

Ann Arbor Public Schools Community Education and Recreation
2011-12 School Year

EXTENDED DAY OPTION PROGRAM ENROLLMENT FORM for AA OPEN @ MACK

To enroll your child(ren) in the Extended Day Option Program, **please complete all enclosed paperwork and return to the Community Education and Recreation Office at 1515 S Seventh St, Ann Arbor, MI 48103 with payment of \$490.00 (\$45.00 Enrollment Fee and first tuition payment of \$445.00. Total Program Enrollment Fee: \$ 490.00)** Payment may be made with cash, check or money order (payable to Ann Arbor Public Schools – AAPS) or Visa / Master Card (form attached). **THE \$490.00 ENROLLMENT FEE IS NON-REFUNDABLE.** (NOTE: In the event that the Ann Arbor Public School District cannot accommodate your child's enrollment in the program due to insufficient participation or if the program is full, the enrollment fee will be refunded to you.) This enrollment form should also be used to indicate your schedule for After School Child Care.

OUR AAPS ATTENDANCE AREA IS _____ REQUESTED SCHOOL: AA Open @ Mack

PLEASE INDICATE IF YOU ARE ON THE WAITLIST FOR ANN ARBOR OPEN @ MACK: YES NO

CHILD'S NAME: _____ Birthdate: _____
(Last Name) (First Name) (Middle)

Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: () _____ Gender: M F

Does your child have any allergies/medical conditions/special needs or behaviors staff should be aware of? YES NO
 Are any of these life threatening? YES NO

The following person may have access to my account information _____ Relationship to child _____

*PRIMARY PARENT/SPONSOR/GUARDIAN: _____
(Last Name) (First Name)

*(List the person who should receive the monthly invoice and will be responsible for payment)

ADDRESS: _____ CITY: _____ STATE: _____
 HOME PHONE: () _____ CELL PHONE: () _____
 E-MAIL: _____ {PLEASE CIRCLE PREFERRED METHOD OF CONTACT}
 PLACE OF EMPLOYMENT: _____ WORK PHONE: () _____ ext. _____

Do you need financial assistance? YES NO
Have you applied for any financial assistance? YES NO If yes, please complete the information listed below:

I applied on _____ & received approval for financial aid from: ___ DHS ___ Child Care Network ___ Rec & Ed
Date

Please check the session(s) your child will attend:

Extended Day Option _____ After School Care

Please check the day(s) your child will regularly attend each program. This will be entered as your child's schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday
Extended Day Option	X	X	X	X	X
After School (from end of school day until 6:00pm)					

OFFICE USE ONLY

Start Date: _____ Enrollment Fee Pd: \$ _____ ca/mo/ck# _____ /cc Date Pd: _____

Ann Arbor Public Schools

Extended Day Option

Letter of Agreement

1. **EXTENDED DAY OPTION FEE:** The fee for the 2011 - 2012 Extended Day Option is \$4450 plus a \$45 registration fee. This annual fee is calculated and based upon full participation of students registering and enrolling in the program. **By registering and enrolling your child in the program, you are agreeing to payment of the full fee of \$4450 regardless of whether you subsequently withdraw your child from the program at any time or for any reason, and whether your child may be subject to suspension from the program by the Ann Arbor Public School District for disciplinary or other considerations.** The Ann Arbor Public School District in its sole discretion reserves the right to waive all or partial program fees or to modify payment arrangements based upon hardship or other considerations.

If a family wishes to withdraw after enrollment in the EDO program, there are two conditions under which they will be released from this agreement:

- If the child is on the waitlist for admission to Ann Arbor Open, and a space becomes available, or an IEP determines an alternative school placement, the family will be released from this agreement and receive a full refund of the \$490.
- If the EDO program is filled and has a waitlist, and another child is enrolled in the vacated space, the withdrawing family is released from their obligation for the remainder of the contract. **The \$490 deposit will be forfeited**, however.

2. **PAYMENT TERMS:** An initial payment of \$490 (\$445 for the first payment along with \$45 registration fee) is due upon registration in the program, and must accompany the completed Registration Form and signed Letter of Agreement. In the event that the Ann Arbor Public School District cannot accommodate your child's enrollment in the program due to insufficient participation or if the program is full, the initial payment of \$490 will be refunded to you, and you will have no continuing obligation. If the Ann Arbor Public School District enrolls your child in the program, your payments will thereafter be due on a monthly basis beginning September 15, 2011 through May 15, 2012 in the amount of \$445 per month. Community Education & Recreation will invoice families for these payments.

