

# REGISTRATION FORM COMMUNITY SCHOOL AGE CHILD CARE

Sponsored by Community Day Care  
1611 Westminster, Ann Arbor, MI 48104  
ph: 734.761.7101 fax: 734.761.9610



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

**Registration Fee: \$45.00**

Child's Name: \_\_\_\_\_ Grade in fall \_\_\_\_\_

Primary Parent's Name\*: \_\_\_\_\_ Day Phone: \_\_\_\_\_ \*

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

Address: \_\_\_\_\_ zip code: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address: \_\_\_\_\_ zip code: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please check ALL that apply. MINIMUM ENROLLMENT OF TWO AM OR PM SESSIONS PER WEEK.**

**Ann Arbor Learning Community:** \_\_\_\_\_

**Burns Park:** \_\_\_\_\_

**Lawton:** \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Before	0	0	0	0	0
After	0	0	0	0	0

Does your child have any allergies/medical conditions/special needs staff should be aware of? YES  
NO

Are any of these life-threatening? YES NO

CSACC (Kids Club) provides before and after school care at the school site during regular school days. DAYS WHICH THE CHILDREN DO NOT HAVE SCHOOL (AND WE CAN STAFF) ARE CONTRACTED SEPARATELY. The program begins the first full school day and runs until the end of the school year. Children will be enrolled on a first come, first served basis as space permits. The CSACC (Kids Club) program is licensed by the Department of Human Services Bureau of Children and Adult Licensing. .  
An enrollment packet and schedule confirmation will be mailed to you in **August**.

### TO COMPLETE REGISTRATION

- RETURN THIS REGISTRATION FORM ALONG WITH \$45 REGISTRATION FEE;** 1611 Westminster, Ann Arbor 48104.
- BEFORE** the first day of attendance, return emergency form, permission slip, consent form, statement of good health, immunizations statement, and child information form to the main office. Also read and understand CDC's Financial Policies. (A packet will be mailed to you in August.)
- I understand that this is a **CONTRACT FOR SERVICES** and that I am responsible for the tuition charged for the above schedule.
- FINANCIAL INFORMATION RELEASE:** Financial information will ONLY be released to those who sign below. Anyone not named below will obtain information from those signed.

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

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

Start Date: \_\_\_\_\_ Reg. Fee Pd: \$ \_\_\_\_\_ Ck #: \_\_\_\_\_ Date Pd: \_\_\_\_\_

**CONTRACT AGREEMENT FOR SERVICES OF CHILDCARE**

We \_\_\_\_\_ (parents) agree to enroll our child, \_\_\_\_\_ (child's name), in **Community Day Care and Preschool Center Inc. (CDC)** licensed by the State of Michigan. We agree that our registration fee of \$45.00 is non-refundable unless the organization is unable to enroll my child due to space.

**Program Policies**

We have received and read the attached program policies developed by **Community Day Care** and agree to comply with all of the rules, policies and responsibilities stated therein. **Community Day Care** has reserved the right to modify the rules and policies at its sole discretion with **30 days written notice**. Such notice requirements shall not be applicable in the event of emergencies or licensing mandates.

**Hours of Operation**

The Hours of operation for the Preschool are **7:30am – 5:30pm**. Hours of operation for the school age programs are **7:30am – 9:00am** and **3:42pm – 6 pm**. Hours of operation for the school age “Reporting Days” are 7:30am-5:30pm.

**Payment**

We agree to pay the provider **monthly** for childcare services. This fee includes morning and afternoon snack. We agree to pay the full fixed weekly rate regardless of absences. We understand that **Community Day Care & Preschool Inc.** reserves the right to adjust the fixed **daily** rate with thirty (30) days written notice.

We further agree that the child care fees are to be paid in full **monthly**, unless a payment plan had been established with the Executive Director. We also agree to pay any **late payment penalties** and **late pick-up fees** established in the parent policy manual.

**Release of Financial Information**

We acknowledge that **Community Day Care & Preschool Inc.** will release \_\_\_\_\_ (child) to only those persons authorized on the **Child Release Card**. We further acknowledge agreement with Community Day Care & Preschool Center Inc. standard procedures will be used for the release of children in special circumstances.

**Termination of Contract**

Finally, we agree that **either** party may **terminate this agreement with two weeks written notice**. In the event we do not provide two weeks written notice of withdrawal, we agree to pay Community Day Care & Preschool Inc. an **amount equal to two weeks of child care fees**. We also acknowledge that Community Day Care & Preschool Inc. may **terminate** this agreement **without notice** if \_\_\_\_\_ (child's name) continued participation in the program creates a direct threat to the safety of \_\_\_\_\_ (child's name), other children, or Community Day Care staff.

If any provision of this contract, the attached program policies, rules and responsibilities, are held invalid or unenforceable, it should be ineffective only to the extent of the invalidity, without affecting the validity or enforceability of the remainder of the provision or remaining provisions and the intent of this contract.

This contract constitutes the entire agreement among the parties to it and supersedes any prior understandings or agreements. Each party acknowledges and states that no representation, inducement or condition not set forth in this contract has been made or relied on by either party.

This contract shall be governed by the laws of the State of Michigan.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
date signed

\_\_\_\_\_  
Guardian printed name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
date signed

\_\_\_\_\_  
Guardian printed name