



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

Rec Date:	_____
On Count:	<input type="text"/>
Entered:	<input type="text"/>

SCHOOL YEAR OPEN DOOR REGISTRATION 2024/2025

Nonrefundable Registration Fee: \$40.00 per Child (\$100 max. per family)

Cash Check _____ CC # _____ EXP: _____ Keep Card on file for child care payment

Child's Name _____ Gender M/F DOB _____ Grade in Fall _____ OD Site/school _____

Child's Name _____ Gender M/F DOB _____ Grade in Fall _____ OD Site/school _____

Child's Name _____ Gender M/F DOB _____ Grade in Fall _____ OD Site/school _____

How often do you plan on utilizing Open Door? (Mark **ALL** that apply)

- Full-time weekly **or** Part-time weekly ½ Days or Delayed Starts Snow Days
 6 or more visits/week 5 or fewer visits/week

Note: *There is a minimum charge of \$120 per week if you are registered for Full-time Open Door, regardless of usage. There is a minimum charge of \$60 per week if you are registered for Part-time Open Door, regardless of usage.*

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

Primary Parent/Guardian:		Home Phone / Cell Phone:	
Are either you or your spouse a full-time or part-time GHAPS employee? <input type="checkbox"/> No <input type="checkbox"/> Yes If so please list name of employee: _____ <i>*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.</i>			
Email address: (Almost all communication is done through email. Your email will be used for statements and reminders/notices)			
Address / Apt. No. / City / Zip Code			
Employer	Address:	Work Phone:	
Stepparent's Name (if applicable):	Cell Phone:	Employer/Phone:	

Secondary Parent/Guardian:		Home Phone / Cell Phone	
Address (If different from Primary Parent) / Apt. No. / City / Zip Code			
Employer:	Address:	Work Phone:	

Stepparent's Name (if applicable):	Cell Phone:	Employer/Phone:
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Please list two people to contact when parents cannot be reached.

Emergency #1 / Relationship	Address/City/Zip	Phone
Emergency #2 / Relationship	Address/City/Zip	Phone
Family Physician / Address / City / Zip		Phone

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

Name/Relationship:	Phone:
Name/Relationship:	Phone:

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.

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.

For Provider Use Only:		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. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

See Reverse Side

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.	()	4. ()

Parent/Legal Guardian Initials: _____ I give permission to <u>Child Services Department</u> , 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.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation	

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

Please read through the School Year Open Door Billing/Scheduling Information and Procedures.

After doing so, please initial on the lines below acknowledging that you have read and understood each section and sign the bottom of the page.

- _____ **Rates**
- _____ **Preschool Aged Children Rates**
- _____ **Young 5 – 6th Grade**
- _____ **Full Time Min. Charge = \$120**
- _____ **Part Time Min. Charge = \$60**
- _____ **Child Care Locations, Availability, and Hours**
- _____ **Billing and Payment**
- _____ **Scheduling**
- _____ **Delayed Starts / Half Days**
- _____ **Winter and Spring Break**
- _____ **Snow Days / Unscheduled 2 Hour Delays**
- _____ **Unregistering from Open Door**

Please sign and date below.

By doing so, you are stating you have read and understood the information above.

Parent/Account Holder Signature: _____ Date: _____



Child Services Department

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www.ghaps.org children@ghaps.org

School Year Open Door Billing/Scheduling Information and Procedures

Please read carefully and keep this portion for your records.

Rates:

The nonrefundable registration fee is \$40 per child (\$100 max. per family). The registration fee must be paid to hold a spot in our program.

Preschool Aged Children Rates:

Hourly (less than 7 hours per day)	\$9/hour*
Full Day (7 or more hours, less than 5 days/week)	\$45/day*
Full Time (7 or more hours, 5 days per week)	\$200/week*

Young 5 – 6th Grade Rates:

Before School Care (anytime from 6:30am-8:30am)	\$15*
After School Care (anytime from 3:45pm-6:00pm)	\$15*
Delayed Start (anytime from 6:30am-10:30am)	\$25*
Half Days (anytime from 11:45am-6:00pm)	\$32*
Snow Days/Full Day (anytime from 6:30am-6:00pm)	\$45*

*Additional children will receive a 10% discount. The child who attends the most will be charged the full rate.

There is a minimum charge of \$120 per week if you are registered for Full-time Open Door, regardless of usage.

There is a minimum charge of \$60 per week if you are registered for Part-time Open Door, regardless of usage.

Child Care Locations, Availability & Hours:

(Please note, all sites & times are dependent on enrollment and staffing).

