



## **MICHIGAN AFTERSCHOOL PARENT CONTRACT AND REGISTRATION FORM**

### **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 Day Care Application pages (2)
- Completed Allergy Form
- Completed Asthma Form
- Completed Permission for Outdoor Play and Sunscreen Form
- Completed All About Me Form
- Completed Parent Contract Acknowledgement Form
- Parent Notification of the Licensing Book
- Completed Health Form/Immunization records
- Child Information Record - Required by licensing
- 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.

# MEMBERSHIP AGREEMENT

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

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

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

# DAY CARE APPLICATION PAGE 1

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: \_\_\_\_\_

## DAY CARE APPLICATION PAGE 2

1. Daycare Payments can be made by cc, cash, or check made payable to **Michigan AfterSchool Association**
2. **We are open Monday through Friday (7:00am to 6:00pm).**
3. I/We will need childcare for our child normally  
beginning at \_\_\_\_\_ o'clock and ending at \_\_\_\_\_ o'clock.
4. Please mark the days of the week you will need childcare.
  - Monday
  - Tuesday
  - Wednesday
  - Thursday
  - Friday
5. Check One...
  - Option 1:** I/We prefer to pay weekly (\$245 due on Monday of each week).
  - Option 2:** I/We prefer to pay bi-weekly (\$490 due on the Monday of every other week).
6. The initial payment due is equal to two weeks of payment for childcare. **\$490 due with application.**
7. 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.

### Alternate Persons Authorized to Pick Up Child

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 Illnesses or Injuries of child:

- \_\_\_\_\_ Date: \_\_\_\_\_
- \_\_\_\_\_ Date: \_\_\_\_\_

**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:**


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**Symptoms of my child's attacks:**


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**SPECIFIC Instructions if my child has an ANAPHYLACTIC attack**


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**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:

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Symptoms of my child's attacks:

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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

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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**

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. 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.

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Parent's Signature

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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!

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Parent's Signature

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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:

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My fears are:

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

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I need a little bit of help with:

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

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My personality is:

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Things that help me to rest my body are:

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My level of physical activity is usually:

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I have the following restrictions or limitations with physical activity:

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## **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.

## **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](http://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.