

Ann Arbor Public Schools Community Education and Recreation  
2009-2010 School Year @ **Lawton**  
**SCHOOL AGE CHILD CARE PROGRAM ENROLLMENT FORM**

To enroll your child in the School Age Child Care Program, please complete all enclosed paperwork and return to the SACC office at 1530 Eisenhower Place, Ann Arbor, MI 48108 **with** the appropriate enrollment fee. **Standard Program Fee: \$45.00 Flex Prog. Fee: \$45 plus \$150.00 administrative fee.** [Payment may be made with cash, check, money order (payable to Ann Arbor Public Schools – AAPS) or Visa / Master Card] The enrollment fee is non-refundable.

REQUESTED SCHOOL: LAWTON PROGRAM TYPE (circle one): Standard / Flex

CHILD'S NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last Name) (First Name) (Middle)  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Gender: M F 09-10 Grade: K School: \_\_\_\_\_

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

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

\*This is the person who will receive the monthly invoice and be held responsible for payment

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_ PAGER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ {PLEASE CIRCLE PREFERRED METHOD OF CONTACT}

PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_ ext. \_\_\_\_\_

This person may have access to my account information: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 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:

\_\_\_\_\_ Standard Kindergarten Care \_\_\_\_\_ K-Care Flex Schedule (submit calendar)

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

	Monday	Tuesday	Wednesday	Thursday	Friday
Kindergarten Care					

**Please complete a separate form for each child**

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

**\*\* If you would like to pay your enrollment fee by credit card, please complete and return the attached authorization form with this registration.\*\***

**ANN ARBOR PUBLIC SCHOOLS**  
**2009 – 2010 School Year**

<b><u>FOR OFFICE USE ONLY</u></b>	
School: _____	_____
Start Date: _____	_____
Sessions: _____	_____

**CHILD INFORMATION RECORD**  
**STATE OF MICHIGAN**  
 Department of Human Services  
 Office of Children and Adult Licensing

Date of Admission		Allergies	
Date of Discharge			
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 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
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 (Please include phone numbers)			

OCAL-3731 (Rev. 1-06) Previous edition may be used.

See Reverse Side

**Please indicate by 1, 2, 3, the order in which authorized adults should be called**

I give permission to <b>ANN ARBOR PUBLIC SCHOOLS</b> (Provider's Name), licensed by the Department of Human Services 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, sex, religion, age, national origin, color, height, weight, marital status, 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: Act 116 of P.A. 1973 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(ren) \_\_\_\_\_  
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.  
\_\_\_\_\_  
\_\_\_\_\_
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

Parent / Guardian Signature

### OPTIONAL

I give my permission for my child(ren) \_\_\_\_\_  
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(ren) until he/she arrives at the program or after the child(ren) has left the program to walk home. I will send a note or call on the days my child(ren) may sign themselves 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 confirm that my child is in good health and able to participate in the child care activities, unless otherwise indicated on the Child Information Form.
3. I agree that when I receive my Parent Handbook, I will read and follow the rules and procedures in the Parent Handbook.
4. I agree to call the child care site to inform the staff whenever my child will be absent.
5. 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 will provide their own snacks from home.
6. 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.
7. 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.
8. I agree to assume full responsibility for any damage to person or property caused by my child.
9. 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.
10. I further agree that if the behavior or health of my child should make it necessary to send him/her home, I, or an emergency contact person, will immediately pick up my child from child care.
11. 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.
12. I understand that I must pay a late fee of \$5 up to five minutes after 6 pm and \$3 per minute after 6:05 pm for every minute that my child is left in childcare. I understand the child of a chronic offender may be disenrolled.
13. I understand I must pay a \$15 late fee each time I do not pay the monthly child care fee by the 15<sup>th</sup> 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 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 when withdrawing my child from the program. I understand that I am responsible for paying accrued fees until written notice is received in the Child Care office *and* my withdrawal has gone into effect. I understand refunds must be requested in writing and that they require a \$20 processing fee.
15. Because SACC guarantees appropriate staffing and snacks regardless of whether or not my child attends on scheduled days, I agree to pay for reserved sessions for which my child may be absent due to illness, vacations, and for school field trips.
16. I agree to send a note or to call on days my 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup> 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, educational and instructional materials, and to relinquish all rights to any forms of the pictures.
18. I have read, understood, and agreed to all of the above.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Children's Names: \_\_\_\_\_

**ANN ARBOR PUBLIC SCHOOL COMMUNITY EDUCATION AND RECREATION  
SCHOOL AGE CHILD CARE PROGRAM  
2009-2010 SCHOOL YEAR**

Community Education and Recreation  
Attn: School Age Child Care  
1530 Eisenhower Place  
Ann Arbor, MI 48108  
Fax 973-1096

<b>Secretaries:</b> 994-2298	<b>Site Coordinators:</b> 994-2300	
Kathy Pennisi pennisi@aaps.k12.mi.us	Angelita Jacobs ext 53106	jacobs@aaps.k12.mi.us
Martha Balmer balmer@aaps.k12.mi.us	Vickie Malcolm ext 53255	malcolm@aaps.k12.mi.us
	Robin Schultz-Purves ext 53208	purves@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. September fees are due on September 1. (Please be aware that October fees are billed on August 31 and are due on September 15.)

K-Care registrations are due 4/20/09. All K-Care families enrolled before 6/1/09 will receive a \$25 Rec & Ed gift certificate good toward Rec & Ed classes and sports. If enrolling after August 14, contact the SACC office to ensure there is a space available for your child.

A confirmation of your schedule will be mailed by August 1, 2009. Your monthly fees thereafter will be based on this schedule, unless the childcare office is notified of a change. **EACH AND EVERY SCHEDULE CHANGE RECEIVED AFTER SEPTEMBER 1, 2009 WILL INCUR A \$15 PER CHILD SCHEDULE CHANGE FEE.**

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	Community Day Care, 761-7101
King	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.

The form below may be used to pay your enrollment fees by credit card. You will note that you have the option of setting up recurring credit card payments to cover your childcare fees. Recurring Credit Card families continue to receive invoices early in the month, but the amount due is charged against their card on the 15<sup>th</sup>. Late fees are incurred if the card is declined for any reason. See Parent Handbook for details. Note: *Recurring credit card payments must be set up anew each year.*

**OPTIONAL CREDIT CARD FORM**

Child(ren) \_\_\_\_\_

School: \_\_\_\_\_

Name: \_\_\_\_\_

(EXACTLY as it appears on the credit card)

VISA            MASTERCARD            Amount Charged \$ \_\_\_\_\_

CARD # \_\_\_\_\_ Exp \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please set up recurring payments on this card.

I agree to pay the above total amount according to the card issuer's agreement and the Community Education and Recreation School Age Child Care Refund/Credit policy as listed in the Parent Handbook.

For Office Use Only

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_