



# E-Learning Camp

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

School Attending \_\_\_\_\_

Membership Status  Member  Non-Member

Ethnicity  Caucasian  African American  Hispanic  Asian or Pacific Islander  Other

### Price & Cancellation Policy

\$40/day *Financial assistance available*

### Admission Agreement *Please initial each line*

	<b>POLICIES AND PROCEDURES</b> – I have reviewed or will access the Y-Club Afterschool Parent Handbook online, including the discipline policy, and understand all policies and procedures therein. I further understand that the center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. The notebook will be available to parents for review during regular business hours. Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at <a href="http://www.michigan.gov/michildcare">www.michigan.gov/michildcare</a> .
	<b>PAYMENTS</b> – I understand that payments that are more than one draft behind will result in your child being removed from Y-Club. It is required to have an EFT on file in order to register for the program.
	<b>MEDICAL INFORMATION</b> – I certify that my child is in good health with activity restrictions noted and the documentation of physical examination and immunizations are up-to-date and in accordance with the public schools health requirements are on file at my child's school.
	<b>MEDICATIONS</b> – I understand that a Medication Form is required to be completed and signed by a parent/guardian should my child need any medication administered during the program. I further understand that we allow the self-carry of Emergency Medications ONLY for children diagnosed with asthma or other relevant conditions. Self-carry is only permitted with the prescribing physician's written permission.
	<b>CUSTODY</b> – YMCA requires a legal document or court decree, otherwise decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document.
	<b>PHOTO RELEASE</b> – The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional or advertising purposes
	<b>YMCA PROGRAM CLOSURES</b> – I understand that Y-Club After School Program only operates on normal school days based on your child's Public School's schedule. Extended Day & Kids Day Off options are available to select sites at the Y for scheduled half and full days off. I further understand, during inclement weather, the YMCA will not refund or pro-rate the monthly fee.
	<b>PLAYGROUND USE</b> – I understand that this program uses the playground available at our school site locations, which meets the safety standards set by the State of Michigan for public schools.
	<b>COVID-19</b> – I understand it is my responsibility to provide a mask for my child to comply with the state requirements according to the Governor's office and state reopening plan. I also understand the health risks.

I have read the **Admission Agreement** and fully agree to its terms. I have also read and accept the Policies and Procedures listed in the parent handbook and stated within this agreement. I also agree to keep all information as it relates to this paperwork, up to date for the safety of my child. By signing, I hereby release the YMCA of Greater Michiana, its officers and employees from responsibility of personal injury or personal property damage associated with the program or its property. I consent to full understanding and knowledge of inherent risks and voluntarily accept responsibility for any such occurrence not related to gross negligence.

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

# CHILD INFORMATION RECORD

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

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<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		Home Phone (    )	Parent/Legal Guardian's Name (Optional)		Home Phone (    )
Home Address (if not child's address)		Cell Phone (    )	Home Address (if not child's address)		Cell Phone (    )
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address		
Employer Name		Work Phone (    )	Employer Name		Work Phone (    )
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number (    )		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

**See Reverse Side**

<b>Emergency Contact &amp; Release of Child:</b> 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.	(    )	(    )			
<b>Release of Child Only:</b> 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.	(    )		

<b>Parent/Legal Guardian Initials:</b>	
_____ 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.	

<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b>	
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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**MEDICATION PERMISSION AND INSTRUCTIONS**  
**CHILD CARE HOMES AND CENTERS**  
 Department of Licensing and Regulatory Affairs  
 Bureau of Community and Health Systems  
 Child Care Licensing Division

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

**TO BE COMPLETED BY PARENT**

I give my permission for \_\_\_\_\_ to give or apply the medication  
 (Caregiver, Facility)  
 \_\_\_\_\_, to my child \_\_\_\_\_, as follows:  
 (Specify, prescribed medication/over the counter product) (Child's Name)

**DIRECTIONS:**

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

**TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:**

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

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**Billing Information**

**Bank Draft - Voided Check or Bank Verification Needed**

Checking  Savings

Account Holder(s) \_\_\_\_\_

Routing Number \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**Credit/Debit**

Visa  Master Card  Discover

Card Holder \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Amount per draft \$ \_\_\_\_\_ Day \_\_\_\_\_ Date \_\_\_\_\_ (on or around)

Draft Schedule  Weekly  Bi-Weekly  Monthly

**Billing Contact if different from primary member**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Electric Funds Transfer (EFT) Agreement**

**I understand and agree to:** (please initial each line)

- \_\_\_\_\_ This EFT agreement allows the YMCA of Greater Michiana to automatically charge my account on the 10th of each month, or shortly thereafter for membership, or immediately for one time fees associated with programs.
- \_\_\_\_\_ I understand that the YMCA of Greater Michiana membership fees will continuously withdraw from my account each month until written cancellation is received. All cancellations are pending current months payment.
- \_\_\_\_\_ Cancellation of membership must be given in writing by the primary member or account holder. I will be responsible for all balances prior to the termination date. Non-usage does not mean automatic cancellation.
- \_\_\_\_\_ The YMCA of Greater Michiana has the right to increase membership fees with a 60-day written notice.
- \_\_\_\_\_ Declined credit cards for membership fees will be attempted up to 3 more times through our collection department. Bank drafts/EFT returns will have a \$15 return fee. Returned checks will have a \$20 return fee. All memberships not paid by the 25th of the month will be charged a \$15 late fee and will be suspended. Memberships inactive for more than 30 days will be subject to the joiner fee.

**I agree to the above terms and authorize the YMCA of Greater Michiana to use the account listed for my membership, program fees, and donations.**

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

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

**OFFICE  
USE ONLY**

Desk Staff \_\_\_\_\_ Member ID \_\_\_\_\_ Date \_\_\_\_\_