2020-2021 School Year
Open Door Registration

There have been important changes made to the Open Door program’s locations of operation (see page 6). Please read over the attached registration carefully and make sure to sign and date it.

How often do you plan on utilizing Open Door?
*Please check ALL that apply

☐ Weekly
☐ Occasionally
☐ 1/2 Days
☐ Snow Days
☐ If we should be moved back to Phase 3, State Mandated Virtual Learning (Open Door care will be available at Central for all registered families)
# Child Services Department

Grand Haven Area Public Schools do not discriminate on the basis of race, color, religion, sex, national origin, age, height, weight, marital status, handicap, disability, or limited English proficiency in any of its programs or activities.

The following office is designated to handle inquiries regarding the nondiscrimination policies:

Assistant Superintendent of Human Services, Grand Haven Area Public Schools, 1415 Beechtree Street, Grand Haven, MI 49417 616.850.5085

Child Services Department
106 S. Sixth Street, Grand Haven, MI 49417
Phone: 616.850.6825
www.ghaps.org  Children@ghaps.org

## SCHOOL YEAR OPEN DOOR REGISTRATION 2020/2021

Registration Fee: $45.00

- [ ] Cash
- [ ] Check _______ CC # ____________________________
- [ ] Visa/MC Exp: _______
- [ ] Keep Card on file for child care payment

### Child’s Name_________________________ Gender M/F DOB ___________ Grade in Fall _______ OD Site ________

### Child’s Name_________________________ Gender M/F DOB ___________ Grade in Fall _______ OD Site ________

### Child’s Name_________________________ Gender M/F DOB ___________ Grade in Fall _______ OD Site ________

Primary Parent/Guardian Marital Status:  
- [ ] Single/Other
- [ ] Married
- [ ] Divorced/Separated

### Primary Parent/Guardian:

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Phone / Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are either you or your spouse a full-time or part-time GHAPS employee?

- [ ] No
- [ ] Yes  
  If so please list name of employee: __________________________

*If you or your spouse are currently a full-time or part-time GHAPS employee you can receive a 10% discount on care (additional discounts do not apply). You will need to provide proof of employment (employment verification letter or a copy of your most recent paystub). Discount will only apply to care utilized during working hours for GHAPS.*

Email address: (This email address will be used only to send monthly statements and Open Door reminders/notices)

<table>
<thead>
<tr>
<th>Address / Apt. No. / City / Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Employer:  
Address:  
Work Phone:  

Stepparent’s Name (if applicable):  
Cell Phone:  
Employer/Phone:  

### Secondary Parent/Guardian:

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Phone / Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Employer:  
Address:  
Work Phone:  

Stepparent’s Name (if applicable):  
Cell Phone:  
Employer/Phone:  

---

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Assistant Superintendent of Human Services, Grand Haven Area Public Schools, 1415 Beechtree Street, Grand Haven, MI 49417 616.850.5855
Please list two people to contact when parents cannot be reached.

<table>
<thead>
<tr>
<th>Emergency #1 / Relationship</th>
<th>Address/City/Zip</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency #2 / Relationship</td>
<td>Address/City/Zip</td>
<td>Phone</td>
</tr>
<tr>
<td>Family Physician / Address / City / Zip</td>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>

I authorize the release of my child to the following people (in addition to those identified above):

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship: / Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Relationship: / Phone</td>
</tr>
</tbody>
</table>

Does child require special education services? Yes ☐ No ☐ If yes, ________________________________

Health History

☐ My school aged child is in good health and Immunizations or waiver is on file in my child’s school office.

☐ My Preschool aged child is in good health and Health form and Immunizations records are attached.

Does your child have any of the problems below?

☐ Hay fever, asthma or wheezing ☐ Shortness of breath ☐ Speech problems

☐ Eczema or frequent skin rashes ☐ Convulsions/Seizures ☐ Heart trouble

☐ Diabetes ☐ Dental Problems ☐ Trouble with passing urine or BM’s

☐ Allergies or reactions (food, medication, etc.) or special needs ________________________________

Other (please specify)______________________________

Does your child take medication regularly? ________ If YES, please explain______________________________

Restrictions____________________________________

Are there any behavioral issues that staff needs to be aware of? ________________________________

Are there any custodial issues the School or Billing Office needs to be aware of? ________________________________
Parent Notification of the Licensing Notebook Requirement
Child Care Organizations Act, 1973 Public Act 116

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 27, 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 at our individual sites.
- Licensing inspection and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

Signature __________________________________________ Date ______________________________

Parent Handbook Initial____

The Open Door / Prime Time Handbook is available in our Child Services office or on our Website. I understand and agree to abide by the policies and procedures outlined in the handbook.

