



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

A GREAT PLACE TO GROW

OAK PARK YMCA EARLY LEARNING CENTER

Hello!

Thank you for your interest in the Oak Park YMCA Early Learning Program. The program is open year round 7:30am - 5:30pm Monday - Friday. Spaces are filled on a first come first served basis, with priority given to full time enrollment spots. We accommodate part time schedules according to enrollment or space availability. We do require a minimum of two days per week enrollment. We also require a set weekly schedule. Due to staffing and other new families joining the program, it is difficult to accommodate rotating or drop in schedules.

Our goal at the Oak Park YMCA Child Care is to provide a safe, secure place where children learn and grow socially, emotionally, physically and intellectually. A caring, qualified staff, a stimulating child-centered environment and a variety of activities designed to meet the developmental needs and interests of children help create a unique program for Infants, Toddlers, and Preschoolers.

The best way for you to discover what the Oak Park YMCA Early Learning Center program has to offer is to schedule a tour by contacting myself at (517) 8267-9696. This will give you the opportunity to have a personal tour of the program to observe classroom activities, meet the staff and discuss your questions and enrollment needs directly.

Choosing a child care program for your child is a big decision and it is our hope that by offering you this first-hand observation we can help you assess whether or not the Oak Park YMCA Early Learning Center meets your individual needs. To arrange your tour of the program or for further information, please call 517.827.9696.

Thank you again for your interest in our program! I look forward to hearing from you soon.

Sincerely,

Megan Christensen

Regional Director of Early Learning
mchristensen@lansingymca.org

YMCA OF METROPOLITAN LANSING
Oak Park YMCA
900 Long Blvd., Lansing, MI 48911
P 517.827.9696 lansingymca.org



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EARLY LEARNING CENTER PROGRAM FEES

OAK PARK YMCA

Oak Park YMCA Early Learning Program believes that each child is a unique individual and has his/her own way of learning. Our program will provide a quality environment that will enrich the developmental needs of children through a variety of learning experiences. Our mission is to provide a safe, nurturing and age appropriate learning environment that encourages individual growth.

PROGRAM FEES

	FULL TIME	PART TIME
Infant (6 weeks-15 months)	\$250 per week	\$65 per day
Toddler (15-36 months)	\$220 per week	\$60 per day
Preschool (3-4 years old)	\$200 per week	\$55 per day
Pre-Kindergarten (4-5 years old)	\$200 per week	\$55 per day

ADDITIONAL PROGRAM FEES

Late Payment Fee	\$25 per week
Late Pick-Up Fee	5 minutes after close is \$1 per minute
NSF Fee	\$25 per check
Sibling Discount	10% off the older child's fees

SCHEDULES

Full time is Monday - Friday schedule. Part time is two or three days per week on a set schedule. We are currently not able to accommodate rotating, alternating or drop in schedules. Any hours over 24 hours/week is considered full time care.

FEES

Fees are due prior to the first day of the week your child attends Child Care.

HOLIDAYS

Child Care is closed the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Day after Thanksgiving, Christmas Eve, Christmas Day, and New Year's Eve. Staff will communicate any other closings that may occur well in advance of the date of closure.

FOR MORE INFORMATION CONTACT

Megan Christensen Regional Director • 517.827.9696 • mchristensen@lansingymca.org • lansingymca.org



OAK PARK YMCA CHILD CARE

Enrollment Application

Today's Date _____ Approximate Start Date _____

Child's Name _____ Birth Date _____

Home Address _____

City _____ State _____ Zip _____ Home Phone Number _____

Guardian's Name _____ Email: _____

Place of Employment/School _____

Birth Date _____ Address _____

City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

Guardian's Name _____ Email: _____

Place of Employment/School _____

Birth Date _____ Address _____

City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

Please select age group and schedule for your child: (Check the days and write in approximate drop off/pick up times.)

- | | | | |
|------------------------------------|----------------|---------------|----------------------------------------------------------|
| <input type="checkbox"/> Monday | Drop Off _____ | Pick Up _____ | <input type="checkbox"/> Infant (6 weeks - 15 months) |
| <input type="checkbox"/> Tuesday | Drop Off _____ | Pick Up _____ | <input type="checkbox"/> Toddler (15 months - 36 months) |
| <input type="checkbox"/> Wednesday | Drop Off _____ | Pick Up _____ | <input type="checkbox"/> Preschool (3 - 4 years) |
| <input type="checkbox"/> Thursday | Drop Off _____ | Pick Up _____ | <input type="checkbox"/> Pre Kindergarten (4 - 5 years) |
| <input type="checkbox"/> Friday | Drop Off _____ | Pick Up _____ | |

Are you a member of the YMCA of Lansing? Yes No

How did you find out about the YMCA Early Learning Center?

Website Local YMCA Friend/Relative Advertisement Social Media Web Search

Other _____



Oak Park YMCA Early Learning Center Policy and Fee Agreement

Child's name: _____ Original start: _____

Receipt of Policies and Procedures:

- I have read the Oak Park YMCA Early Learning Center Family Handbook and have discussed the policies with the Regional Director of Early Learning.
- I agree to abide by all of the terms stated in the handbook while my child or children receive care at the Oak Park YMCA Early Learning Center.

