Before/After Child Care 2026/2027

Community Child Care Rates:
AM or PM Hours $20.00 per day
Both AM and PM Hours $40.00 per day
1/2 Day Conference $30.00 per day
Full Day (In-Service/Summer) $50.00 per day
Yearly Registration Fee: There is a $50 non-refundable registration per family per year (Sept-Aug)
Overtime Rate: A fee of $1 per minute, per child can be paid directly to the staff on duty for every minute late in picking up your child(ren) after 6:00 pm.
Note: Once we receive your schedule we cannot "switch" one day for another

1st Child's Name: _____ Gender: _____ Birthdate: ___/___/____
Age: _____ Grade: _____ Teacher's Name: _____ School: _____
Start Date: _____**AM Drop Off Time**:_____ **PM Pick Up Time:** _____ Please circle which days are needed: **M T W TH F**

2nd Child's Name: _____ Gender: _____ Birthdate:___/___/____
Age: _____ Grade: _____ Teacher's Name: _____School:_____
Start Date: _____ **AM Drop Off Time:** _____**PM Pick Up Time:** _____ Please circle which days are needed: **M T W TH F**

3rd Child's Name: _____ Gender: _____ Birthdate: ___/___/____
Age: _____Grade: _____ Teacher's Name: _____ School: _____
Start Date: _____ **AM Drop Off Time:** _____ **PM Pick Up Time:** _____
Please circle which days are needed: **M T W TH F**

PLEASE NOTE:
- Billing is based on this contract and credit will not be issued regardless of the reason.
- There is no charge for the holidays/spring break/snow days.
- I acknowledge the center's Licensing Notebook is available for review upon my request
- I have read the Community Child Care program guide and understand this Child Placement Contract. I understand the rules, procedures, policies and pricing used in this program.

_____ _____
Parent's Signature Date

_____ _____
Director's Signature Date

Health Statement:
I acknowledge that my child(ren) are in good health and free of communicable disease. Furthermore, I accept full responsibility for the general good health of this child(ren). Immunization records are on file at my children's school. _____ Yes _____No

Movie Permission:
My child(ren) has permission to watch G/PG rated movies as part of the Community Child Care program. (Movies may be shown on a rainy day or for a reward.)
_____ Yes _____No

Permission to Participate in Field Trips:
My child(ren) has permission to participate in field trips during Community Child Care. I understand that I will be notified of these trips in advance unless weather causes the planned trip to be changed at the last minute. These field trips will either be on foot, by school transportation or Public Transportation. _____ Yes _____No

Photo Permission:
Throughout our programs your child(ren) will be participating in various activities. While they are actively involved, do we have your permission to capture that Kodak moment with photographs and possibly use them on our Facebook page or community flyers? _____ Yes _____No

Parent Notification of 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 actions plans (CAP). The notebook must include all reports issued and CAP's developed on and after May 27, 2010 until the license is closed.
The center maintains a licensing notebook of all licensing inspection reports and all related corrective action plans. The notebook will be available to parents to review during regular business hours. Licensing inspection and special investigation reports from the previous two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare
Upon signing this agreement, the parent, legal guardian and Community Child Care agrees to abide by all of the provisions contained in this contract.

Spring Lake Community Child Care, as a licensed child care facility, will provide the following provisions of the Michigan Administrative Code as required by R 400.5105b:

Part 1: Contract Provisions provided by Spring Lake Community Child Care R 400.5102
Licensee. Rule 102.
(2) A licensee shall have the following administrative responsibilities regarding staff:
(b) Develop and implement a written screening policy for all staff and volunteers, including parents, who have contact with children.
R400.5106 Program: Rule 106
(1) A center shall provide a program of daily activities and relationships that offers opportunities for the developmental growth of each child in all of the following areas:
(a) Physical development, including large and small muscle.
(b) Social development, including communication skills. © Emotional development, including positive self-concept (d) Intellectual development.
(2) A center shall permit parents to visit the program for the purpose of observing their children at all times.
(3) A center operating with children in attendance for 5 or more continuous hours per day shall provide for daily outdoor play, unless prevented by inclement weather conditions.

SLPS Community Child Care Entry Key Agreement

Spring Lake Public Schools (CCC) will provide an Entry Key to its participating families that need access to drop-off or pick-up their child at SLPS Community Child Care located at Jeffers Elementary. It is important that the key-card issued be kept safe and secure at all times. Each parent's name will be associated with the use of their assigned key-card. Once we receive the signed agreement and $25.00 fee for each card, your card(s) will be issued.

Key Usage
Each parent/guardian should ensure that doors close behind them without allowing unauthorized personnel through the secure door

Key Security
It is the responsibility of the individual issued a key-card not to release it to another person. The key-card usage will be directly associated to the family member that it is assigned to. In the event that a key is damaged or lost, please follow the procedures listed below.

Defective or Damaged Keys
Defective or damaged key-card replacements are available at no cost; contact the district's Administrative Office for a new key card at 616/846-5500.

Lost Keys
In the event a parent/guardian loses a key-card, they are to notify the district's Administrative Office immediately. The parent will be expected to pay a $25 replacement and reprogramming fee associated with the lost card.

Key Return
If you should withdraw from the program, we ask that you return your key to the Child Care Director.

SLPS (CCC) Entry Key Agreement

Please sign and return to:
Abby Holstrom
Community Child Care Director

Consent

By accepting and using the entry key-card that was issued to me, I agree to the policies associated with the key's usage. I also understand that my privileges or possession of the key-card may be removed at any time.

Number of cards issued: _____ x $25.00= $ _____ (**payable to SLPS**)

Name printed: _____

Signature: _____ Date: _____

Please follow the directions and fill out one per child

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

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	Primary Phone ( )	Parent/Legal Guardian's Name (Optional)		Primary Phone ( )
Home Address (if not child's address)	2nd Phone (if applicable) ( )	Home Address (if not child's address)		2nd Phone (if applicable) ( )
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/or Special Instructions? Yes ☐ No ☐ If yes, explain: (Attach additional sheets, if necessary.)				

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 Spring Lake Comm Child Care , licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment 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 Citation.

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used