



Child & Family Services  
of the Upper Peninsula, Inc.  
706 Chippewa Square, Marquette, MI 49855

Phone: (906)228-4050 ext. 120

Fax: (906)228-2796

E-mail: [mrogers@cfsup.org](mailto:mrogers@cfsup.org)

Website: [www.cfsup.org](http://www.cfsup.org)

## SUMMER PROGRAM 2018

Thank you for your interest in enrolling your child in the Child and Family Services Summer Program! Our summer program is for **school aged children** (57months up to 12 years of age). The program is overseen by a Program Director and highly trained Program Coordinators. Qualified staff, with unique talents, interests and experience, will provide activities that fulfill your child's energetic, social, emotional, creative and learning needs.

### PROGRAM INFORMATION

- Located at **Graveraet Elementary School**, 611 N Front St., Marquette, MI
- Begins **Monday, June 18, 2018** (Please note the start day and date)
- Ends **Friday, August 10, 2018** (There will not be program July 4-7<sup>th</sup>)
- Program hours are from **6:45 a.m.** until **5:30 p.m.**
- A.M. and P.M. snacks are provided daily
- **Parents will need to pack a lunch with a beverage (spoon, napkin, etc) for their child(ren) every day.**
- Children **MUST** be signed IN and OUT by a parent or authorized person EVERY DAY. Please introduce yourself to staff members when you bring your child to the program. At pick-up time, please be sure to make contact with a staff person and let them know your child is leaving. If you need to have someone other than the parent/guardian pick up your child(ren), please call the program cell phone to let the staff know. The program cell phone number is posted on the parent table. Please program it in your cell phone.

### ENROLLMENT PROCEDURE

- Complete and sign the **INDIVIDUAL STUDENT RECORD** form, one form per child. It is VERY important that you provide ALL requested information on this form to ensure the well-being of your child while in our care and to meet state licensing requirements.
- Attach a copy of your child's **IMMUNIZATION RECORD** to completed forms. We do not have access to school files during the summer months.
- **Pay \$10.00 ENROLLMENT FEE** per child (non-refundable). Please make checks payable to **Child and Family Services**.
- We accept Michigan Department of Health and Human Services Childcare Assistance Payments. If you think you qualify, it is your responsibility to contact your caseworker to add us as a Provider. (Provider ID # for Graveraet is: 0157510) **You are responsible for full payment until we receive notification from MDHHS that you are authorized for this assistance.** After you are authorized, you are responsible for any balance that is not covered by this assistance. (Please note: Even if you have 100% coverage or a \$0 Family Contribution, you will still have a co-pay because MDHHS pays hourly and we charge a flat rate). If you have received assistance during the school year at another school, you will need to talk with your caseworker to switch Providers for the Summer. Please ask our staff if you have any further questions.
- Mail or deliver completed forms, copy of immunization record and enrollment fee to:  
**Child and Family Services – School Programs**  
**706 Chippewa Square, Ste 200**  
**Marquette, MI 49855**

You may also return completed paperwork to one of our school programs until the end of the school year.

**Due to the large number of children enrolling in the summer program, we will NOT be contacting you prior to the first day of the program UNLESS there is not room for your child to enroll.**

## ABOUT CHILD & FAMILY SERVICES' SUMMER PROGRAM

The Summer Program is an organized, supervised program for elementary and middle school-aged children. Graveraet Elementary School, a licensed facility, is housing the Summer Program. The program begins on **Monday, June 18th** and ends on **Friday, August 10th**. Child care is available from 6:45 a.m. until 5:30 p.m. There are NO limitations such as set schedules or minimum days of attendance required for enrollment in this program. However, we do appreciate a weekly schedule for your child(ren) so we can accommodate with the appropriate amount of staff.

Curriculum for the program will focus on the out-of-doors and keep the children on-the-go. **Activities will include field trips, organized sports, recreational games, gardening, nature hikes, sand, and water play. Indoor activities will include arts and crafts, games, dramatic play, quiet time, reading/storytelling and board/card games.** Qualified staff will plan and implement daily activities that balance structured and free play time. When the staff plans program activities, the summer season, available community resources, plus the social, physical, emotional and learning needs of the children are thoroughly considered.

Coordinators are qualified by no less than 60 college credits, at least 12 credit hours in the area of child development, elementary or early childhood education and previous interactive experience with preschool and elementary school aged children. Coordinators are responsible for the day-to-day activities for the children and will coordinate special events. Aides are scheduled to assist coordinators based on daily attendance. Staff schedules are arranged to maintain compliance with the adult to child ratio established by the Michigan Bureau of Regulatory Services, Day Care Licensing Division. Volunteers and visitors from the community join program staff whenever interest, activities and timing permits.

