



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

Phone: (906)228-4050 ext. 120

Fax: (906)228-2153

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

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

BEFORE & AFTER SCHOOL PROGRAMS 2016 – 2017  
**Marquette Area Public Schools**

Child and Family Services of the U.P., Inc, a non-profit agency, collaborates with Marquette Area Public Schools to provide Before and After School Programs (BASP) in the convenience of your child's elementary school. **In order to assure that both parents and children adjust as quickly and happily as possible to the Before and After School Program and to prevent any misunderstandings, we ask that all parents and guardians carefully read ALL of the following information. The first four pages are yours to keep as reference.**

- The Before and After School Program begins on the first day of school.
- The Before School Program begins at **6:45 a.m.** and runs until the start of the school day. The After School Program is available from school dismissal until **5:30 p.m.** Children may be dropped off or picked up at anytime during these times.
- These programs follow the school calendar providing before school care every day school starts at its normal time, and after school care every day school dismisses at its normal time. **We are not open on snow days or vacation days.** There may be occasional Half Days. We will hold an all afternoon program IF there is enough interest to make it cost effective. **Children would need to bring their own lunch on these Half Days.**
- A nutritious snack meeting the Federal Food Program guidelines is served daily at the After School Program.
- A school breakfast is offered Before School. You will be charged by the school for this meal.

Child & Family Services of the U.P., Inc. has provided programming since 1993 and is widely respected for its quality care. A before and after school child care program is offered in your district's elementary school to provide parents with a convenient child care option, hopefully decreasing the number of children left home alone before and/or after school. The program is licensed by the State of Michigan and is staffed with qualified adults. It is structured to meet the physical, social, emotional and academic needs of the enrolled children. There is a cost for use of the Before and After School Programs. Please see the chart below for the rates. Payment is expected at least bi-weekly. (If you need to make payment arrangements, please call 228-4050 ext. 120, or talk to the Program Coordinator at your child's school.)

Programs are staffed with a Program Coordinator and assisted by aides when average daily attendance allows. Coordinators have educational backgrounds in Child Development, Early Childhood Education, Elementary Education or Child Psychology. All staff are trained to be aware of and responsible for their role in promoting the 40 Positive Youth Developmental Assets. They are aware of the "America's Promise" program that recognizes five fundamental resources children need to succeed (MENTOR, TEACH, PROTECT, NURTURE, SERVE), and also know how interaction with the children helps this promise. All staff are required to be certified in CPR and First Aid within their first 90 days of employment.

Curriculum for the Before & After School Program includes a wide variety of indoor and outdoor activities with an appropriate balance of structured and free play. Coordinators plan daily activities that fulfill a child's energetic, social, creative and learning needs. Children are encouraged to participate in arts and crafts, recreational activities, table games, reading, and homework time if needed.

We accept MDHHS Childcare assistance payments. Those meeting the requirements for this assistance need to contact your caseworker to file the necessary paperwork. **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 (FC), you will still have a co-pay because MDHHS pays hourly and we charge a flat rate. MDHHS pays a portion for every hour your child is in care. Your co-pay will be the remainder of our daily rate minus the amount that MDHHS pays. (Note: The more hours your child(ren) are in attendance, the more MDHHS pays and the less your co-pay will be.) Please ask our staff if you have any further questions.

# PROGRAM INFORMATION

(Please keep this sheet for your reference)

