



MICHIGAN AFTERSCHOOL PARENT CONTRACT AND SUMMER SESSIONS REGISTRATION FORM

Michigan AfterSchool Association is the state affiliate with the National AfterSchool Association (NAA).

Our affiliation with NAA brings added benefits through our networking, training, and other opportunities that the NAA provides to individuals, programs, and states as they support expanded learning and afterschool programs.

The mission of the Michigan AfterSchool Association is to *build a field of professionals that develops, supports, and promotes quality out-of-school-time (OST) and expanded learning programs for children and youth.*



PARENTAL CHECKLIST

Please note that if you hand in an incomplete package it will NOT BE ACCEPTED and A SPOT WILL NOT BE RESERVED.

Packages submitted to us are not accepted unless they are accompanied by the following items:

- Completed Membership Agreement
- Completed Consent to Use Information and Photographs Form
- Completed Summer Session Application pages (3)
- Completed Allergy Form
- Completed Asthma Form
- Completed Registration Information Form
- Completed Permission for Outdoor Play & Field Trips and Sunscreen Form
- Completed All About Me Form
- Completed Parent Contract Acknowledgement Form
- Parent Notification of the Licensing Book
- ALL pages of Application Package must be initialed by parent/guardian
- A NON REFUNDABLE check for the amount of your first two weeks will be required at the time of application to hold your spot.

Payments may be made through check, cash, and credit card.

MAA - PARENT/GUARDIAN COMPONENT

Family-school-community partnerships are a shared responsibility and reciprocal process whereby schools and other community agencies and organizations engage families in meaningful and culturally appropriate ways, and families take initiative to actively support their children's development and learning. Schools and community organizations also make efforts to listen to parents, support them, and ensure that they have the tools to be active partners in their children's school experience.

Partnerships are essential for helping students achieve at their maximum potential and, while parent and community involvement has always been a cornerstone of public schools, greater recognition, and support of the importance of these collaborative efforts is needed. We at MAA will work to help develop training to work with you and your students by offering parents a chance to participate in activities that support their child. We will offer free training to support you as well as give you certificates of completion upon some of our one-hour training that we will be offering over the course of the year.

MEMBERSHIP AGREEMENT

Please print neatly as the information is very important in the case of an emergency and we need to have accurate information.

Date of Application:	
Child's name:	
Child's birth date: mm/dd /yy	Child age:
Address:	Zip code:
Phone number:	Email:
Emergency contact name:	
Relationship to child:	Emergency #:

The Applicant hereby applies for membership for themselves and their child at **MAA Expanded Learning Center** and agrees to observe all the business' rules and regulations established for maintaining order and protecting the members from injury.

The Applicant hereby releases and forever discharges **MAA Expanded Learning Center** the Business, the owners, the officers, the instructors, the members, and authorized guests from any and all actions, causes of action, claims and demands whatsoever for damage, loss, or injury, howsoever arising which may hereafter be sustained by my child, in consequence of my membership in the **MAA Expanded Learning Center** program.

I, _____ the _____ (RELATIONSHIP) of the Applicant hereby consent to the above application and in consideration of the acceptance of the same, I hereby agree to indemnify and save harmless, **MAA Expanded Learning Center**, owners, their officers, instructors, members and authorized guests of and from any liability of any nature of kind whatsoever arising out of or in any way connected with any claims or demands made by or on behalf of the Applicant.

IN WITNESS WHEREOF the Parties have executed this Agreement.

Parent or Guardian's Signature

Date

MAA Expanded Learning Center OFFICER/OWNER

Date

CONSENT TO USE INFORMATION AND PHOTOGRAPH(S)

The undersigned's child, _____ (the "Child"), attends one or more programs offered by MAA Expanded Learning Center. We may require, from time to time, the use of the name and/or photograph(s) of the Child for promotional and marketing materials. The undersigned is not required by law to consent to such use of personal information or photograph(s). Pursuant to the provisions of the Privacy Act, subject to certain exceptions, the undersigned has the right of access to, and protection of, personal information and materials, which may be collected by MAA Expanded Learning Center about the Child.

