



**YMCA CHILD
DEVELOPMENT
CENTER
ENROLLMENT PACKET**



YMCA CHILD DEVELOPMENT CENTER

WELCOME TO THE Y FAMILY!

We are so excited to welcome your family to OUR family here at the YMCA!

We understand that trusting your child to someone else is a tough transition, and we're here to help make this the smoothest transition possible for you and your child. If at any time, you have questions or concerns as you adjust to your new routine, please reach out to your child's teacher or to myself.

We encourage parents to be involved in their children's education and development. We do ask that you don't interrupt their routine though, as routine is important for their social-emotional development process.

Before the first day of attendance, you'll receive a letter with your child's teacher and room assignment. To get started, please complete this enrollment packet and return to our office via email (shannong@gtbayyma.org), drop off or mail to us (1027 McRae Hill Rd., Traverse City, MI 49685), along with a **\$50 enrollment fee**. Your enrollment fee can be paid with check or with your credit card on file.

IN ADDITION TO THIS PACKET OF ENROLLMENT FORMS, MICHIGAN STATE LAW REQUIRES THAT YOU ALSO SUBMIT THE FOLLOWING FORMS:

- Your child's latest Health and Wellness form, signed by a doctor
- Your child's immunization records, signed by a doctor
- If split custody is involved, a current court order stating the custody assignment and signed by a judge

If you have any questions as you fill out your enrollment paperwork, please don't hesitate to contact me. I'm happy to help!

Shannon Galla
Child Development Center Director
(231) 346-4968
shannong@gtbayymca.org



YMCA CHILD DEVELOPMENT CENTER
CHILD CARE AGREEMENT

I AGREE TO: (initial all that apply)

- Pay the tuition fee of \$ _____ per week, due every Monday.
- Follow the procedures in the YMCA Child Development Center (CDC) Parent Handbook.
- Obtain a Special Care Plan if applicable.
- Stick to this daily schedule for my child. Drop off time: _____ Pick up time: _____
- Acknowledge that the late pick-up fee is \$5. After 5:00pm, the late fee is an additional \$10/minute.
- Acknowledge that at 5:30pm, if no parent contact can be made, CPS will be contacted.
- Notify the Director when my child is scheduled for routine health visits, and obtain a form to complete and return.
- Cooperate with YMCA in the follow-up of any medical, dental or developmental needs of my child.
- Notify a teacher to sign my child in and out every time my child arrives and departs with me or a person I authorize.
- Notify a teacher with one (1) week notice if I plan a birthday celebration for my child.
- Notify the Director when my child is ill or any family member has a contagious disease.
- Complete a medication consent form when requesting medication administration.
- Provide the YMCA staff with rest time bedding, healthy lunch, diapers, wipes, extra clothing and food for my infant for necessary care for my child.
- Provide information on how to contact me in an emergency situation, which I will update when changes occur and/or every 6 months.
- Discuss my concerns with the Director.
- My child may only be released to the following persons (excluding parents on file):

Legal Guardian Signature

Print: _____ Sign: _____ Date: _____



PARENT HANDBOOK ACKNOWLEDGMENT

Every child must have a signed Parent Handbook Acknowledgment form on file prior to first day of attendance.

I acknowledge that I have read the Parent Handbook and I am aware of the YMCA Child Development Center philosophy, policies and procedures, and agree to comply with all outlined information.

I have read and understand the fee arrangements and conditions detailed in this handbook.

All parent acknowledgement forms will be kept on file at the center, and renewed annually.

Parent/Guardian Signature _____ Date _____

Director's Signature _____ Date _____

**THANK YOU FOR CHOOSING THE
YMCA CHILD DEVELOPMENT CENTER**

CHILD INFORMATION RECORD

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

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
Parent/Legal Guardian's Name		Primary Phone ()	Parent/Legal Guardian's Name (Optional)		Primary Phone ()
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)		2 nd Phone (if applicable) ()
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/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)					

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 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.	()	()	4.	()	()
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.	()	5.	()	6.	()

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

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.	
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 Citation.	

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YMCA CHILD DEVELOPMENT CENTER **GETTING TO KNOW YOUR CHILD!**

It is important for our staff to know as much as possible about your child to allow for a smooth transition into your child's first day with us. It allows you to feel secure knowing we will be able to create a familiar and comfortable environment for your child.

WE KNOW YOUR CHILD IS GREAT AT MANY THINGS, WOULD YOU PLEASE SHARE SOME WITH US?

WHAT ARE SOME OF YOUR CHILD'S FAVORITE THINGS (ACTIVITIES, GAMES, SONGS ETC)?

WE ALL FACE FEARS AND CHALLENGES AT TIMES, IS YOUR CHILD FACING ANY RIGHT NOW?