## ENROLLMENT PROCEDURE

- Please complete and sign the **INDIVIDUAL STUDENT RECORD** form. We need **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, and also to comply with licensing rules. **We do not have access to the school's records such as immunizations or insurance information.**
- **All past due balances MUST be up to date before we will accept your child's enrollment into any program. 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 contact our office or speak with a Program Coordinator to discuss an acceptable payment plan that will keep your account in good standing. \*\*\*If you have been sent to collections by CFS more than once, you cannot enroll any child in any of the programs that we manage.**
- Mail or deliver completed forms with enrollment fee (\$6 per child) to: **Child and Family Services, School Programs, 706 Chippewa Sq. Ste. 200, Marquette, MI 49855.** Once school starts, forms may also be turned into the Program staff or the school office. ***Please be sure all requested information is provided.***
- The attendance rates for the Before & After School Programs are listed in the chart below. The regular rate is discounted for additional children in a family when more than one child attends a program on the **same day at the same time.** ***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 (ie: vacations, summer, etc).***
- The completed **INDIVIDUAL STUDENT RECORD** enrollment form for Marquette Area Public Schools applies to both the Before AND After School Programs and any Half Days that may occur.
- Parents are not required to have a set schedule or set number of days to use the program. You are only charged for the days/times you use the program.
- An **ENROLLMENT FEE of \$6.00 per child (non-refundable) is due upon registration.** This fee secures your child's placement in the program for the school year. You only need to enroll once per school year.
- Please make checks payable to: **Child and Family Services**
- All checks returned for non-sufficient funds are subject to a **\$20.00 service charge.** If an account has 2 NSF occurrences, only CASH or Money Orders will be accepted for payment on that account from that time on.
- Payments must be made to the Site Coordinator, Program Staff, or the Program office at least bi-weekly. If an adequate payment is not received by the due date you will receive a notice in your next statement. **After your first (1<sup>st</sup>) notice, additional notices will be charged a late fee each time you receive a notice.**
- Because we are tuition based, timely payments are necessary to support our program. Payment is expected on time unless prior arrangements have been made with our office.
- Credit cards are accepted at the program, our office and over the phone. We accept cash and checks at the office or program. We also accept checks sent through your bank's Bill Pay system. You will need to set this up yourself on your online bank account. Automatic payments on a debit/credit card can be arranged by contacting our office or a coordinator.
- **Failure to make payments as arranged will result in your child's suspension from the program. *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 (ie: vacations, summer, etc).***
- ***We hold parents responsible for payment of acquired attendance fees and will refer outstanding balances to a collection agency when necessary. If this occurs, you will be charged for any collection fees accrued.***
- **Please reference the attached Youth Program Payment Protocol with any questions.**

### BEFORE AND AFTER SCHOOL PROGRAM 2016-2017 RATES (Updated 8/2014)

	Before School Rate	After School Rate	Half Day Rate
First Child	\$8.00	\$8.00	\$15.00
Additional Siblings (In attendance at the same time)	\$7.00	\$7.00	\$13.00
Reduced Rate Per Child (For 30 minutes or less of care)	\$3.00	\$3.00	

Carefully review the attached sheets titled **PROGRAM INFORMATION** and **POLICIES AND REGULATIONS.** These sheets are yours to keep for your reference. Please call **228-4050** ext. **120** if you have any questions or email [syoung@cfsup.org](mailto:syoung@cfsup.org).

