

2024 Summer Open Door Registration



1. Summer Open Door is scheduled to start on Monday, June 10th, 2024 and will end on Friday, August 16th, 2024. There will be NO Open Door July 4- 5th due to the holiday.
2. We are able to accommodate students attending GHAPS Summer School this year by offering before and after school care, as well as all day care on Fridays. (Parents must contact transportation at 616-850-5150 for summer school pick up and drop off.)
3. Children enrolling into the Summer Open Door program must attend a minimum of 4 full days per week for full time children and a minimum of 2 days per week for part time children, or 4 times a week before and after summer school.
4. There will be a minimum charge per child of \$180 (\$200 non Open Door family) per week for full-time, regardless of usage. There will be a minimum charge per child of \$90 (\$100 non Open Door family) per week for part-time, regardless of usage.
5. Priority for registration acceptance into the Summer Open Door program will be given in the following order.
 - 1st** - Children enrolled in 23 - 24 Open Door attending full time and children enrolled in 23 - 24 Open Door attending before and after summer school.
 - 2nd** - Children enrolled in 23 - 24 Open Door attending part time
 - 3rd** - GHAPS Students, full time, then part time
 - 4th** - Non GHAPS Students, full time, then part time
6. Prioritization will take place through April 22nd. After that, it will be until spots are filled.



Rec Date:	_____
On Count:	_____
Entered:	_____

SUMMER 2024 OPEN DOOR REGISTRATION

Non-refundable Registration Fee: \$40.00 per child, maximum of \$100 per family

Cash Check _____ CC# _____ Visa/MC Exp: _____ Keep Card on file for child care payment

Child's Name _____ Gender M/F DOB _____ Grade in Fall (24/25) _____

Child's Name _____ Gender M/F DOB _____ Grade in Fall (24/25) _____

Child's Name _____ Gender M/F DOB _____ Grade in Fall (24/25) _____

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

How often do you plan on using Open Door this summer?

Priority for registration acceptance into the Summer Open Door program will be given to children who will be attending Full Time or before AND after Summer School every day. In order to attend Summer Open Door, your children must attend a minimum of 4 times a week before and/or after summer school.

Children NOT Attending Summer School: Your child must attend a minimum of two full days per week for part time and 4 full days per week for full time.

Full Time (4 or more days/week) Part Time (2 or more days/week)

Children Attending Summer School: Your child must attend a minimum of 4 times a week before and/or after summer school.

Full Time (before & after school all week) Before School After School

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/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	/ Apt. No.	/ City	Zip Code
Employer:	Address:	Work Phone:	
Stepparent's Name (if applicable):	Cell Phone:	Employer/Phone:	

Are you currently enrolled in Open Door (school year 23 / 24)?

YES

NO

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?

- | | | |
|--|--|--|
| <input type="checkbox"/> Hay fever, asthma, wheezing | <input type="checkbox"/> Eczema or skin rashes | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Dental Problems |
| <input type="checkbox"/> Speech problems | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Trouble 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 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

If you wish your child to use different brands of sunscreen or insect repellent, parents **MUST** provide their child with the protectants of their choice. We will keep it in the classroom to use before going out in the sun or woods.

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 _____, 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	

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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



2024 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 understand that I can withdraw this release at any time by notifying, in writing, the Child Service's Office. 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: _____



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**

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.

- _____ **Registration Acceptance Policy**
- _____ **Rates (summer and non-summer school rates)**
- _____ **Full Time Min. Charge = \$180 (\$200 non Open Door Family)**
- _____ **Part Time Min. Charge = \$90 (\$100 non Open Door Family)**
- _____ **Billing and Payment**
- _____ **Scheduling**
- _____ **Unregistering from Summer 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: _____



Summer Open Door Billing/Scheduling Information and Procedures

Please read carefully and keep this portion for your records.

Registration Acceptance Priority:

- In order to attend Summer Open Door, your child must attend a minimum of 4 full days per week for full time children and a minimum of 2 days per week for part time children, or 4 times a week before and after summer school.
- Spots are limited and prioritized until April 22nd.
- After April 22, registrations will be accepted based on availability.
- You will be notified by April 29 regarding the status of your registration

Rates:

The non-refundable registration fee for Open Door is \$40 per child with a maximum of \$100 per family. The registration fee must be paid in order to hold your spot in the program.

Rates for children attending GHAPS Summer School while it's in session.

	<i>Open Door Family</i>	<i>Non Open Door Family</i>
<i>Before School Rate</i>	\$15*	\$15*
<i>After School Rate</i>	\$30*	\$35*
<i>Full Time Rate</i>	\$200*	\$225*

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

When Summer School ends, children will be charged the Daily Rate or Full time Rate.

Rates for children NOT attending GHAPS Summer School.

	<i>Open Door Family</i>	<i>Non Open Door Family</i>
<i>Daily Rate</i>	\$45*	\$50*
<i>Full Time Rate</i>	\$200*	\$225*

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

There is a minimum charge per child of \$180 (\$200 non Open Door Family) per week if you are registered for Full-time Open Door, regardless of usage.

There is a minimum charge per child of \$90 (\$100 non Open Door Family) per week if you are registered for Part-time Open Door, regardless of usage.

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 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.
- 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.

Please note:

- Accounts are billed according to the hours scheduled.
- 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. 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.
- 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 p.m. 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 Wed. at 6 p.m. and before Thursday at 12 p.m. after the posted due date. **Late schedules will only be accepted if openings are available.**
- **NO schedules will be accepted after 12 p.m. on Thursday for the upcoming week.**
- 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.
- Drop in care is NOT available

Schedules can be turned in at the Open Door site, or if you pay with a Credit Card they can be 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.

Each family is allowed **ONE** vacation week during Summer Open Door. During the vacation week, families will not be charged the minimum fee. The vacation week must be submitted in writing (emailed) by Wednesday at 6 p.m. the week before.

Unregistering from Summer 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.

Please keep the prior and this page for your records.