WHAT COMFORTS YOUR CHILD (BLANKETS, SONGS, GAMES ETC) ?

ARE YOU AND YOUR CHILD CURRENTLY WORKING ON ANYTHING NEW AND EXCITING AT HOME?

For example: letter recognition, riding a bicycle, learning to tie shoes etc.

IS THERE ANYTHING ABOUT YOUR CHILD'S DEVELOPMENT (HEARING, VISION, LANGUAGE, GROSS MOTOR, FINE MOTOR, SOCIAL ETC.) THAT YOU WOULD LIKE US TO KNOW?

IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE ABOUT YOUR CHILD?

WILL YOUR CHILD BE EATING SNACKS PROVIDED BY THE CENTER? Yes No

If no, please list which meals you will provide?

ANYTHING WE SHOULD KNOW ABOUT YOUR CHILD'S SLEEPING PATTERNS/ROUTINES?

DOES YOUR FAMILY PRACTICE OR CELEBRATE ANY SPECIAL CULTURAL OR RELIGIOUS CEREMONIES OR HOLIDAYS YOU WOULD LIKE US TO KNOW ABOUT?

ANYTHING ADDITIONAL?



YMCA CHILD DEVELOPMENT CENTER

**PHOTO/AUDIO VISUAL
NARRATIVE RELEASE**

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

My Consent. For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA), and/or Grand Traverse Bay YMCA, I give my consent, now and for all time, to YMCA of the USA, Grand Traverse Bay YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- Video film or footage of me,
- Sound track recordings of me
- Photo reproductions of me
- Any narrative account of my experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and Grand Traverse Bay YMCA and either may share them with others
- There is no obligation of confidentiality
- YMCA of the USA, Grand Traverse Bay YMCA, and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and Grand Traverse Bay YMCA shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of the USA and Grand Traverse Bay YMCA can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

Release from Liability I agree that my consent is irrevocable. I hereby release and discharge YMCA of the USA, Grand Traverse Bay YMCA, their related parties and those they have given permission to use the above, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

I am the legal guardian of: _____

Legal Guardian Signature

Print: _____ Sign: _____ Date: _____ Child’s Age: _____

Address: _____



YMCA CHILD DEVELOPMENT CENTER SCHEDULE & PAYMENT AGREEMENT

CHILD'S NAME: _____

RATES

INFANT-TODDLER

Full-time 4-5 days.....\$260/week (includes Y family membership)

PRESCHOOL & PRE-K

Full-time 4-5 days.....\$220/week (includes Y family membership)

MY PAYMENT

Based on full-time attendance, my weekly rate will be: \$ _____

*Note: there is a one-time non-refundable registration fee of \$50.00

MY CHILD'S SCHEDULE

Please indicate the hours your child will attend:

MON: Drop off: _____ AM Pick up: _____ PM

TUES: Drop off: _____ AM Pick up: _____ PM

WED: Drop off: _____ AM Pick up: _____ PM

THUR: Drop off: _____ AM Pick up: _____ PM

FRI: Drop off: _____ AM Pick up: _____ PM

Please check your preferred form of weekly payment:

_____ Credit Card

_____ Money Order (\$10 processing fee)

_____ Check (\$10 processing fee)

Legal Guardian Signature

Print: _____ Sign: _____ Date: _____



YMCA CHILD DEVELOPMENT CENTER
**BANK DRAFT AUTHORIZATION
FOR RECURRING PAYMENTS**

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN TO THE DIRECTOR.

All information will remain confidential.

ACCOUNT HOLDER NAME: _____

ADDRESS: (incl. zip code) _____

BANK INFORMATION

Account type: _____ Savings _____ Checking (include a cancelled check)

Bank name: _____

Bank address: _____

Bank routing #: _____

Account #: _____

PAYMENT INFORMATION:

Amount to charge: \$ _____ (USD) to be charged _____ weekly _____ monthly*

*IF monthly on the: _____ 1st or _____ 15th

Payments to begin on: _____ (date).

- Account holder will notify the YMCA in writing at least 30 days in advance to stop automatic payments.
- A \$25 NSF fee will apply if the draft is declined.
- I authorize the Grand Traverse Bay YMCA to draft the agreed amount listed above from my account provided herein. In addition, if my draft is declined, I understand that the YMCA is authorized to collect partial payments against my outstanding balance, including fees, until balance is paid off.

Account Holder Signature

Print: _____ Sign: _____ Date: _____



YMCA CHILD DEVELOPMENT CENTER CREDIT CARD AUTHORIZATION FOR RECURRING PAYMENTS

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN TO THE DIRECTOR.
All information will remain confidential.