Meeting the nutritional needs of the children on a daily basis is a shared responsibility. Program staff will serve the children an A.M. Snack and a P.M. Snack. **Parents must pack a cold lunch with a beverage for your child(ren) every day.**

### Program hours

- **Full day is 6:45 a.m. to 5:30 p.m.** Children cannot be dropped off any earlier than 6:45 a.m. Children must be picked up no later than 5:30 p.m. We are only licensed and insured to have children on the premises during these times. Children can be dropped off and/or picked up at any time during the operating hours.
- **Half-day rates will apply if your child(ren) are in care for 4 hours or less**
- If parents arrive to pick up their children after 5:30 p.m., a **LATE FEE of \$5.00 per child** will be charged for each 5 minute increment of time they are late. Local authorities will be called if there has not been contact with an authorized adult by 6:00 p.m. When parents arrive to drop off their children before 6:45 a.m., an **EARLY FEE of \$5.00 per child** will be charged for each 5 minute increment of time they are early. **It is against licensing rules and insurance policies to have the children on the premises before or after program hours. If this becomes an issue, after 3 times, you may be asked to find other care. Exceptions MAY be made at the discretion of the Program Supervisor.** For those receiving Child Care Assistance, this fee and extra time is not covered by MDHHS.

### Drop off/Pick up

Parents **MUST** walk their children into the building and **sign their children IN**. A parent or authorized person **MUST** pick-up children and **sign children OUT**. Children cannot leave the program alone. Program Coordinators and Aides **CANNOT** give children a ride home.

### Scheduling

Schedules are welcomed and encouraged if parents have them. There are schedule forms for parents to fill-out on the Parent Information table. Verbally sharing schedule information with the staff is helpful, but written schedules last longer. ☺ Calling when your child is not attending is not necessary, but appreciated; telling staff ahead of time is also appreciated. The program **Cell Phone Number is: 235-4972**.

- You will only be charged for the days your child attends the program.
- If your child will be absent from the program for a week or more, please let us know.
- If you are dropping from the program, please notify us as soon as possible. Please also let us know your reason for dropping from the program.

### Miscellaneous

Reasonable accommodations will be made to include all eligible students. If it is determined that your child requires additional adult attention beyond state regulations (i.e.: behavioral, emotional, developmental, medical, etc.), it will be the parents responsibility to provide the extra adult support at their own expense or find alternate care.

### Parent and Child Expectations

Parents are responsible for bringing their children to the program with appropriate clothing and supplies (i.e. jackets, proper footwear, extra clothing, etc.) for daily program activities. Please make sure your child wears appropriate shoes for lots of walking and running. Sandals should be sturdy and have a back strap. **Please do not allow children to bring any toys, electronics or trading cards from home. (i.e.: cell phones, iPods, video games, Pokémon cards etc.)** We expect children to show respect to the staff and take responsibility for their own behavior. They must interact with their peers in a safe manner and use equipment appropriately. Violation of these expectations will be disciplined with the 1-2-3 Magic system. Repeated violations (a child receives three "3's") may result in a one (1) to two (2) week suspension from the program and if violations continue after a suspension, the child may be removed from the program. We also expect parents to show respect to staff and take responsibility for their own behavior. Your child may be asked to leave the program if you violate these expectations.

You or your child's failure to abide by Summer Program Policies and Regulations will result in your child's removal from the program. **Child and Family Services School Programs reserves the right to deny enrollment or terminate a child's care for nonpayment, behavior concerns (aggressive or noncompliant behavior) and/or parents disrespect of the policies and/or staff. Any such action will be at the sole discretion of Child & Family Services of the U.P., Inc.**

If you have any questions, comments, or concerns, please schedule a time to talk with the Program Supervisor.