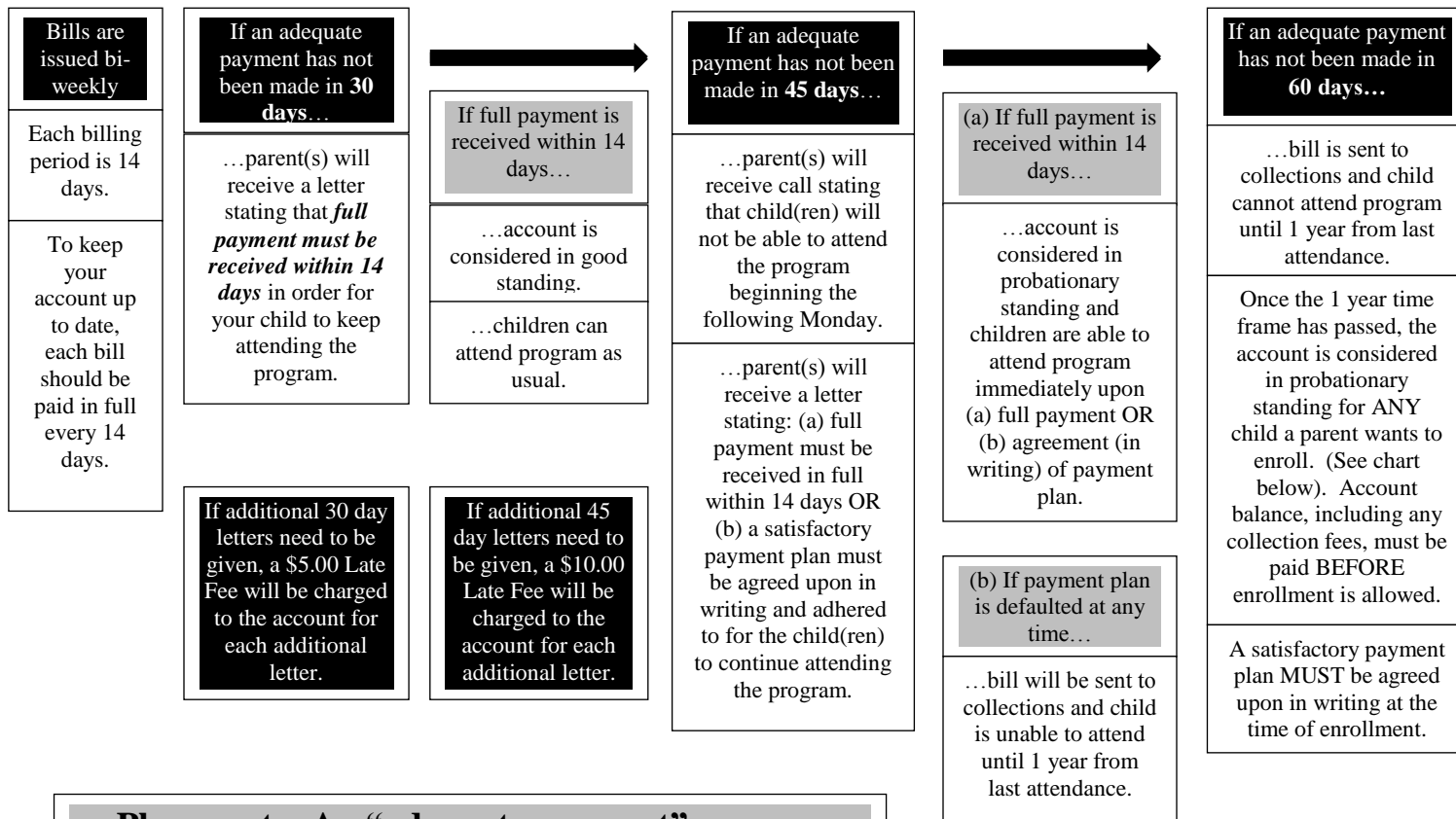
# POLICIES AND REGULATIONS

*(Please keep this sheet for your reference)*

1. Any child, eligible for Kindergarten up to 12 years old, may enroll in our BASP at their elementary school.
2. A parent/authorized caregiver must walk his/her child(ren) into the school and **sign the children IN** for the Before School Program **EVERY DAY!** **Children cannot be dropped off in the parking lot.**  
If an authorized caregiver is NOT 18 years or older, the parent must indicate this and sign on the Individual Student Record below where the authorized persons are listed.
3. A parent/authorized caregiver must walk into the school when they pick up his/her child and **sign the child OUT** of the Program **EVERY DAY!** **A child cannot walk home alone after the program.**
4. Program staff **CANNOT** give your child a ride home. Please do not ask them to do so.
5. Program hours are as follows:
  - Before School Program is 6:45 a.m. to the beginning of the school day.  
Children may arrive anytime during this time. **Please remember to sign in your child(ren).**
  - After School Program is from school dismissal to 5:30 p.m.  
Children may be picked up anytime during this time. **Please remember to sign out your child(ren).**
6. If a parent/authorized adult arrives to drop off prior to 6:45 a.m. or to pick up a child after 5:30 p.m., **a FEE of \$5.00 per child will be charged for each 5 minute increment before or after the Program's operating time. Per State of Michigan Child Care Licensing Regulations and our insurance policy, we are unable to be responsible for children outside of these operating times. Your children must be dropped off and/or picked up during our operating times. If this becomes an issue, after 3 times you will 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.**
7. Parents are advised to give their Site Coordinator a schedule whenever possible.
  - It is **essential**, especially for the After School Program, that classroom teachers have schedules also.
  - If schedules vary, written reminders for children and teachers on attending days will minimize confusion and potential problems regarding a child's whereabouts.
  - Parents, children, and teachers are responsible for getting children to the Program.
  - Program staff must receive written notes or phone messages from the parent when someone other than a parent will be picking up their child. Other authorized adults may be added to a child's enrollment form throughout the year if needed.
  - If you are withdrawing from the program, please inform us as soon as possible. If you have any questions or concerns with our program, please let us know so we can address it.
8. If weather conditions are adequate, the children will play outside daily. Site Coordinators will make the decision if children will stay indoors or go outside on any given day of the program.