PARENT/GUARDIAN NAME: _____

PAYMENT INFORMATION

Payment Type: _____ Same as Registration Fee _____ Visa _____ Mastercard

IF Visa or Mastercard fill out the following:

Cardholder Name: _____

Billing Address: _____

Credit card #: _____

Exp. date: ____/____ 3 Digit PIN (on back of card): _____

PAYMENT INFORMATION:

Amount to charge: \$ _____ (USD) to be charged _____ weekly _____ monthly*

*IF monthly on the: _____ 1st or _____ 15th

Payments to begin on: _____ (date).

_____ I authorize the YMCA to charge this account with the \$50 non-refundable registration fee prior to my child's start date.

- Account holder will notify the YMCA in writing at least 30 days in advance to stop automatic payments.
- A \$25 NSF fee will apply if the draft is declined.
- I authorize the Grand Traverse Bay YMCA to draft the agreed amount listed above from my account provided herein. In addition, if my draft is declined, I understand that the GTBay YMCA is authorized to collect partial payments against my outstanding balance, including fees, until balance is paid off.

Cardholder Signature

Print: _____ Sign: _____ Date: _____



YMCA CHILD DEVELOPMENT CENTER

MULTIPLE PARTY BILLING AGREEMENT TERMS

- In cases where multiple party parent/guardians are making payments to a specific child's care, the Y is NOT responsible for determining which party has the financial responsibility for specific day's attendance.
- The YMCA staff will not be put in the middle of domestic or financial issues or disagreements.
- If you choose to elect multiple party payments for a specific child's care, each party must complete and sign one form with specific sections completed by each responsible party.
 - A completed automatic billing (credit card or bank draft) authorization must also be completed for each paying party.
 - Only payment method offered in multiple party payment accounts is automatic payment through a credit/debit card or bank draft.
- Billing options include:
 - Every other month (preferred)
 - Every other week
 - Other methods must be requested in writing and approved by the Business Office; approval is not guaranteed.
- Failure by either party to satisfy payment obligations may jeopardize child's participation in the program.
 - If payment is not received from one parent/guardian within two weeks of past due date, we will collect payment from the other parent/guardian to help avoid potential disenrollment due to nonpayment. It is then the paying parent/guardian's responsibility to collect from the other.
- Both parties have full disclosure on account activity.
- Each party is responsible for reviewing the parent handbook for policy specificity.
- Percentage total of both parties must equal 100%.
- Forms must be completed each year.
- Payments for both parties is subject to late and NSF fees per the CDC Financial Policy.



YMCA CHILD DEVELOPMENT CENTER

**MULTIPLE PARTY
BILLING AGREEMENT**

CHILD INFORMATION (please list any additional children on reverse side)

FIRST NAME: _____ LAST NAME: _____
BIRTH DATE: ____/____/____ GENDER: M/F AGE: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: (____) _____ RESIDES WITH: PARENT #1 PARENT #2

PARENT / GUARDIAN #1

FIRST NAME: _____ LAST NAME: _____
BIRTH DATE: ____/____/____ GENDER: M/F
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: (____) _____ CELL PHONE: (____) _____
WORK PHONE: (____) _____ I WILL PAY _____% of total child care bill each month
SIGNATURE: _____ (*I accept multiple party billing agreement terms)

PARENT / GUARDIAN #2

FIRST NAME: _____ LAST NAME: _____
BIRTH DATE: ____/____/____ GENDER: M/F
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: (____) _____ CELL PHONE: (____) _____
WORK PHONE: (____) _____ I WILL PAY _____% of total child care bill each month
SIGNATURE: _____ (*I accept multiple party billing agreement terms)



ENROLLMENT CHEAT SHEET

Do you have everything you need for a smooth enrollment process? Check the list below.

- Child Care Agreement
- Parent Handbook Agreement
- Child Information Record
- Getting to Know Your Child
- Photo/Audio Release
- Participant Enrollment Form
- Bank or CC Draft Authorization
- Schedule & Payment Agreement
- Multi-Party Billing Agreement
- Health and Wellness form
- Immunization records
- Current custody court order
- Child's typical daily schedule
- \$50 enrollment fee
- Liscensing Notebook Agreement

SUPPLIES NEEDED

- 2 changes of clothes
- Blanket
- Comfort item
- Water bottle/cup
- Sunscreen/hat
- Safe Toe Closed Shoes
- Wipes and diapers
- Cold Lunch
- Medication
(Diaper cream, lotion, teething medicine)

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Licensing and Regulatory Affairs

Child Care Licensing Bureau

CENTER MUST CHECK ONE

The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.

The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.

I have read the above statement issued by _____

Name of Child Care Center

Child(ren)'s Name(s):	
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Parent Name _____

Parent Signature _____

Date _____

LARA is an equal opportunity employer/program.