### Payment Procedures and Rates

**Please make checks payable to: Child and Family Services.**

- \* **School Year balances must be up to date in order to use the Summer Program.**
- \* **Payments must be made at least bi-weekly.** Please keep your account up to date. If an account becomes past due, you may run the risk of your child(ren) being unable to attend the program until your account is up to date. Please refer to the attached **Youth Program Payment Protocol.**
- \* You may put your payment in the box on the parent table, or you may give it to any staff person at any time. We accept cash, checks, money orders or credit cards. If bi-weekly payments are not possible, please talk with a Program Coordinator or call the program office at 228-4050 ext.120 to make other arrangements. Failure to make payments as arranged will result in your child's suspension from the program. Please refer to the attached **Payment Protocol.**
- \* All checks returned for non-sufficient funds will be charged a **\$20.00 service charge.** Two non-sufficient funds checks will result in acceptance of only cash or money order for payments.
- \* Credit cards are also accepted by calling the office, or asking a Coordinator for assistance.
- \* We hold parents responsible for payment of acquired attendance fees and will refer outstanding balances to a collection agency when necessary. If this happens, you will also be charged any fees incurred through the collection process.
- \* If you have been sent to collections at any time for any of your children, you cannot enroll any child into the program for at least one calendar year from the date of your child's last attendance. At that time, you must have your account up to date, including any collection fees that may have accrued, before you will be able to re-enroll your child(ren). You must also sign an acceptable payment plan that will keep your account in good standing.

The rates for the Summer Program are listed below. Child care is available from 6:45 a.m. until 5:30p.m. **Parents are only charged for the days/times their child attends.** MDHHS Child Care Assistance is accepted for families who are eligible. Contact your MDHHS caseworker to find out if you are eligible. **You will be responsible for full payment until we receive authorization of this assistance.** Once you are authorized, you will be expected to pay any portion that MDHHS does not pay. (Please note: Even if you have 100% coverage or a \$0 Family Contribution, you will still have a co-pay because MDHHS pays hourly and we charge a flat rate). If you have questions on how much you will owe, please talk to a program coordinator or the billing office.

