



Kent City Elementary Child Care Contract

2022-2023 School Year

Parent/Guardian Information:

Full name(s): _____

Cell Phone Number(s): _____

Email Address(s): _____

Child Information:

Name/Date of Birth: _____

Name/Date of Birth: _____

Name/Date of Birth: _____

Name/Date of Birth: _____

Our Kent City Elementary Child Care program is licensed through the State of Michigan. Therefore, we follow all State of Michigan Child Care policies and procedures to ensure your child is safe at all times. Please thoroughly read through our policies and procedures below.

Rates & Policies:

- We charge \$9.00 per child per day and \$17.00 per day per child on Early Release Days.
- All enrollment forms must be turned in prior to your child attending our program.
- Monthly schedules must be turned in by the deadline written on the schedule, or we may not be able to provide child care that month.
- If you add on any days that were not previously marked on the monthly schedule, you will be charged for those days on your next invoice.
- We do not provide childcare on days in which school is not in session, including snow days.
- We prefer a minimum of a 24 hour notice for schedule changes. If any same day changes need to be made, please call the school and speak with an administrative assistant directly. She will make sure these changes can be accommodated, and all parties are notified.

Student Pick Up:

- Upon arrival, we ask you call our providers at 616-648-3554. The provider will direct you to the correct playground or school entrance, and bring your child out to you.
- We require all parents/guardians to sign their child out of after school care before the child is allowed to leave.
- Underage children are not allowed to sign out siblings, relatives or friends from after school care.
- A child will not be released to anyone that is not designated on the child information record. For the safety of your child, if our providers are not familiar with the parent/designee requesting to sign out a student, they are instructed to ask for ID to verify that person is listed on the child's information record.

Payment Options:

- Monthly statements will be mailed to the address you provide the first week of every month.
- All balances must be paid in full by the last Thursday of the month.
- Because we need to adequately staff our program ahead of time, you will be billed for all days marked on the monthly calendar schedule, even if your child does not attend every one of those days.
- Acceptable methods of payment include cash, checks or money orders, payable to Kent City Schools.
- If a personal check is returned due to lack of funds, there will be a \$25 fee added to your bill. To avoid further complications, we will only accept cash or money orders for the remainder of the school year.
- Payments must be given directly to a child care provider, or turned into the elementary office.
- Please make sure your payments are made on time to avoid possible interruptions in your childcare services. We reserve the right to discontinue child care services until payment is received. In the event of multiple late payments, we may terminate services for the rest of the year.

Childcare Assistance/DHS:

- We do accept DHS assistant at Kent City Elementary.
- Applications are available in the Kent City Elementary main office. Once completed, you will need to turn in all paperwork to your social worker.
- DHS only covers child care services from the date of application.
- You will be responsible for all child care charges that DHS does not cover or approve.

Student Requirements:

- Children must be completely toilet trained. Specifically, they must be able to pull his/her own clothing down, sit on the toilet, wipe, re-dress, wash hands and rejoin the group.
- Students must be respectful and follow all after school care rules and guidelines. In the event of repetitive negative behavior, we do reserve the right to discontinue child care.

Per the State of Michigan child care licensing requirements, we must have a *Statement of Good Health* on file for all enrolled children. Please complete the following information, making sure to include each enrolled children's name on the line below.

I, _____, confirm that my child (children), _____ is in good health and up-to-date on immunizations. A copy of my child's immunization record or waiver is on file with Kent City Community Schools.

Please state child's name(s) and any activity restrictions, or write "None" in the space below.

Parent/Guardian Signature: _____ **Date:** _____

The signature(s) below represents the following:

1. I have received a copy of the Kent City Elementary Child Care Handbook.
2. I agree to all policies and procedures stated above.
3. I understand this contract is legally binding.

Parent/Guardian Signature **Date**

Parent/Guardian Signature **Date**