3. **METHOD OF PAYMENT:** Invoices and payments will be handled by the Community Education and Recreation office at 1515 S Seventh St, Ann Arbor, MI 48103.

- Checks must be made payable to the Ann Arbor Public Schools, and must be mailed in a timely manner to avoid a late fee. Visa and MasterCard credit cards are accepted.
- Automatic monthly payments to a credit card can be arranged.
- If you have questions regarding payments, call Rec&Ed at (734) 994-2300.

4. LATE PAYMENT: Payments must be received in the Community Education and Recreation Office no later than the 15th of each month, September 2011 through May 2012. An invoice will be mailed and a \$15 late fee will be assessed for late payments. You are responsible for paying all late payment fees.

5. DELINQUENT ACCOUNTS: In the event that the Ann Arbor Public School District does not receive two (2) or more monthly payments, along with any late fees due, your child will be suspended from participation in the program. Such suspension shall continue until such time as the account is paid in full, including the current balance due, late fees, collection fees, and the remaining balance of the program fee. If your child is suspended for reason of delinquent payments, and your account is not subsequently paid in full, you remain responsible for the entire program fee of \$4450, plus late fees, as set forth above. Failure to pay any outstanding balance will preclude your child from participating in any other childcare or other fee-based program offered by the Ann Arbor Public School District.

6. COLLECTION: If the Ann Arbor Public School District is required to initiate any collection procedures, including but not limited to small claims or other court action, you will be liable for the costs and other fees incurred by the Ann Arbor Public School District in conjunction with collection proceedings, in addition to fees due under this Agreement.

7. LATE ENROLLMENT: If a child is allowed to enroll in the program following the start of the 2011-2012 school year, the program fee will be calculated according to the number of days remaining in the school year. Otherwise, the terms and conditions are as set forth above.

By executing this Letter of Agreement, I hereby acknowledge that I have read, understand and agree to be bound by all of the terms and conditions set forth above.

Child's Name: _____

Parent/Guardian Signature: _____

Printed Name: _____ Date _____

Parent/Guardian Signature: _____

Printed Name: _____ Date _____

ANN ARBOR PUBLIC SCHOOLS
2011–2012 School Year

<p>For Office Use Only School: _____ Start Date: _____ Sessions: _____</p>

Date of Admission		Allergies			
Date of Discharge					
<p>CHILD INFORMATION RECORD STATE OF MICHIGAN Department of Human Services Bureau of Children and Adult Licensing</p>					
Name of Child (Last, First, Middle Initial)			Address (Number and Street, Building/Apartment Number)		
Child's Date of Birth	Home Phone ()		City	State	Zip Code
Father/Legal Guardian's Name		Home Phone		Mother/Legal Guardian's Name	
Home Address (if not child's address)		Cell Phone		Home Address (if not child's address)	
City	State	Zip Code	City	State	Zip Code
Employer/School Name			Employer/School Name		
Address (Employer/School)			Address (Employer/School)		
City	State	Zip Code	City	State	Zip Code
Employer/School Phone		Daily Work/School Times		Employer/School Phone ()	
Daily Work/School Times					
Name(s) of Person other than Parent or Legal Guardian to whom child may be released					

BCAL-3731 (Rev. 9-09) Previous editions 3-08, 10-07, & 1-06 may be used.

See Reverse Side

I give permission to _____, licensed by the Department of Human Services (Provider's Name)			
to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.			
Signature of Parent or Guardian			Date Signed
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ()	
Address of Child's Physician or Health Clinic		Name of Health Insurance Carrier	
Hospital Preferred for Emergency Treatment		Health Insurance Policy Number	
Special Needs:		Date of Last DTaP (Diphtheria, tetanus, pertussis) Shot	
Name of Local Person to be Notified in an Emergency When Parents Not Available		Local Address of Emergency Person	
Home and/or Cell Phone ()	Work Number ()	City, State	Zip code
Special Instructions:			
Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.			AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.

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CHILD INFORMATION

1. Are there any restrictions on your child's activity in childcare? If so, what?

2. Is there any medical information childcare staff should be aware of, such as an allergy to food, insect bites, drugs, etc?

3. Is there any medical information you would like to share with childcare staff, such as a history of problems, which might help them better serve your child? Of course such information is considered confidential.

4. In the case of separated or divorced parents, are there any legal restrictions on the release of the child to either parent? If so, please explain. Legal restrictions require documentation, please attach if applicable.

5. Do you give your doctor, emergency hospital or paramedics and other emergency service personnel the authority to treat your child in an emergency if you cannot be reached?