Advertising Release Check one and Initial____

- Grand Haven Area Public Schools Child Services Department may use my child’s picture, video clips or other media tools to promote their programs.
- Grand Haven Area Public Schools Child Services Department may not use my child’s picture, video clips or other media tools to promote their programs.

Divorced or Separated Parent Accounts Initial (if applicable)____

- The parent enrolling the child will be considered the Primary Parent and is the person who will be billed for the account.
- Information on the account will only be released to the primary parent unless permission to share information is given by the primary parent. If permission is not given a court order will need to be obtained for account information to be shared.
- If both parents would like to receive separate statements and schedule separately each parent will need to have an account. Registration fees will need to be paid for each account.
- Any parents may receive information concerning a child’s education providing that person is the child’s biological parent.

I have read and understand each section above and have signed or initialed where indicated.

Signature __________________________________________ Date ______________________________

*Each Section on this page must be initialed and/or signed and dated to complete the registration process*
# 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.

<table>
<thead>
<tr>
<th>Provider Use Only:</th>
<th>Date of Admission</th>
<th>Date of Discharge</th>
</tr>
</thead>
</table>

**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**

**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)**

---

**Emergency Contact & Release of Child**: 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. 

**Release of Child Only**: 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. 

**Parent/Legal Guardian Initials:**

I give permission to **Child Services Department**, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

**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.

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**BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.**

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The following office is designated to handle inquiries regarding the nondiscrimination policies:

Assistant Superintendent of Human Services, Grand Haven Area Public Schools, 1435 Beechtree Street, Grand Haven, MI 49417 616.850.5885
School Year Open Door Billing/Scheduling Information and Procedures

Please read carefully and sign/date

Rates:
The registration fee for Open Door / Prime time is $45 per family. The registration fee must be paid in order for care to begin.

Preschool Aged Children Rates:
Hourly (6.5 or less hours per day) $6/hour*
Full Day (7 or more hours, less than 5 days/week) $40/day*
Full Time (7 or more hours, 5 days per week) $178/week*
*Additional children will receive a 10% discount. The child who attends the most will be charged the full rate.

Young 5 – 6th Grade Rates:
Before School Care (anytime from 6:30am-8:30am) $12*
After School Care (anytime from 3:45pm-6:00pm) $12*
Delayed Start (anytime from 6:30am-10:30am) $22*
Half Days (anytime from 11:45am-6:00pm) $28*
Snow Days/Full Day (anytime from 6:30am-6:00pm) $40*
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Child Care Hours:

<table>
<thead>
<tr>
<th>Location</th>
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<th>Delayed Start</th>
<th>Half Days</th>
<th>Snow Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>6:30am – 6:00pm</td>
</tr>
<tr>
<td>Ferry</td>
<td>AT CENTRAL*</td>
<td>AT CENTRAL*</td>
<td>AT CENTRAL*</td>
<td>AT CENTRAL</td>
<td>AT CENTRAL</td>
</tr>
<tr>
<td>Griffin</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>AT CENTRAL</td>
</tr>
<tr>
<td>Lake Hills</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>AT CENTRAL</td>
</tr>
<tr>
<td>Mary A. White</td>
<td>AT CENTRAL*</td>
<td>AT CENTRAL*</td>
<td>AT CENTRAL*</td>
<td>AT CENTRAL</td>
<td>AT CENTRAL</td>
</tr>
<tr>
<td>Peach Plains</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>AT CENTRAL</td>
</tr>
<tr>
<td>Robinson</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>AT CENTRAL</td>
</tr>
<tr>
<td>Rosy Mound</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>AT CENTRAL</td>
</tr>
<tr>
<td>White Pines</td>
<td>AT CENTRAL*</td>
<td>NO</td>
<td>AT CENTRAL*</td>
<td>NO</td>
<td>AT CENTRAL</td>
</tr>
</tbody>
</table>

*Before school care is available at Central for Ferry, Mary A. White & White Pines. After school care is available at Central for Ferry & Mary A. White students. Families must contact Transportation, 850-5150, to arrange drop off/pickup with the district busing system.

