



The Collaborative:

Ypsilanti YMCA Child Development Center

Welcome!

Welcome to the Collaborative: Ypsilanti YMCA Child Development Center, a branch of the Ann Arbor YMCA! 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 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 is able to provide financial scholarships up to 80% 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 klanaster@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 klanaster@annarborymca.org.

CHECKLIST:

- ☐ General Info/Emergency Pickup Information
- ☐ Schedule Selection
- ☐ Agreements, Permission and Releases
- ☐ Health History & Medical Release/Authorization
- ☐ Immunization Records/Health Appraisal
- ☐ Household Information, Personal and Developmental History
- ☐ Supplemental Health and Habit Information
- ☐ Tuition Agreement
- ☐ Payment Agreement
- ☐ Financial Assistance & 3rd Party Payer (if applicable)
- ☐ Review Parent/Guardian Handbook (available at annarborymca.org)
- ☐ Child Information Record
- ☐ Licensing Notification

PAYMENTS:

- ☐ Registration Fee EMU Families \$10
- ☐ Registration Fee YHC/YCS \$25

OFFICE USE ONLY

- ☐ Intact Review: _____ Date: _____ ☐ Billing Review: _____ Date: _____
- ☐ Director Review: _____ Date: _____ ☐ Lead Teacher Review: _____ Date: _____



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Tuition Rates September 2018-August 2019 Schedule Selection

CHILD'S INFORMATION

Child's Name: _____ DOB: _____

Parent/Guardian: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Select if Applicable: ☐ YHC Resident ☐ YCS District Resident ☐ Parent is currently enrolled at EMU/Student ID _____

Additional information about EMU student families, YHC resident families and YCS district residents on the following Tuition page.

☐ I am interested in care beginning as soon as possible* ☐ I am interested in care starting September 5th, 2018
***Care will be available when the center becomes licensed. You will receive 2 weeks notification prior to care beginning.**

FEE SCHEDULE OPTIONS: Check the program you are enrolling for and the attendance schedule plan. Monthly tuition fees are listed per plan.

Program Enrollment

Toddler Room (18 months-2 ½ years) _____ Early Preschool (2 ½ – 3 ½ years) _____ Preschool (3 ½ - 5 years) _____

ATTENDANCE SCHEDULE – FULL DAY CARE

FULL-DAY PLANS: Provides care at The Collaborative for 5 or more hours per day between the hours of 6:30am and 6:30pm.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Toddler Room

5 Days per week \$1,150
4 Days per week \$955
3 Days per week \$715
2 Days per week \$475

Early Pre-School Room

5 Days per week \$1,000
4 Days per week \$865
3 Days per week \$650
2 Days per week \$435

Pre-School Room

5 Days per week \$975
4 Days per week \$780
3 Days per week \$585
2 Days per week \$390

ATTENDANCE SCHEDULE – MORNING CARE

MORNING CARE PLANS: Provides care at The Collaborative for less than 5 hours per day between the hours of 6:30am and 12:00pm

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

ATTENDANCE SCHEDULE – AFTERNOON CARE

MORNING CARE PLANS: Provides care at The Collaborative for less than 5 hours per day between the hours of 12:00pm and 6:30pm

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Toddler Room

5 Days per week \$975
4 Days per week \$780
3 Days per week \$715
2 Days per week \$475

Early Pre-School Room

5 Days per week \$865
4 Days per week \$695
3 Days per week \$520
2 Days per week \$345

Pre-School Room

5 Days per week \$760
4 Days per week \$610
3 Days per week \$455
2 Days per week \$300

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. See the Parent Handbook or call the Collaborative Office for more information on these services.



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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.



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Agreements, Permissions and Releases

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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 him or her 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.

PARENT/LEGAL GUARDIAN Print Name: _____ Signature: _____ Date: _____

FIELD TRIP PERMISSION: I give permission for my child _____, to go on any field trips supervised by The Collaborative 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: _____

PHOTOGRAPHY AND RECORDING PERMISSION: I give permission to The Collaborative: Ypsilanti YMCA Child Development Center and 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 Collaborative 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 Collaborative 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 Collaborative 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 Collaborative's Family 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 Collaborative and the Ann Arbor YMCA.