  - **It is the parents' and child's responsibility to make sure a child is prepared with appropriate clothing for indoor and outdoor activities on a daily basis. (i.e. tennis shoes, jacket, hat, mittens, snow pants, boots, etc.)**
9. **Staff to Child Ratio Policy**  
The current staff to child ratio according to state licensing is 1 to 18. CFSUP's programs are licensed child care centers and **DO NOT** fall under school required Individual Education Plans. Reasonable accommodations will be made to include all eligible students to the best of our abilities. Our programs are staffed to provide safe and caring environments for all children. If it is determined that a child requires additional adult attention beyond state regulations, we may not be able to accommodate their needs (ie: Behavioral, emotional, developmental, medical, etc.), and it will be the parents' responsibility to provide the extra adult support at their own expense, or find alternate care.
10. We expect the children to show respect to staff and take responsibility for their own behavior. They must interact with their peers in a safe manner and use equipment appropriately. The "**1 2 3 Magic**" behavior modification program is used to discourage rule violations. If a child gets to a "3", a Behavior Report will be written and shown to the parent for a signature. Repeated violations may result in a one to two week suspension from the program. If violations continue after a suspension, the child may be removed from the program for the remainder of the year and cannot return until discussed with the Program Supervisor. We also expect parents to show respect to the staff and to other parents and children. Inappropriate behavior of any kind by a child AND/OR parent may result in the removal of a family from the program.
11. Repeated failure to abide by the Before & After School Program **POLICIES AND REGULATIONS** will result in your child's removal from the program. **This includes keeping your account in good standing according to the attached Youth Program Payment Protocol.**

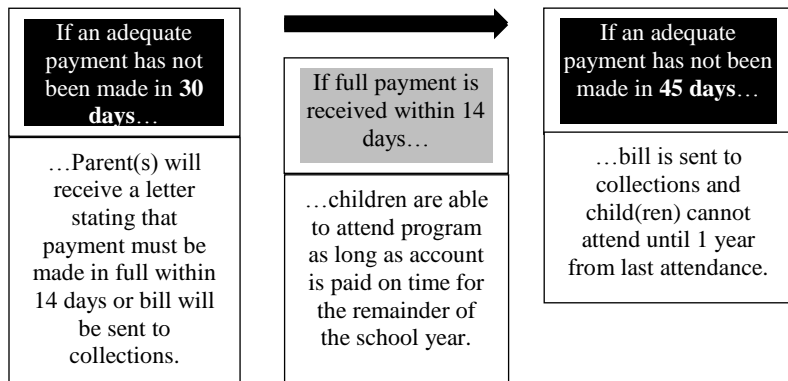
As a quality Before and After School provider, we strive to provide safe and nurturing environments. This can only occur when families and staff work as a team. Thank you for allowing us the privilege of caring for your child. We look forward to a GREAT school year!

**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**



If at any time you anticipate difficulty paying your bill on time, please contact your child(ren)’s Program Coordinator. Payment plans may be available depending on your family’s circumstances.

If any account is sent to collections more than once, that parent will be unable to enroll ANY child into any of our programs the future.

