



### Oak Park YMCA Early Learning Center: Registration 2024-25

Name of Child (Last, First, Middle)			Gender F    M	Date of Birth	
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Legal Guardian's Name		Cell # (required)	Parent/Legal Guardian's Name		Cell # (required)
Parent/Legal Guardian's Date of Birth	Parent/Legal Guardian's Gender M    F    NB		Parent/Legal Guardian's Date of Birth	Parent/Legal Guardian's Gender M    F    NB	
Home Address (if not child's address)			Home Address (if not child's address)		
City	State	Zip Code	City	State	Zip Code
Email Address (required)			Email Address (required)		
Desired Start Date			Anticipated drop-off and pick-up times		

### Enrollment Options

Ages	Select	Schedule	Weekly Rate	Registration Fee
Infant (6 weeks to 15 months)		Full-time (4-5 days)	\$285	A non-refundable \$100/year registration fee is due at the time of registering for the Child Care Program.  Your child is not enrolled or guaranteed a spot until this form and fee are returned.
		Part-time (3 days)	\$214	
		Part-time (2 days)	\$171	
Toddler (16 to 35 months)		Full-time (4-5 days)	\$280	
		Part-time (3 days)	\$210	
		Part-time (2 days)	\$168	
Preschool/Pre-K (36 to 60 months)		Full-time (4-5 days)	\$250	
		Part-time (3 days)	\$188	
		Part-time (2 days)	\$150	
School-age Program (available June 9th – August 15th, 2025; post-kindergarten to age 11)		Full-time (4-5 days)	\$225	A non-refundable \$50/week registration fee is due at the time of registering for the School-age Program.

### Credit Card Authorization

In filling out this form, you are providing permission to the Oak Park YMCA Early Learning Center to charge your tuition payment weekly, one week in advance of care.

Circle credit card type:	<b>Visa</b>	<b>MasterCard</b>	<b>American Express</b>	<b>Discover</b>
Card Number:	Exp. Date:		CVV:	
Cardholder Name:				
Authorized Signature:				



### Oak Park YMCA Early Learning Center: Agreement 2024-25

Please initial each item and sign/date form

\_\_\_\_\_ I have read the Oak Park YMCA Early Learning Center Handbook and I agree to abide by all the terms stated in the handbook while my child receives care. The handbook included all the following information (R 400.8146 (1-2)):

- Criteria for admission and withdrawal
- Schedule of operation, denoting hours, days, and holidays during which the center is open, and services are provided.
- Fee policy
- Discipline policy
- Food service program
- Program philosophy
- Typical daily routine
- Parent notification plan for accidents, injuries, incidents, and illnesses.
- Medication policy
- Exclusion policy for child illnesses
- Notice that the center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, and related corrective action plans for the last five 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](http://www.michigan.gov/michildcare).

\_\_\_\_\_ I understand that tuition is due weekly, one week in advance of care.

\_\_\_\_\_ I understand that I will be assessed a late payment fee if tuition payments fall behind, and a late pick-up fee for any day my child is not picked up on time.

\_\_\_\_\_ I will pay for my child’s enrolled slot even if they are not present due to illness, time off, or vacation.

\_\_\_\_\_ I understand that I must give two weeks written notice to withdraw my child from the program, and that fees will be due through the end of the two-week period whether or not my child attends.

\_\_\_\_\_ I understand the Oak Park YMCA Early Learning Center gives priority to full-time enrollment and if necessary I may be asked to rearrange my schedule to meet current vacancies.

\_\_\_\_\_ I understand the Oak Park YMCA Early Learning Center is mandated to report to the Department of Health & Human Services any suspected case of child abuse or neglect.

### Permissions

\_\_\_\_\_ I give permission to the Oak Park YMCA Early Learning Center program staff to apply (twice daily prior to outdoor time) **sunscreen or bug repellent** that I have provided and labeled for my child.

\_\_\_\_\_ I give permission to the Oak Park YMCA Early Learning Center program staff to apply (as needed) **lotion** that I have provided and labeled for my child.

\_\_\_\_\_ I give permission to the Oak Park YMCA Early Learning Center program staff to apply **hand sanitizer** as needed.