The undersigned consents to MAA Expanded Learning Center using the name of the Child and/or photograph(s) of the Child at the following location or for the following promotional materials:

- the Center
- advertising and marketing materials
- specials events notification in local newspapers
- closed Facebook page only available to parents and staff**
- open social media pages (available to the public)
- all of the above
- none of the above
- BY CHECKING THIS BOX**, I acknowledge that I have been informed that MAA Expanded Learning Center has cameras installed for security and internal monitoring.

Signed this, _____ day of _____, 202____.

Signature: _____ Signature: _____

Name(s) in full

Current Home Address

SUMMER SESSIONS APPLICATION PAGE I

Child's Name: _____

Date of Birth: _____ / _____ / _____

Nickname: _____

Address: _____

Phone Number: _____

***We need to have work information for both parents. If you work at home please put down the name of the business and the business phone number. Thank you**

Legal Guardian 1 Name: _____

Work Place: _____

Work phone #: _____ Ext: _____

Work Address

Home Address: _____

Zip Code: _____ Home Phone #: _____ Cell phone _____

Email address: _____

Legal Guardian 1 Name: _____

Work Place: _____

Work phone #: _____ Ext: _____

Work Address

Home Address: _____

Zip Code: _____ Home Phone #: _____ Cell phone _____

Email address: _____

Emergency Contacts (other than Legal Guardians):

1. Name: _____

(Relation to child: Aunt etc.): _____

Home Address: _____

Home Phone #: _____ Cell phone _____

Email address: _____

SUMMER SESSIONS APPLICATION PAGE 2

- Summer Payments can be made by cc, cash, or check made payable to **Michigan AfterSchool Association**
- **Summer Sessions are Monday through Friday (8:00am to 5:00pm).**
- There is a \$100 registration fee for Summer Sessions. This will include a year of membership with Michigan AfterSchool Association
- Check One...
 - Option 1:** I/We prefer to pay weekly (due on Monday of each week).
 - Option 2:** I/We prefer to pay bi-weekly (due on the Monday of every other week).
- Our weekly or bi-weekly selected tuition price is \$_____.

MAA will be offering 2 Summer Sessions for ages 3-10. We will have an emphasis on summer learning loss, focusing on literacy.

- Session 1 - June 13 through July 15, 8am-5pm, fee is \$795
- Session 2 - July 18 through August 19, 8am-5pm, fee is \$795
 - If child is enrolled for Session 1 and 2, the discounted price will be \$1495

My child will be attending

- Session 1
- Session 2

Late pickup fee - \$15 for first 15 minutes late, \$5 for each additional 5 minutes

Some field trips will have an additional fee associated with them

- The initial payment due is equal to two weeks of payment. \$_____.
- A \$15 charge will be levied on the first NSF payment, the second payment returned as NSF will result in all future fees having to be paid in cash or certified check.

SUMMER SESSIONS APPLICATION PAGE 3

Alternate Persons Authorized to Pick Up Child (Other than legal guardians and emergency contacts):

1. _____ Phone#: _____

2. _____ Phone #: _____

3. _____ Phone #: _____

Other persons in the household:

Name: _____ Relationship: _____ Age (if a child): ____

Name: _____ Relationship: _____ Age (if a child): ____

Name: _____ Relationship: _____ Age (if a child): ____

Previous Communicable Diseases of child:

_____ Date: _____

_____ Date: _____

Previous Illnesses or Injuries of child:

_____ Date: _____

_____ Date: _____

Special Medical Conditions or Known Allergies of child:

Record of Immunization: Attach a copy

Medication Administered Regularly: (specify details)

Special Diet Requirements:

ALLERGY FORM

Child's Name: _____

 My CHILD **HAS ALLERGIES** PLEASE FOLLOW INSTRUCTIONS BELOW Signature of

Signature of Parent: _____ Date: _____

 My CHILD **DOES NOT HAVE ANY KNOWN ALLERGIES**

Signature of Parent: _____ Date: _____

Allergens or irritants that are particularly bothersome to my child:

Symptoms of my child's attacks:

SPECIFIC Instructions if my child has an ANAPHYLACTIC attack

MEDICATIONS for use in relation to an allergic reaction:

<i>Date:</i>	<i>Time of Dose:</i>	<i>Amount Given</i>	<i>How to administer</i>

 I authorize the staff of MAA Expanded Learning Center to administer the medication named above in the manner described.

Signature: _____

ASTHMA FORM

Child's Name: _____

- My **CHILD HAS ASTHMA** PLEASE FOLLOW INSTRUCTIONS BELOW

Signature of Parent: _____ Date: _____

- My **CHILD DOES NOT HAVE ASTHMA**

Signature of Parent: _____ Date: _____

Allergens or irritants that are particularly bothersome to my child:

Symptoms of my child's attacks:

Specific Instructions if my child has an asthma episode, including when to go to the hospital emergency department, how to administer medication and possible side effects

MEDICATIONS to use in relation to my child's asthma:

<i>Date:</i>	<i>Time of Dose:</i>	<i>Amount Given</i>	<i>How to administer</i>

- I authorize the staff of MAA Expanded Learning Center to administer the medication named above in the manner described.

Signature: _____

PERMISSION FORM

OUTDOOR PLAY & FIELD TRIPS

This permission form will allow the teachers at our MAA Expanded Learning Center to take your child to the playground or park nearby. Your child will engage in supervised outdoor play at the playground at the teachers' discretion. This also includes supervised walks and visits to the park in the neighborhood surrounding our facility and field trips to area attractions. This permission form is valid from the first day your child is enrolled at MAA Expanded Learning Center until the end of the contracted services. As a parent or guardian of _____, I give permission to the staff of MAA Expanded Learning Center to take my child to the playground where they will engage in daily, supervised outdoor play. My child may accompany the staff to the playground at any time. My child may accompany the staff on walks in the neighborhood surrounding our facility and field trips to area attractions.

Parent's Signature

Date

SUNSCREEN PERMISSION

This permission form gives the teachers at MAA Expanded Learning Center permission to apply sunscreen to your child(ren). Parents are required to provide one bottle of sunscreen per child/family. The sunscreen must be labeled with your child(ren)'s name(s). Sunscreen is only required during the spring and summer months. Parents are required to apply sunscreen to their child BEFORE they come to the Center each morning. Our teachers will only be applying sunscreen to the children in the afternoon before they go outside. We are required to treat sunscreen as a medicine; therefore, ALL sunscreen that is brought into the Center MUST be handed to a staff member. DO NOT LEAVE SUNSCREEN IN YOUR CHILDS CUBBIE!
Thank you for helping us keep your children safe!

Parent's Signature

Date

All About ME!

Child's Name: _____

(Attach optional photo here)

My first day will be: _____

I have been to daycare before: Yes or No (Please circle)

My favorite things to do are:

My fears are:

I am potty trained; here is how I ask to go to the bathroom:

I need a little bit of help with:

If I am having a bad day this is sure to cheer me up:

My personality is:

Things that help me to rest my body are:

My level of physical activity is usually:

I have the following restrictions or limitations with physical activity:

PARENT CONTRACT ACKNOWLEDGEMENT

I, _____
(The parent/legal guardian) of

(Name of child)

Have read and understood all contents of the parental contract. I understand that by signing this form, I acknowledge and will abide by all written rules and regulations of MAA Expanded Learning Center.

These forms must be returned to the center prior to the first day of admission.

Signature of Parent/Legal Guardian

Date

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):	
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Parent Name _____

Parent Signature _____ Date _____

LARA is an equal opportunity employer/program.