

East Arbor Before and After Care

6420 Textile rd.

734-961-8609 firstfinearts.com

Our Mission

1st Fine Arts strives to provide the children of East Arbor Academy with a safe and fun space to feel at home while winding down after a long school day. We are dedicated to achieving the unified educational goals and objectives of parents and children regardless of their race, color, creed, religion, disability or national origin. We believe the most important contribution our teachers can make is to help mold our young people into caring, productive human beings.

Program

Services include transportation between our center and East Arbor. While at 1st Fine Arts, Children may choose arts and crafts, board games, dramatic play, building and imaginative play. There is time for students to work on homework. We go outside for exercise, sports, group games, nature walks, etc. on a daily basis. A small snack is provided after school.

Services are available starting at 6:30 a.m. and after school until 6 p.m.

Rates

Before school: \$10/day After school: \$14/day M-F Before & After: \$100/week

Registration fee: \$35/family

Multiple child discount: 10% off second child

Full day: \$40 Half day: \$28

Absences

We charge for the days the student is signed up for. If school is closed we do not charge for that day. Permanent schedule changes require two week's written notice.

Half Days and School Closings

Care will be offered on days East Arbor is scheduled to close. Parents must sign up ahead of time for services so we can meet a minimum number of students to plan for. If school is closed due to inclement weather, please call the center to check if we are taking students and/or open.

Bussing Information:

We will leave 1st FA at 7:45 a.m. sharp!

Date of Admission		Date of Discharge		CHILD INFORMATION RECORD		
				Michigan Department of Consumer & Industry Services		
Name of Child (Last, First, Middle Initial)				Address (Number and Street, Building/Apartment Number)		
Child's Date of Birth	Home Phone Number ()		City	State	Zip Code	
Father/Legal Guardian's Name:			Mother/Legal Guardian's Name:			
Home Address: (If not child's address)			Home Address: (If not child's address)			
City	State	Zip Code		City	State	Zip Code
Employer / School Name			Employer / School Name			
Address (Employer / School)			Address (Employer / School Address)			
City	State	Zip Code		City	State	Zip Code
Employer / School Phone:		Hours of Employment / School		Employer / School Phone:		Hours of Employment / School
Name of Local Person to be Notified in an Emergency When Parent is not Available:				Local Address and Phone Number of Emergency Person		
Home Phone		Work Phone		City	State	Zip Code
Name(s) of Person other than Parent or Legal Guardian to whom child may be Released						

BRS-3731 (Rev. 9/97) Previous edition may be used.

I give permission to _____, licensed by the Department of Consumer and Industry Services to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. <small>(Child Care Provider)</small>		
Signature of Parent or Guardian	Date Signed	AUTHORITY: Act 116 of P.A. 1973. COMPLETION: Required. PENALTY: Rule Violation Citation.

Space for Notarization (If Required by Local Medical Facility)

Name and Address of Child's Physician or Health Clinic		Phone Number ()
Hospital Preferred for Emergency Treatment	Health Insurance Policy Name and Number	
Allergies, if Any	Date of Last Tetanus Shot	
Field Trip: I hereby give my permission to: _____ for my child to be transported in a vehicle and/or participate in field trips. <small>Provider's Name</small>		
Signature of Parent or Guardian	Date Signed	
The Michigan Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.		

BRS-3731 (Rev. 9/97) (Back)

1. Program services are available as early as 6:30a.m. until 6p.m.
2. All children must be signed in and out by an adult.
3. No child shall be released to anyone not listed as an authorized pick-up person on the application.
4. Parents should notify staff ahead of time if someone new will be picking up the child. That person must present a valid driver's license or other photo ID.
5. A non-refundable enrollment fee of \$35 per family is due upon registration.
6. Tuition is due every Monday, or the first day of the week your child attends. A \$5.00 late payment fee will be added to all late payments. If you have an overdue payment, your child may not attend until payment is made and may lose his/her spot in the program.
- 7.. Half and full day service will be available on most in-service days for an additional fee.
8. If your child is picked up later than 6:00 p.m., a \$1/minute late fee will be assessed and due at the time of pick-up, unless you have pre-arranged night care
9. We charge for absences unless you use a sick day or vacation day.
10. Each student has two weeks of vacation to use for the school year. One week written notice is required to use vacation days.
11. Each student will have 3 sick days to use for the school year for which there will be no charge for their absence. Sick and vacation time is prorated from September thru June.
12. A student may be disenrolled from the program for any reason, at the sole discretion of the Director.
13. Sick children may not attend. Examples may include fever, vomiting, diarrhea, undiagnosed rash, discharge from the eyes or ears, or any other contagious illness.
14. A \$20 returned check fee will be assessed for all returned checks. Remittance must be made in cash or by money order before your child may return to the program. After two returned checks, all payments must be made by certified check, cash or money order
15. Any damage to the premises, incurred by students is the responsibility of the parent or legal guardian.

I choose to enroll my child for the following days and times:

Morning Transportation:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Afternoon Transportation:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Student's name _____ Teacher's name _____

Start date:

Please list any allergies or special needs your child has that we should be aware of:

Who will typically be picking up your child from latchkey?

Please list everyone you would like to authorize to pick up your child:

To the best of my knowledge, my child is in good health and current with his/her immunizations.

Parent signature _____ date _____

Email address _____

Additional contract provisions by our facility:

- KC has a written screening policy for all staff and volunteers, including parents who have contact with children
- KC provides a program of daily activities and relationships that offers opportunities for the developmental growth of each child in all of the following areas: Physical development, social development, emotional development, intellectual development.
- KC welcomes parents to visit the program for the purpose of observing their children at all times.
- When operating for 5 or more continuous hours, a center shall provide for daily outdoor play, unless prevented by inclement weather.

Total enrollment fees due today:	registration	\$35.00
	First week's tuition	
	Deposit last week's tuition	
	Total Due	\$

Upon signing this agreement, the parent, legal guardian or responsible adult and the child care facility agrees to abide by all of the provisions contained in this enrollment contract.

Parent, legal guardian or responsible adult

KC Childcare Center

signature

signature

printed name

printed name

relationship to children

Title

