

Happy Days
Parent Handbook and Contract

Van Buren Schools
Summer Camp Program

734-461-1299

Savage Elementary

42975 Savage Road

Belleville, MI

June 15-August 14, 2015

Van Buren Schools Extended Day Program

734-461-1299

Philosophy:

It is our belief, at Happy Days, that all children are unique individuals. We believe that children learn by seeing, imitating and experiencing a variety of activities. We focus on the development of our child's self-confidence, self-worth, self-discipline and independence. Each day's activities provide a balance of quiet and active play as well as both teacher and child initiated activities.

Program:

We will be providing outdoor play, a.m. and p.m. snacks, quiet time for reading and educational/fun table choices such as; writing, open art, blocks, games and team sports. We have an open-door policy and encourage parents to visit the class anytime as well as offer advice for dealing with their child. Services are available starting at 7:00 a.m. until 6:00 p.m. We will be closed Friday, July 3rd.

Department of Human Services Assistance:

Parents who receive assistance from DHS are responsible for payment of all fees not paid by DHS.

Happy Days has the responsibility to report all suspected child abuse and neglect.

Inclusion Policy:

Happy Days supports integration children with and without disabilities. Having an inclusive classroom increases the opportunity for all children to learn and accept individual differences.

Rates for Van Buren Schools Summer Camp:

Registration fee: \$25.00/family

Multiple child discount/10% off second child

\$145.00 Per Week

\$35.00 Per Day

Some field trips may require extra cost but are optional

Parents are responsible for payment for all contracted days.

***Please make checks or money orders out to Happy Days; we cannot accept any cash payment.**

***2 Weeks past due tuition results in no care!**

Withdrawal Policy:

Termination of enrollment must have a two week prior written notice of your intent. The director reserves the right to dis-enroll any child that she deems is inappropriate for attendance at the latchkey program. Parents will be notified and will have an opportunity to rectify the problem.

1. All Children must be signed in by an adult
2. No Child shall be released to anyone not listed as an authorized pick-up person on the application
3. 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 photo ID and must be on the information card.
4. A non-refundable enrollment fee of \$25 per family is due upon registration.
5. 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 mad and may lose his/her spot in the program.
6. If your child is picked up later that 6:00p.m., a \$1.00/minute late fee will be assessed and due at the time of pick-up.
7. Happy Days and Van Buren Schools are not responsible for lost or damaged articles.
8. Any damage to the premises (latchkey or school property), incurred by the student is the responsibility of the parent
9. A student may be dis-enrolled form the program for any reason, at the sole discretion of the Director.
10. Sick children may not attend. Examples may include fever, vomiting, diarrhea, undiagnosed rash, discharge form eyes or ears or any other contagious illness.
11. A \$20 returned check fee will be assessed for all returned checks. Remittance must be made with a money order before child may return to the program. After two returned checks, all payments must be made by certified check or money order.
12. **We cannot accept cash payments.** Tuition should be paid by check or money orders.

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

Mon. _____ Tues _____ Wed _____ Thurs _____ Fri _____

Student's name _____ Teacher's name _____

Starting date: _____

My Child will attend _____ elementary.

Please list any allergies or special needs your child has the 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, that my child is in good health with activity restrictions noted, and up to date immunizations records are on file with the child's school.

Parent signature _____ Date _____

Email address _____

Additional contract provisions by our facility:

Happy Days has a written screening policy for all staff and volunteers, including parents who have contact with children.

Happy Days 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, and Intellectual development.

Happy Days welcomes parents to visit the program for the purpose of observing their children at all times.

When operating for 3 or more continuous hours, a center shall provide for daily outdoor play, unless prevented by inclement weather.

Total enrollment fees due today: registration fee \$25.00

First week's tuition \$ _____

Total due \$ _____

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

Parent, legal guardian or responsible adult

Happy Days

Signature

Signature

Printed name

Printed name

Relationship to child

Title

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK
Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Human Services

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.

- This 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.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

I have read the above statement issued by _____

Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____

Date _____

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult 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.

Date of Discharge				Child's Date of Birth	
Name of Child (Last, First, Middle Initial)					
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Father/Legal Guardian's Name		Home Phone ()	Mother/Legal Guardian's Name		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 (optional)		
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.)					

See Reverse Side

BCAL-3731 (Rev. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

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.	()	

I give permission to _____, licensed by the Department of Human Services
 (Provider's Name)
 to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent or Guardian	Date Signed
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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

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1973 PA 116
 COMPLETION: Required
 PENALTY: Rule Violation Citation.

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**Playground equipment may not comply with
the 1997 edition of the Handbook for Public
Playground Safety.**

**Happy Days will be using the schools
playground**

Parent Handbook Contract:

I/We have received and read through the Van Buren Summer Camp Program parent handbook. I understand and agree to all the terms, including enrollment procedures, services, health & safety, discipline, payment, daily schedule and parent responsibilities.

I understand that when I turn in this contract it needs to be accompanied by my Child's signed up to date immunization sheet and emergency card.

My child _____ will be in the care of Van Buren Summer Camp Program from _____ to _____.

I acknowledge that I have read and fully understand the parent handbook provided to me.

(Parent Signature)

(Parent Signature)