

Robin's Nest School Age Child Care (SACC)  
Fee Policy (All fees subject to change)

Cost: \$5.00 an hour (charges are rounded to the next hour)

\$4.00 an hour for additional siblings

\$25.00 Registration fee per family

Payment schedule — In advance weekly

Payment must be received in advance the week before attendance in the program. Each week a schedule must be submitted by parent, along with payment for the expected hours of attendance. Days scheduled that are canceled 24 hours in advance will be credited. Payment for remaining balance must be received by the end of the current week in order to attend the following week.

Please Note:

- The registration fee is nonrefundable.
- A \$20.00 late fee will be enforced each 10 minutes or portion of that if any child is not picked up.
- A \$20.00 fee along with any other administrative fees will be charged for NSF check. After 2 NSF checks, we will only accept credit cards or money orders for payment.
- A \$10.00 fee will be applied to any child that shows up and they are not scheduled for that day or by previous phone notification.
- DHS payments are accepted for those that qualify but they will not cover the full bill. You are responsible for the full payment until we receive notice of approval. You are responsible for the difference from what DHS approves and the amount that we charge.
- Preferred methods of payment are money order, check or credit card.
- For more information, please refer to the child care handbook.

Robin's Nest  
School Age Child Care  
2023//2024 School Year Registration Form

Care is available for all district students Pre K-5. The program is held at Mound Park Elementary. Westview and Schofield students will be transported by school bus in the morning to their school and by school bus in the afternoon to Mound Park.

The hourly fee is \$5.00 per child and \$4.00 for additional children (subject to change) If your child/children attend less than an hour per session, you will be charged the hourly rate. (AM or PM)

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Child's Address:

\_\_\_\_\_

Mother or Guardian's Name: \_\_\_\_\_

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

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father or Guardian's Name: \_\_\_\_\_

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

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Starting Date: \_\_\_\_\_ Before School: \_\_\_\_\_ After School: \_\_\_\_\_

Preferred method of contact: Phone call \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_

Who should be notified: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Other \_\_\_\_\_

## SACC Guidelines and Information Agreement

Please **INITIAL** that you have read all of the following statements and return it with the registration form.

\_\_\_\_\_ I agree to follow the CDC guidelines and not send my child with a fever of 100.4 or more and will notify staff if they have come into contact with anyone with Covid 19 symptoms.

\_\_\_\_\_ I have received the parent information handbook.

\_\_\_\_\_ I understand there is a \$25 nonrefundable registration fee per family

\_\_\_\_\_ I have read and agree to the payment fees and policies set forth in the SACC policy handbook.

\_\_\_\_\_ I understand the fees are subject to change.

\_\_\_\_\_ I understand that I am to pay \$5.00 an hour for 1st Child, \$4.00 an hour for additional children.

\_\_\_\_\_ I understand that I must call by 6:30 am to receive credit for the scheduled day if my child is not attending. I will be charged \$5.00 for the hour if no phone call is made.

\_\_\_\_\_ I understand that my child can only attend on scheduled days. If additional days are required, a 24 hour notice is needed. We are not a drop in center.

\_\_\_\_\_ I understand that my account must remain in good standing with current payments or my child may be dismissed or suspended from the program until my account is made current.

\_\_\_\_\_ I understand that I will be charged a \$20 late pickup fee for every 10 minutes (or portion of) after 6:00. (ex. 6:03pm = \$20.00, 6:11 pm = \$40.00)

\_\_\_\_\_ I understand that there is a \$50.00 NSF fee plus all other fees for a returned check. The amount must be paid by credit/debit card or money order before the child can continue in the program.

\_\_\_\_\_ I understand that when the school or district is closed due to cold, emergency, etc., the SACC Program is closed.

\_\_\_\_\_ I understand that the SACC staff is not responsible for lost, broken or stolen items and that all toys, and electronic devices, such as phones and tables are not permitted in the SACC program.

