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 **2019-2020 School Year**

 MCES Latchkey Registration Form

**LAST NAME**

**Student *Last* Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***First* Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M F **Grade:** \_\_\_\_\_\_\_\_\_\_

**Street:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip:** ­\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Campus: St. Michael St. Mary**

**\*\*\*If this student is PK - 3rd grade they attend at St. Michael Campus. Grade 4 and up can select St. Michael or St. Mary Campus.**

**Memberships**

**Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registration Fees: $25 for first child and additional child/ren registered $15 per child**

***PRESCHOOL* Membership Choices (ST. MICHAEL CAMPUS ONLY)**

**AM Session**

5 sessions per week 6:30am -7:30 am **$35.00 per month** for 9 months (Sept-May)

3 sessions per week 6:30am -7:30am **$25.00 per month** for 9 months (Sept-May)

* Please check which dates your child will attend M T W Th F **Estimated drop off time:\_\_\_\_\_\_**
* These days can be changed to accommodate your needs. When *enrolling* please choose the 3 days you would prefer.

**PM Session**

5 sessions per week School Dismissal - 6:00pm **$185.00 per Month** for 9 months (Sept-May)

3 sessions per week School Dismissal - 6:00pm **$130.00 per Month** for 9 months (Sept-May)

* Please check which dates your child will attend M T W Th F **Estimated pick up time:\_\_\_\_\_\_\_**
* These days can be changed to accommodate your needs. When ***enrolling*** please choose the ***3 days*** you would prefer.

***SCHOOL AGE (Y5-age 12)*  Membership Choices (ST. MICHAEL or ST. MARY CAMPUS)**

**AM Session (ST. MICHAEL CAMPUS ONLY)**

5 sessions per week 6:30am -7:30 am **$30.00 per month** for 9 months (Sept-May)

3 sessions per week 6:30am -7:30am **$22.00 per month** for 9 months (Sept-May)

* Please check which dates your child will attend M T W Th F **Estimated drop off time:\_\_\_\_\_\_**
* These days can be changed to accommodate your needs. When *enrolling* please choose the 3 days you would prefer.

**PM Session**

5 sessions per week School Dismissal - 6:00pm **$180.00 per Month** for 9 months (Sept-May)

3 sessions per week School Dismissal - 6:00pm **$125.00 per Month** for 9 months (Sept-May)

* Please check which dates your child will attend M T W Th F **Estimated pick up time:\_\_\_\_\_\_\_**
* These days can be changed to accommodate your needs. When ***enrolling*** please choose the ***3 days*** you would prefer.

**PRESCHOOL AND SCHOOL-AGE Non-Session School Days**

**Full Day (ST. MICHAEL CAMPUS ONLY)**

* This allows child/ren to attend ***Non School day sessions for full days*** at a reduced rate **$40.00 per Month** (Sept-May)
* ***This membership may not be changed or canceled* (These dates include: Thanksgiving, Christmas Break, Winter Break , Spring Break, Easter and Teacher In-Service Days)**

**Additional Choices -** Please give the Childcare Director at least 24hr notice if planning on using the choices below. (734) 241-3378

AM drop-in only **(ST. MICHAEL CAMPUS ONLY)** 6:30 am -7:30 am **$5 per am**

Afternoon drop-in onlySchool Dismissal - 6:00pm **$15 per pm**

Full daydrop-in only **(ST. MICHAEL CAMPUS ONLY) $30 per day**

***Memberships*** shall be paid in nine equal payments (Sept-May). See Policy statement for additional fees and membership change/ cancelation 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.

**Late Fees**

* 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.**
* Daycare closes at 6:00 pm. **$1 per minute** will be charged for every minute after 6:00pm

**Parent Initials**

**Latchkey Health Waiver**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**