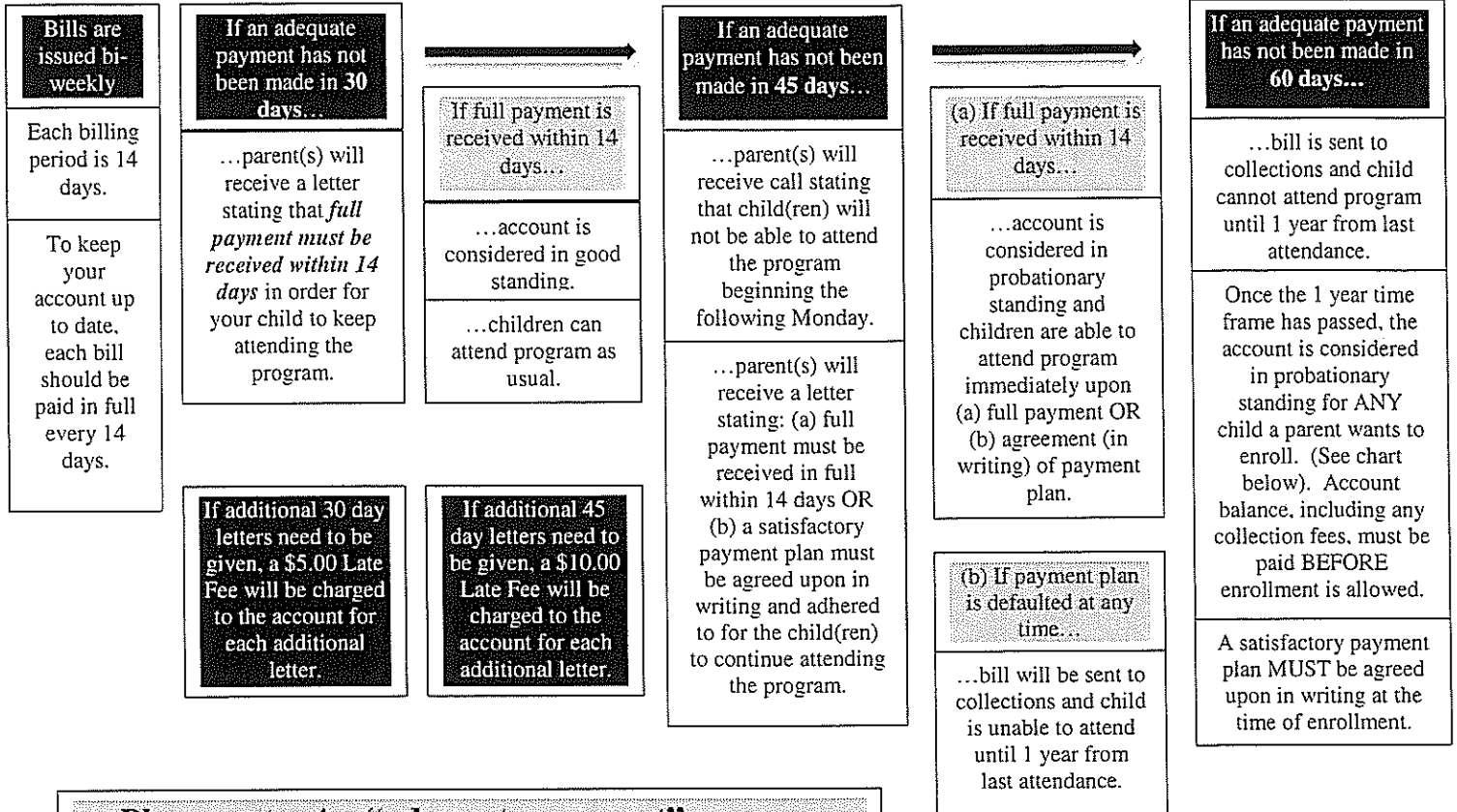
#### SUMMER PROGRAM 2018 RATES

	<u>First Child</u>	<u>Add'l Siblings</u>	
		(In attendance at the same time)	
School Age Full Day Rate (Eligible for Kindergarten and older)	\$30.00	Add'l School Age Child	\$25.00
4 Hours of Less(for all children)	\$18.00	\$15.00	

As a quality child care program, we strive to provide safe and nurturing environments. This can only occur when families and staff work as a team. Thank you for allowing us the privilege of caring for your child(ren). We welcome you to the Child and Family Services Summer Program! The staff looks forward to having an enjoyable summer with you and your child. Please call 228-4050 ext. 120 if you have any questions.

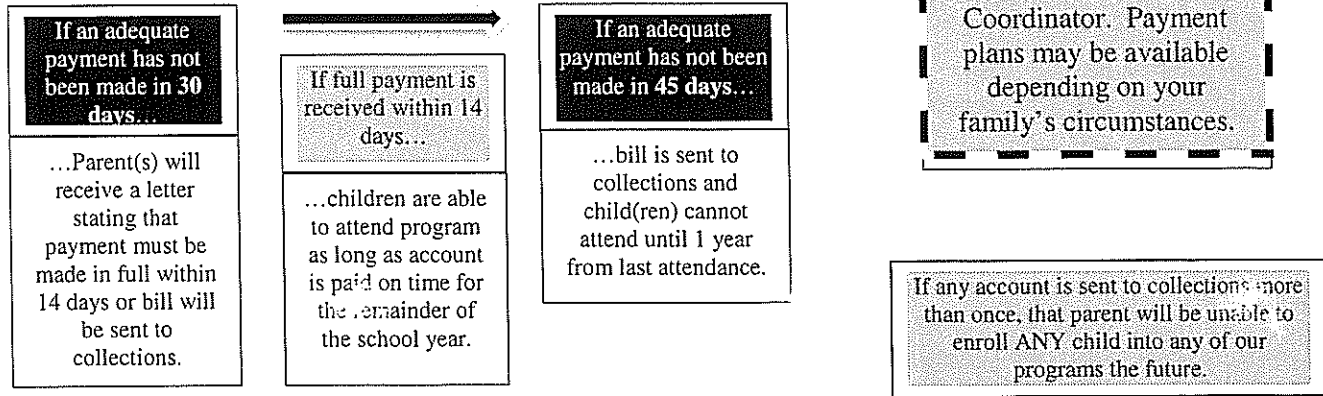
# Child & Family Services of the Upper Peninsula Youth Program Account Payment Protocol

## Accounts in Good Standing



**Please note: An “adequate payment” means a payment that is at least 35% of your total balance.**

## Accounts in Probationary Standing



**Note: It is the parent's responsibility to obtain their balance and keep their account up to date. This includes times when there is no school.**

**Child & Family Services- Summer Program 2018  
INDIVIDUAL STUDENT RECORD**

Date of Enrollment: \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_ Enrollment Paid \_\_\_\_\_ DB \_\_\_\_\_

**COMPLETE EVERY LINE ON THIS FORM TO ENSURE THE WELL-BEING OF YOUR CHILD**

*(Some of the information is for statistical purposes only)*

Name of Child \_\_\_\_\_ D.O.B. \_\_\_\_\_

(Last) (First) (Middle)

Gender: \_\_\_\_\_ Grade to be in Fall '18 \_\_\_\_\_ T-shirt size: \_\_\_\_\_ Living with \_\_\_\_\_

