

Happy Days
Van Buren Schools Extended Day Program
734-461-1299 fax: 734-270-2220

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, afternoon snack, quiet time for homework and educational (fun) table choices such as; writing, open art, blocks and games. We have an open-door policy and encourage parents to visit the class anytime.

Admission

Upon enrollment a parent or guardian is required to return all the given paperwork along with a registration fee of \$50.00 per family. Tuition is due on the first day of attendance.

Rates

- Registration Fee: \$50 per family
- Before and after school Monday through Friday: \$85 per week
- Before school only: \$8 per day
- After school only: \$9 per day
- Half days (12pm-6pm): \$20
- Full days: \$35 per day
- 10% Sibling discount on 2nd child

We understand that families' needs change from week to week therefore we only charge for days attended. Please let their teacher know when to send them to latchkey.

Schedule

Services are available starting at 6:30am until 8:30am and 3:45pm until 6:00pm.

Daily Schedule

6:30-8:30am:	Arrival/Breakfast/Free Play/Arts and Crafts/Gym
3:45-4:30pm:	Arrival/Snack/Free Play/Arts and Crafts/Homework
4:30-5:30pm:	Outside/Gym
5:30-6:00pm:	Departure/Free Play

We will be closed on all major holidays. This includes Memorial Day, Good Friday, Fourth of July, and Labor Day, Thanksgiving (Thursday & Friday), Christmas Eve & Christmas Day, New Year's Eve, and New Year's Day.

*For all snow days and breaks, all schools will commence at Savage Elementary.

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 child information record.
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 child information card.
4. A non-refundable registration fee of \$50.00 per family is due upon enrollment.
5. Tuition is due every Monday, or the first day of the week your child attends. If you have an overdue payment, your child may not attend until payment is made and may lose his/her spot in the program.
6. If your child is picked up later than 6:00pm, a \$1.00 per minute late fee will be assessed and due at the time of pick-up.
7. A \$35.00 returned check fee will be assessed for all returned checks. Remittance must be made with a money order before your child may return to the program. After two returned checks, all payments must be made by certified check or money order.
8. **We cannot accept cash payments.** Tuition should be paid by check or money order.
9. Happy Days and Van Buren Schools are not responsible for lost or damaged articles.
10. Any damage to the premises (latchkey or school property), incurred by the student is the responsibility of the parent.
11. A student may be dis-enrolled from the program for any reason, at the sole discretion of the Director.
12. Any child with a fever of 100.3 may not attend. Sick children with examples of the following may not attend fever, vomiting, diarrhea, undiagnosed rash, discharge from eyes or ears or any other contagious illness.
** Parents should be aware that Happy Days simply cannot guarantee that we will be able to fully contain or prevent the spread of all illnesses. Parents need to be aware that their child may be exposed to a number of illness or communicable diseases while enrolled in the program. **
13. If in the event that your child becomes seriously injured at the center, you will be notified immediately. Bumps, scratches or other less severe injuries will be reported to you in the manner of an Accident Report. You will be contacted by phone if your child has a mark present on his/her face or an injury to their head.
14. Happy Days uses positive methods of discipline which help children develop self-control, self-direction, self-esteem and cooperation skills. We use redirection to help children stay in control of their emotions. We use positive reinforcements. We will look for opportunities to teach the children how to develop problem solving and conflict resolution skills through talking.
15. Happy Days does not provide meals. An afternoon snack with milk, juice or water, will be provided. Pizza is ordered for half days and full days.
16. Withdrawal policy; a written notice must be provided.

To the best of my knowledge, my child is in good health with any activity restrictions noted, and up to date immunization records are on file with the child's school.

Parent Signature: _____ Date: _____

Email address: _____

Phone #: _____ Work #: _____

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 offer opportunities for the developmental growth of each child in all 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 any time.

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

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/Responsible Adult

Parent/Legal Guardian/Responsible Adult

Relationship to child: _____

Relationship to child: _____

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Social Sec # _____

Social Sec # _____

Driver's License #: _____

Driver's License #: _____

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Licensing and Regulatory Affairs

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 Community and Health Systems 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 _____

LARA is an equal opportunity employer/program.

CHILD INFORMATION RECORD

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

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
Parent/Legal Guardian's Name			Home Phone ()	Parent/Legal Guardian's Name (Optional)
Home Address (if not child's address)			Cell Phone ()	Home Address (if not child's address)
City	State	Zip Code	City	State
Email Address (optional)			Email Address	
Employer Name			Work Phone ()	Employer Name
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.)				

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

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 _____, 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

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