2020 Summer Open Door Registration

Due to the current executive order by our Governor, we are unable to commit to a specific start date for our Summer Open Door program. We are sorry for any inconvenience. We will let families know, through email, once we have an official start date. We will not process payments for the registration fee until this date has been determined. As in prior years, our Summer program is held at Central High School.

The best way to contact us during this time is through email, children@ghaps.org. Emails will be checked on a regular basis. Thank you for your patience, stay healthy and safe.
### SUMMER 2020 OPEN DOOR REGISTRATION

**Registration Fee:** $45.00

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

#### Child’s Information

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Gender</th>
<th>DOB</th>
<th>Grade in Fall (20/21)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M/F</td>
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</table>

#### Primary Parent/Guardian Information

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

**How often do you plan on using Open Door this summer?** (This does not obligate you to use care in the manner you put down)
- [ ] Full Time (5 days/week)  [ ] Part Time (2-3 full days per week)  [ ] Sporadically

#### Primary Parent/Guardian:

- Home Phone / Cell Phone: ____________
- Primary email address: (this email address will be used only to send monthly statements and Open Door reminders/notifications)

#### Address

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

*Note: Employer’s Address will be used to verify employment information.*

#### Stepparent’s Information

- Name (if applicable): ____________
- Cell Phone: ____________
- Employer/Phone: ____________

#### Secondary Parent/Guardian Information

- Home Phone / Cell Phone: ____________

#### Address

<table>
<thead>
<tr>
<th></th>
<th>/ Apt. No.</th>
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*Note: Employer’s Address will be used to verify employment information.*

#### Stepparent’s Information

- Name (if applicable): ____________
- Cell Phone: ____________
- Employer/Phone: ____________

#### In Case of Emergency

In case of emergency (illness or accident) the school is authorized to act as directed below. 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></td>
<td></td>
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</tr>
</tbody>
</table>

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

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>
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Health History

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

_____ Non-School-aged child Health Form and Immunizations received

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 ________________________________

__________________________

Restricions__________________________

__________________________

Are there any custodial issues the School or Billing Office needs to be aware of? ________________________________

__________________________

__________________________

SUNSCREEN / INSECT REPELLENT PERMISSION

☐ I give Open Door childcare program permission to apply the following to my child.

_____ Meijer brand Sunscreen _____OFF brand Insect Repellent

Parents MUST provide their child with the protectants of their choice only if your child has an allergy to the brands provided by Open Door. We will keep it in the classroom to use before going out in the sun or woods.
2020 Field Trip Permission Form

Student’s Name ____________________________________________

I give permission for my child to attend various field trips during the summer Open Door session. I understand that transportation for field trips may be by walking, school bus or public transportation. I give permission for transportation (if needed) of my child either by walking, school bus or public transit to field trip events. I also understand that prior to each bussed field trip, I must sign a separate permission form for that field trip. I understand that I can withdraw this release at any time by notifying, in writing, my child’s teacher. I understand that if I do not want my child to attend a field trip, he/she will not be able to attend Open Door on that day.

_____ Yes, I give permission
_____ No, please call to discuss

Signature of Parent/Guardian: ____________________________________________ Date: __________

Printed Name of Parent/Guardian: ____________________________________________

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 policy:

Assistant Superintendent of Human Services, Grand Haven Area Public Schools, 3415 Beachtree Street, Grand Haven, MI 49417 616.850.8380

Child Services Department
106 S. Sixth • Grand Haven, MI 49417
616.850.6825 • fax: 616.850.6840 • www.ghaps.org • children@ghaps.org

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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____
o Grand Haven Area Public Schools Child Services Department may use my child’s picture, video clips or other media tools to promote their programs.
o 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*
**Summer Open Door Billing/Scheduling Information and Procedures**

Please read carefully and sign/date

**Billing and Payment:**
The registration fee for Open Door is $45 per family. The registration fee must be paid in order for care to begin.

- **Daily Rate** $38*
- **Full Time Rate** $170*

*Second child will receive a 20% discount, third (or more) child(ren) will receive a 30% discount. The child who attends the most will be charged the full rate.

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 Monday and Wednesday following care. In the event of a Holiday or staffing issue, 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. **Note: accounts are billed according to the hours scheduled.**

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.

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 (if paying by cash or check) are due no later than 6:00pm on the Wednesday prior to the scheduled week. Your account will be assessed a $10.00 late fee PER CHILD for schedules received after this time. **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. Once a schedule is submitted by 6:00pm the Wednesday before the week of care, changes to the schedule cannot be made. Addition of days/times that are needed, will only be accepted if openings are available. **Schedules will not be taken over the phone.**

Schedules can be turned in at Central, or if you pay with a Credit Card they can be faxed to 616-850-6840, submitted on our website, or emailed to children@ghaps.org on a completed and signed copy of the Summer Open Door schedule form. Schedules must include the child’s First and Last name, parent/account holder First and Last name, arrival and departure time, 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 of care unless otherwise specified. Permanent schedules do not extend beyond the Summer Open Door Session.

**Parent/Account Holder Signature:** _____________________________

**Date:** __________
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