PARENT/LEGAL GUARDIAN Print Name: _____ Signature: _____ Date: _____



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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 his/her 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 2nd parent/legal guardian is not available to sign this form, I take full responsibility in informing him/her of all policies.

1st PARENT/LEGAL GUARDIAN Print Name: _____ Signature: _____ Date: _____

2nd PARENT/LEGAL GUARDIAN Print Name: _____ Signature: _____ Date: _____



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**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? _____

Has he/she had any other group/school/child care experience? ☐ No ☐ Yes If yes, what kind? _____

Does he/she 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? _____



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Supplemental Health and Habit Information

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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 his/her 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 his/her 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 his/her age? ☐ No ☐ Yes
4. Is he/she 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? _____



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Supplemental Health and Habit Information

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CHILD'S NAME: _____

SLEEPING HABITS

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



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Supplemental Health and Habit Information

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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: _____



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Tuition Agreement

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Registration fee is due at the time of registration.

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

REGISTRATION FOR EMU FAMILIES \$10 non-refundable deposit will hold your child's place in the program for the semester. Payment can be made with a check or credit card. This non-refundable deposit must be paid for each semester your child attends the Collaborative. Parent/Guardians enrolled part time and full time at EMU are eligible to register child/ren at the Collaborative. Preference will be given to children of students enrolled a minimum of 6 credit hours in the Fall or Winter semesters.

REGISTRATION DEPOSIT FOR IN YCS DISTRICT AND YHC FAMILIES: \$25 non-refundable deposit will hold your child's place in the program. This is a one-time fee as long as your child remains in the program. If your child is withdrawn for any period of time, you will need to repay the \$25 non-refundable deposit upon reenrollment.

BILLING: The annual tuition has been divided into equal monthly payments.

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** for the next month's tuition (ex: May's tuition would be drafted on April 20th).

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 he/she is 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. 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 I will not receive a credit for days missed due to vacation. For vacations extending more than 2 weeks, please speak with the Child Care Director.

I understand that if the 2nd parent/legal guardian is not available to sign this form, I take full responsibility in informing him/her of all policies.

1st PARENT/LEGAL GUARDIAN Print Name: _____ Signature: _____ Date: _____

2nd PARENT/LEGAL GUARDIAN Print Name: _____ Signature: _____ Date: _____



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Payment Agreement

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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: \$ _____ AMOUNT OF SCHOLARSHIP: \$ _____ 3RD PARTY AMOUNT: \$ _____

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 ☐ 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

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 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 or until the end of the semester (EMU Students 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 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.

I understand that if the 2nd parent/legal guardian is not available to sign this form, I take full responsibility in informing him/her 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 \$ _____



The Collaborative:

Ypsilanti YMCA Child Development Center

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Financial Assistance and 3rd Party Payer Agreement

CHILD'S NAME: _____

Gross Annual Income	Family Size						
	1	2	3	4	5	6	7
\$0-\$18,000	80%	80%	80%	80%	80%	80%	80%
\$18,000-\$23,000	70%	70%	70%	80%	80%	80%	80%
\$23,000-\$27,000	60%	70%	70%	70%	80%	80%	80%
\$27,000-\$32,000	50%	60%	60%	70%	70%	80%	80%
\$32,000-\$36,000	40%	50%	60%	60%	70%	70%	80%
\$36,000-\$41,000	40%	40%	50%	60%	60%	70%	70%
\$41,000-\$45,000	30%	40%	50%	50%	60%	60%	70%
\$45,000-\$50,000	20%	30%	40%	50%	50%	50%	60%
\$50,000-\$54,000	10%	20%	40%	40%	50%	50%	50%
\$54,000-\$59,000		10%	30%	40%	40%	40%	50%
\$59,000-\$63,000			20%	30%	40%	40%	40%
\$63,000-\$68,000			10%	20%	30%	30%	40%
\$68,000-\$72,000				10%	20%	30%	30%
\$72,000-\$77,000					10%	20%	30%
\$77,000-\$81,000						10%	20%
\$81,000-\$86,000							10%

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.

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 dis-enrollment 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 him/her of all policies.

1st PARENT/LEGAL GUARDIAN Print Name: _____ Signature: _____ Date: _____

2nd PARENT/LEGAL GUARDIAN Print Name: _____ Signature: _____ Date: _____