6. I hereby give my child _____ permission to participate in activities planned and supervised by the child care or camp staff. Such activities may include walks to neighborhood parks and stores, and bus rides for various field trips.

Parent / Guardian Signature

7. **FIELD TRIPS:** I hereby give permission for my child to participate in SACC field trips, and to be transported on such trips via authorized vehicles.

Parent / Guardian Signature

OPTIONAL (3rd grade and older only):

I give my permission for my child _____ to walk to and from the child care program. The Ann Arbor Public School's Child Care and/or Camp Programs are not liable for the child until he/she arrives at the program or after the child has left the program to walk home. I will send a note or call on the days my child may sign him/herself out.

Parent / Guardian Signature

**SCHOOL AGE CHILD CARE & CAMP
CONFIDENTIAL QUESTIONNAIRE**

In order to help us get to know you and your child, please fill out the following questionnaire. We will then be able to plan appropriately to best meet your child's needs. Your response will be reviewed by staff at your child's site and kept confidential. If you need more room to respond to a particular question, please attach a separate sheet of paper.

Parent Name: _____
Child's Name: _____ School: _____ Grade: _____

1. My child's favorite toys and games are:

2. The things I would like staff to understand about our family are: (include things like sibling names and ages, pets, extended family members, custody arrangements, and activities the family does together for enjoyment).

3. Have there been any changes in your child's life recently?

4. My child's greatest fears are ...

5. When angry, my child will ...

6. My child has difficulty ...

7. When upset, my child responds best to ...

8. Each family has traditions and holiday celebrations that take place seasonally. Please tell us about your family's heritage and traditions, (e.g. making a special recipe, attending a family game tournament, creating a special craft, or telling a family story).

9. My child will need assistance with ... (check all that apply)
 - _____ Dressing
 - _____ Going to the bathroom
 - _____ Remembering to use the bathroom
 - _____ Understanding and following simple directions
 - _____ Knowing his or her full name
 - Other: _____

*Thank you very much for taking time to complete this valuable questionnaire.
It will enhance the relationship we have with your child.*

**COMMUNITY EDUCATION AND RECREATION
School Age Child Care (SACC) Consent Form**

1. I agree to record the time and my signature on the attendance sheet each time I drop off and/or pick up my child.
2. I agree to call the childcare site to inform the staff whenever my child will be absent.
3. I confirm that my child is in good health, able to participate in all activities unless otherwise indicated on the Child Information Form, up to date on his/her immunizations, and that a current immunization form or waiver is on file in the school office.
4. I understand that my child will be offered snacks daily and, unless I specify in writing otherwise, he/she may eat those snacks. I understand that if my child has allergies I must provide snacks from home.
5. I understand that **my child's school may be 'no-nut'** and I will follow the guidelines of the "no-nut" policy in the district when sending lunch or a special treat or snack for the program.
6. I agree that my child may participate in all walking and bus field trips, spontaneous and planned, in the SACC program. I understand that I will be notified in advance of planned trips and that spontaneous trips (e.g. a walk to a neighborhood park) will be posted at check-in.
7. I agree to assume full responsibility for any damage to person or property caused by my child.
8. I agree that if it is determined that my child needs emergency medical or dental treatment, I will be responsible for any such treatment deemed necessary by a physician or dentist.
9. I agree that if the behavior or health of my child necessitates sending him/her home, I (or someone on my emergency contact list) will immediately pick up my child from care. I agree to keep my contact information up-to-date.
10. I understand that if my child has a persistent pattern of negative behavior and interventions have not been successful, I may be asked to remove my child from the SACC program.
11. I understand that after 6 pm I must pay a late fee of \$5 for the first five minutes and \$3 per minute thereafter for every minute that my child is left in care. I understand the child of a chronic offender may be disenrolled.
12. I understand that I must call the Child Care business office to make a permanent change to my child's schedule. No schedule changes will be accepted after May 11, 2012.
13. I understand I must pay a \$15 late fee each time I do not pay the monthly child care fee by the 15th of the preceding month. **I understand that I am responsible for contacting the childcare office and making payment even if no invoice is received.** I understand that payments are due prior to care and that my child may be disenrolled on the first day of the unpaid month if payment is not received.
14. I agree to give two weeks written, advance notice to the Child Care office if I decide to withdraw from the program and that I am responsible for accrued fees until notice is received *and* my withdrawal has gone into effect. I understand refunds must be requested in writing and that they require a \$10 processing fee. I understand that no credit is given for withdrawals after May 15.
15. Because SACC guarantees staffing and snacks according to my child's schedule, I understand that there is no credit available for absences, including those for vacations and school field trips.
16. I agree to send a note or to call on days my 3rd, 4th or 5th grade child may sign him or herself out.
17. I agree I refuse to allow pictures of my child in Ann Arbor Public School commercials or educational and instructional materials, and to relinquish all rights to any forms of the pictures.
18. I understand that the Parent Handbook, which I can obtain at the childcare site or view at www.aareced.com, details these and all other current policies and procedures of the SACC.
19. I understand that a notebook containing all current SACC state licensing information, including inspection and investigation reports and any related corrective action plans, is kept at the childcare site and can be viewed in the presence of a staff person upon request (some information in the notebook is confidential). Reports covering the last two years can be viewed at www.michigan.gov/michildcare.
20. I have read, understood, and agreed to all of the above.

