ever had a broken bone?  No  Yes

7. Ever had a seizure?  No  Yes

8. Any physical disabilities?  No  Yes

9. How does your child react to elevated temperature  
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

4. What are their favorite foods? \_\_\_\_\_

5. What foods are refused? \_\_\_\_\_

6. Any food allergies  No  Yes If yes, explain \_\_\_\_\_

7. Does your child eat non-food item such as dirt, leaves, etc?  No  Yes

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

Additional information you feel helpful: \_\_\_\_\_

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# TUITION AGREEMENT

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

**Registration fee is due at the time of registration.**

Name of Responsible Party (Full Name) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ 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

**REGISTRATION FEES AND DEPOSIT:** There is a non-refundable \$25 registration fee. If your child is withdrawn for any period of time, you will need to repay the \$25 nonrefundable deposit upon reenrollment.

**BILLING:** The annual tuition has been divided into 10 equal monthly payments. The first payment will be drafted in August. The final payment will be drafted in May. Options include automatic payment through credit card or bank draft.

**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.

**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 would need to 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 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 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:** I understand that I will not be credited for sick days unless my child has an extended illness. In the case that your child has an extended illness please contact the Director to discuss your child's illness related absences and the possibility of a reduced payment in accordance with the length of the illness. Holidays are already factored into my child's monthly tuition rate. I understand that if the 2nd parent/legal guardian is not available to sign this form, I take full responsibility in informing them of all policies.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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: \$ \_\_\_\_\_

## TUITION AMOUNT:

FULL PAY TUITION: \$ \_\_\_\_\_ If applicable: SCHOLARSHIP: \$ \_\_\_\_\_  
3RD PARTY AMOUNT: \$ \_\_\_\_\_

TOTAL MONTHLY DRAFT/OTC PAYMENT: \$ \_\_\_\_\_

MULTIPLE PAYERS (IF APPLICABLE): Payer #1 Name: \_\_\_\_\_

Monthly Charge: \$ \_\_\_\_\_

Payer #2 Name: \_\_\_\_\_

Monthly Charge: \$ \_\_\_\_\_

## CREDIT/DEBIT CARD DRAFT

Credit/Debit Card Holder Name \_\_\_\_\_

Visa MasterCard Discover American Express

# \_\_\_\_\_

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 20th and 1st 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 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.

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 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 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.

**PLEASE SELECT PAYMENT PLAN**  MONTHLY CREDIT/DEBIT CARD DRAFT  MONTHLY BANK DRAFT  OVER THE COUNTER PAYMENT - APPROVED BY DIRECTOR Payer #2 (if applicable):  MONTHLY CREDIT/DEBIT CARD DRAFT  MONTHLY BANK DRAFT  OVER THE COUNTER PAYMENT - APPROVED BY DIRECTOR

I understand that if the 2nd 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: \_\_\_\_\_

# FINANCIAL ASSISTANCE AND 3<sup>RD</sup> PARTY PAYER AGREEMENT

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

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. I

Initial \_\_\_\_\_ I understand that excessive absentism 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 disenrollment 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 them of all policies.

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

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

# **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) \_\_\_\_\_

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

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

## YMCA CHILD DEVELOPMENT CULTURAL QUESTIONNAIRE

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

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 our 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: \_\_\_\_\_  
\_\_\_\_\_

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

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: \_\_\_\_\_