\_\_\_\_\_ I give permission for my child (aged three years and older) to participate in **swimming activities**. I understand that I will be notified in advance to provide appropriate swimwear. I understand that the YMCA will assess each child’s swimming ability prior to participation. I understand that non-swimmers and children under three years old will be engaged in supervised non-swimming activities away from the immediate swimming activity area during swim-time.

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

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



## Oak Park YMCA Early Learning Center: Photo/Media Consent and Release

Taking photographs of children at school is a common method of documenting their activities and development. Classroom staff at the Oak Park YMCA Early Learning Center are trained to be discerning when photographing children, giving thought to its necessity and purpose in such documentation.

Classroom staff are prohibited from using their personal cell phones and other electronic devices for photographing or recording children's activities. Any photos of children must be taken using only YMCA-issued devices, which are accessible only to center personnel.

Photographs and video of children are intended for educational and communication purposes only. Photographs of an individual child may be shared with that child's family only. Photographs may be displayed in the classroom, especially to indicate allergies to new staff. Group photographs are sometimes used on the Oak Park YMCA Child Care Center's *private* Facebook page to convey activities and development, but they are not made public.

On rare occasions, the YMCA of the USA seeks photographs from its association members of people and programs, including children. The Oak Park YMCA Early Learning Center will release to the YMCA of the USA only photographs of children whose family has given explicit consent on this form.

### Please initial only those items to which you consent:

- I understand that photographs will be taken of my child by staff at the Oak Park YMCA Early Learning Center to document his/her activities and development.
- I give permission to the Oak Park YMCA Early Learning Center to use my child's photograph within the classroom.
- I give permission to the Oak Park YMCA Early Learning Center to use my child's photograph on the center's private Facebook page.
- I give permission to the Oak Park YMCA Early Learning Center to release my child's photograph to the YMCA of the USA for their exhibition in promotions, advertising, education, and legitimate business uses. Such 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. My child may or may not be identified in such reproductions; however, my child's name will not be used to endorse any particular commercial products or commercial services.

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

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

# CHILD INFORMATION RECORD

## State of Michigan - Department of Lifelong Education, Advancement, and Potential - 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.

<b>For Provider Use Only:</b>		Date of Admission	Date of Discharge		
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Legal Guardian's Name		Cell Phone	Parent/Legal Guardian's Name (Optional)		Cell Phone
Home Address (if not child's address)		2 <sup>nd</sup> Phone (if applicable)	Home Address (if not child's address)		2 <sup>nd</sup> Phone (if applicable)
City	State	Zip Code	City	State	Zip Code
Email Address (required)			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    No    If yes, explain:					

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

**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 Initials:**

\_\_\_\_\_ I give permission to **YMCA Child Care Center**, licensed by the Department of Lifelong Education, Advancement, and Potential, 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
MiLEAP is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

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**SECTION III - IMMUNIZATIONS**

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.\*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2		Influenza (IIV/LAIV)	1	3
				2	4
DTaP/DTP/DT/Td	1	4	Meningococcal (MCV4 / MPSV4)	1	2
	2	5			
	3	6	Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
Tdap	1			2	
<i>Haemophilus Influenzae</i> type b (HIB)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Polio (IPV/OPV)	1	3		2	
	2	4	3		
Pneumococcal Conjugate (PCV7/PCV13)	1	3	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable</i>		
	2	4	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
Rotavirus (RV1/RV5)	1	3			
	2		Parent/Guardian refused immunizations: <input type="checkbox"/>		
Measles, Mumps, Rubella (MMR)	1	2			
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____ / _____ / _____ <b>Health Professional's Signature</b>			_____ / _____ / _____ <b>Title</b>		_____ / _____ / _____ <b>Date</b>

**SECTION IV - RECOMMENDATIONS**

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

**SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)**

I have examined \_\_\_\_\_'s teeth. As a result of this examination, my recommendation for treatment is: \_\_\_\_\_

child's name

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Dentist's Signature** Date

**PHYSICIAN'S SIGNATURE**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Examiner's Signature** Date **Examiner's Name (Print or Type)** Degree or License

\_\_\_\_\_ MI \_\_\_\_\_ Telephone  
Number & Street City ZIP Code

Information required for:

**Early On** - Hearing and Vision Status; Diagnosis; Health Status

**Child Care Licensing** - Physical Exam, Restrictions, Immunizations

**Head Start/Early Head Start** - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

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Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.