Child's Race/Ethnicity: \_\_\_\_\_ Name(s) of sibling(s) enrolled? \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Hours of work (i.e.: 8-5) \_\_\_\_\_ E-mail address \_\_\_\_\_

Authorized to pick up  Not Authorized (Legal proof MUST be provided)  Deceased  Lives out of Area

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Hours of work (i.e.: 8-5) \_\_\_\_\_ E-mail address \_\_\_\_\_

Authorized to pick up  Not Authorized (Legal proof MUST be provided)  Deceased  Lives out of Area

Please indicate if your child qualifies for:  Free/Reduced Hot Lunch  DHS

Please indicate the days and times, in general, that your child will need care:

	Monday	Tuesday	Wednes.	Thursday	Friday
Full Day					
AM Half Day					
PM Half Day					

IN CASE OF ACCIDENT OR ILLNESS, I REQUEST PROGRAM STAFF TO CONTACT ME, OR THE PERSON LISTED BELOW IF I AM UNAVAILABLE. I HEREBY AUTHORIZE CHILD & FAMILY SERVICES STAFF TO SECURE MEDICAL TREATMENT FOR AN ACUTE EMERGENCY BY CALLING 911.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Alternate Contact Person (Other than parents) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance No. \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD**

(Please list at least two OTHER names besides Parents/Guardians or Alternate Contact Person):

1. Name \_\_\_\_\_ 18yrs+? Yes No Phone \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ 18yrs+? Yes No Phone \_\_\_\_\_ Cell \_\_\_\_\_

3. Name \_\_\_\_\_ 18yrs+? Yes No Phone \_\_\_\_\_ Cell \_\_\_\_\_

If I have listed an authorized pick up person who is under 18 years of age, I am doing so at my own discretion.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMMUNIZATIONS & GENERAL HEALTH ASSESSMENT**

My child has had all required immunizations and is free from communicable disease, is in good health and is able to fully participate in the Summer Program activities.  Yes  No Date of last DTP (Tetanus Shot) \_\_\_\_\_

*(For School Aged children, this is normally included in the shots a child receives when enrolling for Kindergarten)*

**\*\*PLEASE ATTACH A COPY OF YOUR CHILD'S SHOT RECORDS TO THIS FORM. (We do NOT have access to their school file)**

<b>HEALTH HISTORY</b> for _____		
Is your child having any of the problems listed below?	YES	NO
1. Allergies or reactions (i.e., food, medication, or other)		
2. Hay fever, asthma, or wheezing		
3. Eczema or frequent skin rashes		
4. Convulsion/Seizures		
5. Heart trouble		
6. Diabetes		
7. Frequent colds, sore throats, earaches (four or more per year)		
8. Trouble with passing urine or bowel movements		
9. Shortness of breath		
10. Speech problems		
11. Taking any medications regularly, i.e.: inhalers, creams, spray, etc.		
12. Other Special Needs (Please define below)		
<b>Please explain any problem areas identified above:</b>		

- May CFS photograph your child?  Yes  No  
 If yes, may we use the photo for advertising/publicity?  Yes  No  
 May CFS provide and apply SPF 30 Sunscreen for your child?  Yes  No  
 May CFS provide Deet Free Bug Spray for your child?  Yes  No  
 (If you choose to provide your own, you must sign it in on the medication log)

**LICENSING NOTICE**

I understand the center maintains a licensing notebook of licensing inspections, special investigation reports and related corrective action plans. The notebook will be available to me for review during regular business hours. Licensing inspections 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](http://www.michigan.gov/michildcare).

I also understand that in accordance with BCAL R 400.5117 (14), School-age child care centers operating in school buildings approved by the Michigan Department of Education shall be exempt from sub rules (7), (8) and (9) of this rule, provided the licensee inform parents, in writing at the time of enrollment, that the center plans to use a public school's outdoor play area and equipment that does not comply with this child care rule.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION**

I hereby give my permission to Child and Family Services of the U.P., Inc. for my child to participate in field trips and when necessary be transported in an approved vehicle.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**AGREEMENT**

I have read ALL OF THE INFORMATION in the Child and Family Services Summer Program enrollment packet and agree to abide by ALL the policies and regulations. I also understand that Child and Family Services Summer Program Supervisors reserve the right to terminate my child's care for any non-compliance, by my child(ren) and/or me, of any of the policies and regulations, including but not limited to following the attached Payment Protocol and observing program hours. I understand that it is appreciated if I turn in a weekly schedule in advance and call with any necessary changes in a timely manner.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_