\_\_\_\_\_ I understand that I must submit court documentation for all child custody issues if a parent is not allowed to pick up the child(ren).

\_\_\_\_\_ I understand that I make the SACC staff aware of any changes with phone numbers, addresses, e-mail address and information pertaining to my child.

\_\_\_\_\_ I have made the SACC staff aware of any allergies, medications and special needs that my child may have.

\_\_\_\_\_ I understand that the withdrawal policy which includes a child following the school code of conduct. A child could be suspended from the program if continual behavior or language is disruptive to others, dangerous, and/or disrespectful to other students or staff.

\_\_\_\_\_ I am being made aware of the Licensing Handbook. I understand that this notebook will be available for parents to review during regular hours.

\_\_\_\_\_ I understand that all SACC staff has been cleared by the Michigan State Police Criminal Clearance program.

\_\_\_\_\_ I agree to permit Robin's Nest Childcare and the commercial media, acting through their authorized employee or agents and in their discretion, to use, reuse, publish, republish and copyright audio or visual reproductions of the student/child's name. Please submit in writing to the Robin's Nest Child Care SACC program if you do not give photo release permission.

Child/rens Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

School Age Child Care (SACC)  
Health Statement

This acknowledges that my child \_\_\_\_\_,  
Date of Birth \_\_\_\_\_, who attends the School Age Child Care  
Program (SACC) in the Fitzgerald District, is in good health and his/her immunizations are  
current and on file at his/her elementary school. I understand that I assume responsibility  
for my child's health while he/she is attending the SACC program.

Please list any special health problems: (None if not applicable)

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Please list any allergies, including food: (None if not applicable)

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My child has an up-to-date immunization record on file with the school.

Yes \_\_\_\_\_ No \_\_\_\_\_

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(Parent/Guardian Signature)

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(Date)

## Parent Handbook Acknowledgment Form

The parent handbook describes important information about our program, and I understand that I should consult the SACC staff regarding any questions not answered in the handbook.

Since information and policies are subject to change, I acknowledge that revisions to the handbook may occur and I will be notified in writing as soon as possible after any changes have been made. I understand that revised information may supersede, modify, or eliminate existing policies.

- I understand that the School Age Child Care Parent Handbook may not cover every issue that arises and as a result creates the need for communication between the SACC Staff and myself.
- I understand that I am held accountable for these policies until my child is no longer enrolled. I have reviewed and discussed any pertinent information with my child.

Furthermore, I acknowledge I have read and agree to all terms and conditions set forth in the SACC Parent Handbook. I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

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

## Playground Consent

The Michigan Department of Human Services, Office of Child Day Care Licensing has established new criteria for playground equipment and surfacing. A public (school or park) playground is not required to meet all the same playground safety regulations licensed centers are required to meet. The playground equipment at the school may or may not have been inspected and met with playground equipment guidelines. Given this information, in order for a child who is enrolled in a licensed program within a school approved by the Michigan Department of Education to play on equipment, the parent must give their consent to play on the equipment with the understanding the equipment may not have been inspected or meet the current playground equipment safety requirements. If you choose not to give your child permission to play on the equipment they will still be taken outdoors with the other children and will be offered an alternative activity

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

# CHILD INFORMATION RECORD

## State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only:</b>		Date of Admission	Date of Discharge		
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Legal Guardian's Name		Home Phone (    )	Parent/Legal Guardian's Name (Optional)		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
Email Address (optional)			Email Address		
Employer Name		Work Phone (    )	Employer Name		Work Phone (    )
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number (    )		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

**See Reverse Side**

<b>Emergency Contact &amp; Release of Child:</b> List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.	(    )	(    )	2.	(    )	(    )
3.	(    )	(    )	4.	(    )	(    )
<b>Release of Child Only:</b> List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.	(    )	2.	(    )	3.	(    )
4.	(    )	5.	(    )	6.	(    )

<b>Parent/Legal Guardian Initials:</b>	
_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.	

<b>I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.</b>	
Signature of Parent or Guardian	Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.