**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.**

**Marquette Area Public Schools  
Child & Family Services-Before and After School Programs  
INDIVIDUAL STUDENT RECORD (2016-2017)**

**Date of Enrollment:** \_\_\_\_\_ **Date of Withdrawal** \_\_\_\_\_ **En Fee Paid** \_\_\_\_\_ **DB** \_\_\_\_\_  
**COMPLETE EVERY LINE ON THIS FORM TO ENSURE THE WELL-BEING OF YOUR CHILD**  
 (Some of the information is required for statistical purposes only)

Name of Child \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 (Last) (First) (Middle)  
 School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Living with \_\_\_\_\_  
 Race/Ethnicity \_\_\_\_\_ Name(s) of siblings enrolled? \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Home address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Employer & Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Hours of work (i.e:8-5) \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Authorized to pick up       Not Authorized (Please provide legal proof)       Deceased       Lives out of Area  
\*Without legal proof, we cannot prevent a parent from seeing/picking up their child.

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Home address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Employer & Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Hours of work (i.e:8-5) \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Authorized to pick up       Not Authorized (Please provide legal proof)       Deceased       Lives out of Area  
\*Without legal proof, we cannot prevent a parent from seeing/picking up their child.

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

My child will attend on the following days:

<b>BEFORE SCHOOL PROGRAM</b>					<b>AFTER SCHOOL PROGRAM</b>				
Mon.	Tues.	Weds.	Thurs.	Fri.	Mon.	Tues.	Weds.	Thurs.	Fri.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IN CASE OF ACCIDENT OR ILLNESS, I REQUEST BEFORE/AFTER SCHOOL 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** \_\_\_\_\_

(Other than Parents/Guardians)  
 Alternate Contact Person \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Insurance No. \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD:**

(Please list at least **2 OTHER** names besides Parents/Guardians or Alternate Contact Person)

- Name \_\_\_\_\_ 18yrs+? Yes No Phone \_\_\_\_\_ Cell \_\_\_\_\_
- Name \_\_\_\_\_ 18yrs+? Yes No Phone \_\_\_\_\_ Cell \_\_\_\_\_
- Name \_\_\_\_\_ 18yrs+? Yes No Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**NOTE: If a parent/guardian/authorized person drops off early (before 6:45 a.m.) or arrives late to pick up their child (after 5:30 p.m.), a FEE of \$5.00 per child will be charged for each 5 minute increment outside of the Program's operating hours. If it's a late pick up and a parent/guardian/authorized person has not been in contact with staff by 6:00 p.m., the police will be called and the child will be released to them. The police will then take responsibility to locate the parent.**

\*\*\*\*\***MORE INFORMATION REQUIRED ON BACK OF FORM**\*\*\*\*\*

HEALTH HISTORY 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		
12. Other (Please define below)		
<b>Please explain any problem areas identified above:</b>		

**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 Before and After School Program activities.  Yes  No

His/her immunization record and/or school physical is on file in the school office.  Yes  No

Date of last Tetanus Shot \_\_\_\_\_ (This is normally in the DTP/DtaP/DT/Td/Tdap series of shots a child receives prior to kindergarten)

May Child and Family Services photograph your child?  Yes  No

If yes, may we use the photo for advertising/publicity?  Yes  No

May CFS provide and apply SPF 30(or higher) Sunscreen for your child when necessary?  Yes  No

**LICENSING NOTICE**

I understand the Center maintains a licensing notebook of licensing inspections, special investigation reports and related corrective action plans. The notebook is available to me for review during regular program 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 informs 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 Marquette Area Public Schools/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. I understand I will be notified prior to any of these occurrences.

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

**AGREEMENT**

I have read ALL THE INFORMATION in the Child and Family Services Before and After School Program enrollment packet and agree to abide by all of the policies and regulations. I also understand that the School Programs are a collaboration between Child & Family Services of the U.P., Inc. and Marquette Area Public Schools. Information regarding attendance, behavior and programming will be shared between program staff and appropriate school personnel when deemed necessary. I also agree to abide by the above stated rates and will keep my account current and up to date or risk my account being sent to collections. I understand that failure to abide by any policy or regulation may result in my child(ren) not being allowed to use the programs.

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