Tuition and Fees:

- I understand that **my tuition of \$ _____ per week will be paid in advance; the first day of the prior week that my child will attend.**
- **I understand that should my fee payments fall behind that I may be charged a late fee of \$25.**
- **I will pay for my child's enrolled / registered spot even if he/she is not present due to illness or time off.**
- **I will expect to pay a late fee if my child is picked up after the program's closing time.**
- **I will expect to pay NSF charges if my payment is returned by the financial institution.**
- **I understand that I may be taken to collections if my account falls behind and there has been no good faith attempt to rectify the situation.**
- **I understand the Oak Park YMCA Early Learning Center has the discretion to end my child's enrollment due to my account being in arrearage.**

Additional policies:

- I understand that should I choose to withdraw my child from the program, I must give two weeks written notice to the Regional Childcare Director and pay normal child care costs through that two week period.
- Each day upon arrival and departure, I will bring my child to the child care program classroom and let a staff member know that my child is present and sign them in / out before I leave my child at their designated classroom.
- I understand priority is given to full time families and that if necessary I may be asked to rearrange my part time schedule to meet current part time vacancies.
- I understand that the Oak Park YMCA Early Learning Center is mandated by the Child Protection Law (act #238) to report to the Department of Health & Human Child Protective Services(CPS) any suspected case of child abuse, child sexual abuse or child neglect.
- I understand that the fees and policies are subject to change, but will be given at least a one month notice of these changes.

Parent / Guardian Signature

Date

Print Parent / Guardian Name



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**SUNSCREEN AND/OR BUG REPELLANT
DIAPER RASH OINTMENT
PERMISSION SLIP**

I give permission to the Oak Park YMCA Child Care program staff to apply the sunscreen and / or bug repellent that I have provided and labeled for my child. I give permission for this to be applied on a twice daily basis prior to outdoor times.

I give permission to the Oak Park YMCA Child Care program to apply diaper rash ointment as directed.

Child's Name

Parent Signature

Date



OAK PARK YMCA EARLY LEARNING CENTER

Confidentiality & Communication Agreement

The Oak Park Early Learning Center practices professional confidentiality. All personal information is kept in locked files. The Regional Director of Early Learning must be notified before any personal information can be obtained. Any confidential information related to any child of this facility will not be released without consent from the parent/legal guardian.

Upon enrollment, parents will be given the contact information for the Regional Director of Early Learning. In addition, the Early Learning Center has a cell phone that will allow center staff and parents to communicate while your child is in attendance. We also can send out reminders to all families at any time with this device.

At no time should a parent or center staff communicate via a staff's personal device. In addition, contact outside of the center via all social media platforms is prohibited for all staff. IF there is a previous relationship prior to enrollment at the center, please contact the Regional Director of Early Learning, to discuss. We take these precautions for the utmost safety of each child and staff associated with the center.

The one exception is that the Oak Park Early Learning Center will have a CLOSED facebook page that only center attendees will be invited too. Staff will post information, pictures of daily activities, etc. using only the designated Y cell phone for the center.

If at any time you feel a staff member is non-compliant with this policy, please reach out to the Regional Director of Early Learning Megan Christensen.

I understand the Oak Park Early Learning Center's policy on confidentiality & communication. I promise to uphold the policy as stated in all forms.

Parent/Guardian Signature

Date



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YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. 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”) or any of its chartered member associations in the United States (collectively “the Y”), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

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

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: _____ Date: _____

Printed Name: _____ Age: _____

Address: _____

I am the parent or legal guardian of _____ and hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____

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

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all corrective action plans for the last 5 years.

- This 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 reports, special investigation reports, and corrective action plans from at least the past 3 years are available on the Child Care Licensing Bureau's website at www.michigan.gov/michildcare.

I have read the above statement issued by _____

Name of Child Care Center

Child(ren)'s Name(s):	
--------------------------	--

Parent Name _____

Parent Signature _____

Date _____

LARA is an equal opportunity employer/program.

WRITTEN INFORMATION PACKET DOCUMENTATION
Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

Child(ren)'s Name(s) (Last, First)	Facility's Name and License Number
-------------------------------------------	-------------------------------------------

A written information packet has been provided at the time of enrollment. The packet 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.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
 - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans for the last 5 years.
 - The licensing notebook is available to parents during regular business hours.
 - Licensing inspection and special investigation reports, and corrective action plans from at least the past 3 years are available on the department's website at www.michigan.gov/michildcare.
- Other _____

I certify that I received all of the above items.

Parent/Guardian Signature _____
Date

Note: A single CCL-4340 form may be used for all children in the same family.

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HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code)	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code)	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	Birth History: Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: If yes, list medications: Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?	
			Reason for Medication	
			_____ / /	
			Parent/Guardian Signature _____ Date _____	

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity Muscle Imbalance Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Other: _____	Height Weight Other: _____			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer Other: _____				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE	Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar Albumin Microscopic				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / /	Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

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
Parent/Legal Guardian's Name			Primary Phone ()	Parent/Legal Guardian's Name (Optional)
Home Address (if not child's address)			2 nd Phone (if applicable) ()	Primary Phone ()
City			State	Zip Code
Email Address (optional)			Email Address (optional)	
Employer Name			Work Phone ()	Employer Name
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.)				

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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.	()	()

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 _____, 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 EARLY LEARNING CENTER CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THIS AUTHORIZATION
AND RETURN TO THE EARLY LEARNING CENTER
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number _____
(Last 3 Digits on Back of Card: _____)



I authorize YMCA Childcare to charge my credit card every Monday, one week in advance for my weekly childcare fees.

Cardholder - Please complete the following:

Print Name _____

Signature _____

Date _____