<table>
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<tr>
<th>Location</th>
<th>Normal School Days</th>
<th>Delayed Starts</th>
<th>Half Days</th>
<th>Snow Days</th>
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<tr>
<td>Central</td>
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<td>8:30am - 3:30pm</td>
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<td>8:30am - 11:45am</td>
<td>N/A</td>
</tr>
<tr>
<td>Lake Hills</td>
<td>6:30am - 6:00pm</td>
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<td>N/A</td>
</tr>
<tr>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Robinson</td>
<td>6:30am - 6:00pm</td>
<td>6:30am - 6:00pm</td>
<td>6:30am - 6:00pm</td>
<td>N/A</td>
</tr>
<tr>
<td>Rosy Mound</td>
<td>8:30am - 3:30pm</td>
<td>10:30am – 3:30pm</td>
<td>8:30am - 11:45am</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Billing and Payment:
Cash or check payments are due no later than 6pm on Wednesday of the week prior to care. A $10.00 late payment fee will be assessed for payment received after this time. A $25.00 returned check fee will be assessed to your account for returned checks.

Credit Card payments will be run between the Monday and Wednesday following care. In the event of a Holiday or staffing issues, we reserve the right to run your credit card at any point during the week following care. We accept Visa and Mastercard. Your weekly or permanent schedule must indicate that payment is to be charged to your credit card. You will be assessed a $10.00 fee if your credit card declines for any reason.

Statements are emailed by the first Friday of every month for the month prior. Please check over each statement you receive. If you notice a discrepancy, call our billing secretary right away. We will not go back further than two months to make any adjustments. Statements will be emailed to the address supplied on your registration paperwork. Please make sure to clearly write your email address on this form as most of our communication comes through email.

Changes to a submitted schedule cannot be made after the due date. Addition of days/times that are needed, will only be accepted if openings are available. Note: accounts are billed according to the hours scheduled plus any additional time before or after that the child is in our care.

If you pick up your child after 6:00pm, there is a $10.00 late pick up fee. An additional $10.00 fee will be charged every 15 minutes you are late. This fee must be paid upon pick up and a Late Pick Up form must be signed for our records.

Scheduling:
Schedules and payment are due no later than 6:00pm on the Wednesday prior to the scheduled week. (In certain circumstances, schedules may be due earlier due to the office being closed. If this is the case, emails will be sent and/or signs posted notifying you of the earlier due date.) Your account will be assessed a $10.00 late fee PER CHILD for schedules received after the posted due date. Late schedules will only be accepted if openings are available. Drop in care is NOT available. We reserve the right to refuse care if a schedule is not submitted ahead of time or we are out of ratio due to licensing regulation. Schedules will not be taken over the phone.

Schedules with Cash or Check payments can be turned in at your Open Door site or at the Child Services office. Schedules with Credit Card Payments can be turned in at the locations listed above or can be faxed to 616-850-6840 or submitted on our website. Emailed schedules must contain a completed and signed copy of the School Year Open Door schedule form.

Schedule must include the child’s First and Last name, school/Open Door site, parent/account holder First and Last name, arrival and departure time (for children attending school this includes arrival and departure before school and after school), payment method and account holder signature.

Permanent schedules may be used if your child has the same schedule every week. However, you must inform us if the schedule will change. You may do this by turning in a schedule for the week you need the change. Your permanent schedule will automatically start back up after that week. Permanent schedules DO NOT apply to scheduled Delayed Starts, Half Days, scheduled days off or Winter/Spring Break. A separate schedule must be submitted to receive care on these days. Permanent schedules do not extend beyond the current school year.

Delayed Starts/Half Days:
A weekly schedule must be submitted indicating that you will need care for those specific scheduled Delayed Starts and Half Days. Schedules are due no later than 6:00 pm on Wednesday the week prior to the Delayed Start or Half Day (unless stated they are due earlier). Due to the high volume of registered students we often fill to capacity for Delayed Starts and Half Days. Late schedules will only be accepted if openings are available. During Delayed Start days, Preschool aged children may not attend Open Door until 10:30am at Griffin and Rosy Mound. During Half Days of school, Preschool aged children may not attend Open Door after 11:45am at Griffin and Rosy Mound. White Pines does not have care available for Half Days after school.
Winter & Spring Break:
Specific alternate schedules are required for Winter Break and Spring Break care. Registration forms will be made available several weeks before the scheduled break and are due earlier than normal. The due date will be clearly marked on the schedule/registration form. Changes to the schedule are not able to be made after the due date has passed. Additional days/time needed will only be accepted if openings are available.

Snow Days/Unscheduled 2 Hour Delays:
When school is cancelled or delayed due to inclement weather, or other unforeseen circumstances, Open Door offers child care for all registered students. You do not need to call ahead to schedule care.

