

2023-2024 School Year

MCES Preschool Latchkey Registration Form



LAST NAME

[Empty box for last name]

Student Last Name: _____ First Name: _____ M F Grade: _____

Street: _____ City: _____ Zip: _____ Phone: _____

Date of Birth: _____ Campus: St. Michael

Parent(s) / Guardian

Student Lives With: Both Parents Mom Dad Other: _____

Custody Arrangements (if Applicable): _____

Parent 1

Father Last Name: _____ Father First Name: _____

Father Address: Same as Above or _____

Father Occupation: _____ Father Employer: _____

Father Work Phone: _____ Father Cell Phone: _____

Father Email: _____

Marital Status: _____ Spouse's Name: _____

Parent 2

Mother Last Name: _____ Mother First Name: _____

Mother Address: Same as Above or _____

Mother Occupation: _____ Mother Employer: _____

Mother Work Phone: _____ Mother Cell Phone: _____

Mother Email: _____

Marital Status: _____ Spouse's Name: _____

Memberships

Registration Fees: \$25 for each child

PRESCHOOL Membership Choices

AM Session 6:30am-7:30am

2 days per week \$30.00 per month for 9 months (Sept-May)

3 days per week \$35.00 per month for 9 months (Sept-May)

4 days per week \$40.00 per month for 9 months (Sept-May)

5 days per week \$45.00 per month for 9 months (Sept-May)

M T W Th F

M T W Th F

M T W Th F

M T W Th F

Estimated drop off time: _____

❖ The membership you elect will reflect the monthly charges on your statement

FOR OFFICE USE ONLY: Received by _____ Date _____ Cash/Check # _____ Amount \$ _____

PM Session School Dismissal-6:00PM

- 2 days per week \$140.00 per Month for 9 months (Sept-May)
- 3 days per week \$165.00 per Month for 9 months (Sept-May)
- 4 days per week \$195.00 per Month for 9 months (Sept-May)
- 5 days per week \$220.00 per Month for 9 months (Sept-May)

- M T W Th F
- M T W Th F
- M T W Th F
- M T W Th F

Estimated pick up time: _____

❖ The membership you elect will reflect the monthly charges on your statement

PRESCHOOL Non-Session School Days

- Full Day** This allows child/ren to attend *Non School day sessions for full days* at a reduced rate **\$55.00 per Month** (Sept-May)
 - ❖ **This membership may not be changed or canceled (These dates include: Christmas Break (Closed December 25th-January 1st), Winter Break , Spring Break, Teacher In-Service Days and weather related closures)**

Additional Choices - Please give the Childcare Director at least 24hr notice if planning on using the choices below. **(Drop in space is not guaranteed.)** (734) 241-3932 Ex 2

- AM drop-in only** 6:30 am -7:30 am **\$10 per am**
- Afternoon drop-in only** School Dismissal - 6:00pm **\$15 per pm**
- Full day drop-in only** 6:30am-6:00pm **\$35 per day**
- 2 hr delay drop-in only** 6:30am-9:30am **\$20 per day**

Memberships shall be paid in nine equal payments (Sept-May). See Policy statement for additional fees and membership change/ cancellation policies. I have received and reviewed the policy statements and verify by my signature that I have read and understand them. I agree to pay for all services based on the terms spelled out in the parent handbook.

***Statements will be emailed at the beginning of each month. A late fee of \$25.00 will be assessed if not paid by the due date.**

***Latchkey closes at 6:00 pm. \$5 per minute will be charged for every minute after 6:00pm** **Parent Initials** _____

I hereby certify that: My child is in good health with no activity restrictions. My child’s immunizations are up to date. My child’s immunization record is on file with the school office. **Parent Initials** _____

Policy Signature Form

A written information packet is provided at the time of enrollment at:
<http://www.mcesmonroe.com/early-childhood-parent-handbook.html>.

The packet includes all the following information:

- Criteria for admission and withdrawal. · Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided. · Fee policy. · Discipline policy. · Food service program. · Program philosophy. · Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, illnesses. · Exclusion policy for child illnesses. **Parent Initials** _____

Licensing Notebook

Notebook Child Care Organizations Act, 1973 Public Act 116 Department of Human Services

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 28, 2010 until the license is closed.

- The 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 and special investigation reports from at least the past two years are available on the Department of Children and Adult Licensing website at **www.michigan.gov/michildcare**.

I, the undersigned, verify that I wish to contract service with MCES Latchkey. I have completed the registration packet to the best of my ability, addressed any concerns not included therein and agree to abide by the policies thereof.

Parent/Guardian Signature: _____

Date _____

Parent/Guardian Signature: _____

Date _____