

STRETCH CHILD CARE CENTER
CONTRACTED SERVICES AGREEMENT

Parent/Guardian _____ Date _____

Street Address _____

City, State and Zip _____

Phone numbers: (day) _____ (night) _____

The following children will be attending the STRETCH (after school program) at Alanson Public Schools during the times and days listed below at a cost of \$3.50 per hour with a one hour minimum. Any time after 1 hour will be billed on a ½ hour basis. All times will begin at 3:00 p.m. and will end at the times noted below not to exceed 6:00 p.m. Any time spent after the contracted time will be billed to the next ½ hour and will be added to the next two weeks billing. **You will be charged per contracted hours even if your child is not in attendance**

Name	Monday	Tuesday	Wednesday	Thursday	Friday
_____	3:00-____	3:00-____	3:00-____	3:00-____	3:00-____
_____	3:00-____	3:00-____	3:00-____	3:00-____	3:00-____
_____	3:00-____	3:00-____	3:00-____	3:00-____	3:00-____

Total STRETCH advance charge per week is _____ with a two-week advance payment due of _____ to be paid before the above named students attend the program.

I _____, the parent/guardian of the above named student understand that to participate in either the STRETCH program I must pay in advance for two weeks of contracted time for each student listed. If at any time I do not make payment in advance the above named children will not be allowed to attend either program until such time as I again prepay the amount contracted and/or any outstanding debt in full. In the event I need to change the hours contracted for service I am to contact the Child Care Center to prepare a new contract to be resigned prior to the next billing cycle I also understand I am responsible for any and all debts that occur from the use of this program.

Signature of parent/guardian

Date

Tonia Keller/STRETCH Coordinator

Date Approved

**Alanson Public School
Child Care Program
STRETCH**

Health Appraisal Form

I, _____, verify that my child _____,
age _____ years, is at present in good health to the best of my knowledge.
(Note: If there is **ANY** restrictions please list below).

RESTRICTIONS:

My child's immunizations are up to date and on file with the
school (or wavier if applies).

Date

Parental/Guardian Signature

ALANSON PUBLIC SCHOOLS

MEDIA RELEASE

I understand that:

1. I give permission for my child to be videotaped and photographed for educational purposes.
2. Newspaper photographers may ask to take pictures of student activities. I give permission for my child to appear and to be named in the newspaper photographs.
3. There are times during the school year when parent volunteers may require a class list of student name, phone number and/or address for various reasons such as, classroom events, birthday parties, etc. I give permission for my child's name, phone number, and/or address to be distributed on a classroom list.
4. Unless I revoke my permission in writing, Alanson Public Schools has permission for all of the above activities for the period of time my child is enrolled in this school district.
5. I give permission to Alanson Public Schools to release information provided by me regarding my future plans, graduation information and grade point average.

The undersigned understands and agrees not to hold Alanson Public Schools nor any of its employees or volunteers responsible for occurrences other than those caused by gross negligence of the school district, its employees, or its volunteers, or as otherwise provided by law.

Student's Name _____

Student Signature _____

Parent/Guardian Signature _____

Date _____

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.

Permission to Photograph

I,

(Parent's or guardian's name)

give permission for

(Name of child care provider or facility)

to photograph my child,

(Child's Name)

For the following purposes:

Type of Use:	Grand Permission	Decline Permission
Still Photographs:		
Display in provider's personal scrapbook		
Give photographs to current clients		
Display in facilities scrapbook or bulletin boards, shown to current and prospective clients		
Display still photos on facilities website *		
Use still photos in promotional materials		
Videos		
Give video to current parents		
Display video on facility website		
Use videos in promotional materials		
Other (Please List):		

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian's Signature and date)