On Snow Days child care will be provided at our Central High School location only. If local government buildings begin to close due to excessively hazardous travel conditions, Open Door at Central will close as well. Open Door availability will be listed with the school closings on Nixle, local TV and radio stations.

During unscheduled weather related 2 Hour Delays, child care will be provided at your regular Open Door site. In the event of an unscheduled cancellation of school or 2 Hour Delay, your regularly scheduled hours will be credited unless care is used.

Please sign and date below. By doing so, you are stating you have read and understood the information above.

Parent/Account Holder Signature: ___________________________________________ Date: ________________
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Please keep this portion for your records.

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</tr>
<tr>
<td>Griffin</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>AT CENTRAL</td>
</tr>
<tr>
<td>Lake Hills</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>AT CENTRAL</td>
</tr>
<tr>
<td>Mary A. White</td>
<td>AT CENTRAL*</td>
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<td>Peach Plains</td>
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<tr>
<td>Robinson</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>AT CENTRAL</td>
</tr>
<tr>
<td>Rosy Mound</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>AT CENTRAL</td>
</tr>
<tr>
<td>White Pines</td>
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<td>AT CENTRAL*</td>
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If you pick up your child after 6:00pm, there is a $10.00 late pick up fee. An additional $10.00 fee will be charged every 15 minutes you are late. This fee must be paid upon pick up and a Late Pick Up form must be signed for our records.

Scheduling:
Schedules and payment are due no later than 6:00pm on the Wednesday prior to the scheduled week. (In certain circumstances, schedules may be due earlier due to the office being closed. If this is the case, emails will be sent and/or signs posted notifying you of the earlier due date.) Your account will be assessed a $10.00 late fee PER CHILD for schedules received after the posted due date. Late schedules will only be accepted if openings are available. Drop in care is NOT available. We reserve the right to refuse care if a schedule is not submitted ahead of time or we are out of ratio due to licensing regulation. Schedules will not be taken over the phone.

Schedules with Cash or Check payments can be turned in at your Open Door site or at the Child Services office. Schedules with Credit Card Payments can be turned in at the locations listed above or can be faxed to 616-850-6840 or submitted on our website. Emailed schedules must contain a completed and signed copy of the School Year Open Door schedule form.

Schedule must include the child’s First and Last name, school/Open Door site, parent/account holder First and Last name, arrival and departure time (for children attending school this includes arrival and departure before school and after school), payment method and account holder signature.

Permanent schedules may be used if your child has the same schedule every week. However, you must inform us if the schedule will change. You may do this by turning in a schedule for the week you need the change. Your permanent schedule will automatically start back up after that week. Permanent schedules DO NOT apply to scheduled Delayed Starts, Half Days, scheduled days off or Winter/Spring Break. A separate schedule must be submitted to receive care on these days. Permanent schedules do not extend beyond the current school year.

Delayed Starts/Half Days:
A weekly schedule must be submitted indicating that you will need care for those specific scheduled Delayed Starts and Half Days. Schedules are due no later than 6:00 pm on Wednesday the week prior to the Delayed Start or Half Day (unless stated they are due earlier). Due to the high volume of registered students we often fill to capacity for Delayed Starts and Half Days. Late schedules will only be accepted if openings are available. During Delayed Start days, Preschool aged children may not attend Open Door until 10:30am at Griffin and Rosy Mound. During Half Days of school, Preschool aged children may not attend Open Door after 11:45am at Griffin and Rosy Mound. White Pines does not have care available for Half Days after school.
**Winter & Spring Break:**
Specific alternate schedules are required for Winter Break and Spring Break care. Registration forms will be made available several weeks before the scheduled break and are due earlier than normal. The due date will be clearly marked on the schedule/registration form. Changes to the schedule are not able to be made after the due date has passed. Additional days/time needed will only be accepted if openings are available.

**Snow Days/Unscheduled 2 Hour Delays:**
When school is cancelled or delayed due to inclement weather, or other unforeseen circumstances, Open Door offers child care for all registered students. You do not need to call ahead to schedule care.

On Snow Days child care will be provided at our Central High School location only. If local government buildings begin to close due to excessively hazardous travel conditions, Open Door at Central will close as well. Open Door availability will be listed with the school closings on Nixle, local TV and radio stations.

During unscheduled weather related 2 Hour Delays, child care will be provided at your regular Open Door site. In the event of an unscheduled cancellation of school or 2 Hour Delay, your regularly scheduled hours will be credited unless care is used.