Parent/Guardian Signature: _____ Date: _____

Child(ren): _____

**ANN ARBOR PUBLIC SCHOOL COMMUNITY EDUCATION AND RECREATION
SCHOOL AGE CHILD CARE PROGRAM
2011-2012 SCHOOL YEAR**

Community Education and Recreation

Attn: School Age Child Care

1515 S. Seventh St.

Ann Arbor, MI 48103

734-994-2300

Fax 734-994-1454

Site Coordinators:

Angelita Jacob	ext 53106	jacobs@aaps.k12.mi.us
Vickie Malcolm	ext 53255	malcolm@aaps.k12.mi.us
Robin Schultz-Purves	ext 53208	purves@aaps.k12.mi.us

Secretaries:

Kathy Pennisi	ext 53220	pennisi@aaps.k12.mi.us
Martha Balmer	ext 53253	balmer@aaps.k12.mi.us

Please consult our website <http://www.aareced.com/reced.childcare/home> or the Parent Handbook (available in our office and at the childcare sites) for detailed information about our programs, procedures and policies, including special needs, fees and billing, drop-ins, schedule changes, withdrawals and financial assistance options.

IMPORTANT!

Before your child can participate in the School Age Child Care program, the Enrollment Form, Child Information Record, Health Questionnaire, Confidential Questionnaire, and signed Consent Form must be completed and returned to the Child Care office along with the enrollment fee.

Fees for care are due on the 15th of the month prior to services and may be required with the enrollment fee.

Each and every schedule change received after August 15, 2011 will incur a \$15 per child schedule change fee.

Registrations turned in on or after August 15, 2011 will require payment of September fees at the time of registration.

If a session is cancelled due to insufficient enrollment, affected families will be contacted as quickly as possible and offered an alternative childcare site if available.

Before and after school care at the following schools is offered by other agencies:

Burns Park and Lawton
King

Community Day Care, 761-7101
King Care, 994-4485

In accordance with the Americans With Disabilities Act, Ann Arbor Public Schools Community Education and Recreation welcomes everyone's participation. Please let us know at least two weeks in advance of your child's participation how we can accommodate his/her needs.

CREDIT CARD PAYMENT OPTIONS FORM

The form below may be used to pay your enrollment fee by credit card.

You also have the choice of selecting "Option #2" which will enable us to set up recurring credit card payments for all your current and future monthly childcare fees for the school year.

Recurring Credit Card families will continue to receive invoices around the first of each month, but the amount due will not actually be removed from the account or charged to the credit card until the 15th of each month. Late fees will be incurred if the credit card identified for recurring payments is declined for any reason. *Note: The option to use recurring credit card payments must be set up anew each school year.*

2011-2012 SCHOOL AGE CHILD CARE CREDIT CARD PAYMENT AUTHORIZATION FORM

Option 1: Please charge a one time payment of the amount listed below

Option 2: Please set up recurring payments on this card for all current and future fees {exp. date should be after 6/2012}

First & Last Name(s) of Child(ren) this payment applies to: _____

List School Child(ren) currently attending: _____

Name of Payor: _____ **Telephone #:** _____
(Print the cardholder's name EXACTLY as it appears on the credit card)

Card Type: VISA MASTERCARD **Total Amount to Charge: \$** _____

Credit Card #: _____ **Expiration Date:** _____
(Date must be valid at least 30 days beyond payment rcvd date)

Signature of Payor: _____ **CVV#:** _____
I agree to pay the above total amount according to the credit issuer's agreement and the Community Education and Recreation Child Care Refund/Credit policy as listed in the Parent Handbook. (3 digit security code)

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____