Available Care for Young 5 through 6th Grade:					
<i>All locations are open from 6:30am-6:00pm. However, child care is not available for White Pines students afterschool care.</i>					
Location	Before School	After School	Delayed Start	Half Days	Snow Days
Central	Yes	Yes	Yes	Yes	Yes
Ferry	AT CENTRAL*	AT CENTRAL*	AT CENTRAL*	AT CENTRAL*	AT CENTRAL
Griffin	AT CENTRAL*	AT CENTRAL*	AT CENTRAL*	AT CENTRAL*	AT CENTRAL
Lake Hills	Yes	Yes	Yes	Yes	AT CENTRAL
Mary A. White	AT CENTRAL*	AT CENTRAL*	AT CENTRAL*	AT CENTRAL*	AT CENTRAL
Peach Plains	AT CENTRAL*	AT CENTRAL*	AT CENTRAL*	AT CENTRAL*	AT CENTRAL
Robinson	Yes	Yes	Yes	Yes	AT CENTRAL
Rosy Mound	Yes	Yes	Yes	Yes	AT CENTRAL
White Pines	AT CENTRAL*	NO	AT CENTRAL*	NO	AT CENTRAL

***Families must contact Transportation, 616-850-5150, to arrange drop off/pick up with the district busing system.**

Available Care for Preschool Aged Children:

Location	Normal School Days	Delayed Starts	Half Days	Snow Days
Central	6:30am - 6:00pm	6:30am - 6:00pm	6:30am - 6:00pm	6:30am – 6:00pm
Lake Hills	6:30am - 6:00pm*	6:30am - 6:00pm	6:30am - 6:00pm*	AT CENTRAL
Robinson	8:30am - 3:30pm*	8:30am - 3:30pm	8:30am - 3:30pm*	AT CENTRAL
Rosy Mound	8:30am - 3:30pm*	8:30am - 3:30pm*	8:30am - 3:30pm*	AT CENTRAL

*Child care is not available at Central, Robinson or Rosy Mound between 9:00am-11:30am Monday-Friday due to Preschool Development taking place during these hours. Child care is not available at Lake Hills between 9:15am-11:45am Monday-Thursday due to Preschool Development taking place during these hours.

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, PER CHILD, will be assessed for payment received after this time. A \$25.00 returned check fee will be assessed to your account for returned checks. *If you have not paid your outstanding bill, we reserve the right to deny care going forward.*

Credit Card payments will be run between Monday and Wednesday the week 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, MasterCard, AmEx, and Discover. Your weekly 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. *If you have not paid your outstanding bill, we reserve the right to deny care going forward.*

Statements are emailed by the first Friday of every month for the month prior, unless said date falls on a holiday or there are staffing issues. Please check over each statement you receive. If you notice a discrepancy, call our office 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. You will be charged for days and times scheduled, even if your child does not attend. Addition of days/times that are needed, will only be accepted if openings are available.

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. A Late Pick Up form must be signed for our records and you will be billed the late fee.

Scheduling:

Schedules are due no later than 6:00 p.m. on the Wednesday prior to the scheduled week. (In certain circumstances, schedules may be due earlier due to the office being closed or holidays. If this is the case, emails will be sent and/or signs posted notifying you of the earlier due date.)

Late schedules will be accepted up until 12 p.m. on Thursday. Late schedules will only be accepted if openings are available. Your account will be assessed a \$10.00 late fee per child for schedules received after 6 p.m. on Wednesday.

After 12 p.m. on Thursday no schedules will be accepted.

Drop in care is NOT available.

Schedules can not be taken over the phone. Emailed schedules must contain a completed and signed copy of the School Year Open Door schedule form.

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 can be turned in at your Open Door site, at the Child Services office or emailed to children@ghaps.org. Schedules with **Credit Card Payments** can be submitted on a Google Form found on our website. Emailed schedules must contain a completed and signed copy of the School Year Open Door schedule form.

Schedules must include the child's First and Last name, 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's signature.

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). **Late schedules will only be accepted if openings are available.**

Open Door is available for Delayed Start and Half Days at their normal time frames for Preschool and Y5-6th grade at Central, Lake Hills, Robinson and Rosy Mound.

White Pines Students: White Pines students do **NOT** have care available after school for half days.

Winter & Spring Break:

Specific alternate schedules are required for Winter Break and Spring Break care. Specific schedule 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. 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, child care is offered for all registered Open Door 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. Children from all sites, may attend at Central. If local government buildings begin to close due to excessively hazardous travel conditions, Open Door will close as well. Open Door availability will be listed with the school closings on the ghaps.org website, Nixle, and 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 previously scheduled hours will be credited unless care is used.

Unregistering from Open Door:

In the event you no longer need Open Door Services you need to provide a two-week notice in writing (email is fine, children@ghaps.org). The minimum weekly fee will be charged during those two weeks.