

Parent Handbook Agreement for Boyne Country Kids (BCK)

_____(Initial) I have read and fully understand the BCK Parent Handbook. I now agree to enter into this agreement with BCK. I understand that the contents of this contract may be changed and/or amended at any time by BCK when deemed necessary to maintain the optimal environment for all students. Anytime a change is made, I will be given notice at the sign-in desk (this will be posted for approximately 30 days) and I may request an updated handbook. (A separate addendum will be made available at the same location.)

_____(Initial) I have received a copy of the BCK Parent Handbook for my own records.

_____(Initial) I understand the licensing notebook contains all the licensing inspection reports, special investigations, and corrective action plans for the past three years and are available on the department's website at www.michigan.gov/michildcare.

Does your child have any health concerns or special needs that program staff should be aware of? ☐ Yes ☐ No
If yes, list any restrictions, etc.: _____

Are your child's immunizations current and on file with his/her school OR an immunizations waiver is signed and on file with his/her school? (NAME OF SCHOOL _____)..... ☐ Yes ☐ No

Are there activities that your child should not participate in?..... ☐ Yes ☐ No
If yes, please list _____

May the staff apply sunscreen, insect repellant, and general first aid to your child while they are in BCK's care? (you supply your own)..... ☐ Yes ☐ No

Is your child on medication that they will need during BCK?..... ☐ Yes ☐ No
If yes, ask staff for a Medication Form as it must be on file and reviewed every three (3) months.

May the staff photograph, videotape, and interview your child for the program promotion, recognizing that this information may be used on the web, television, radio, and print?..... ☐ Yes ☐ No

May your child participate in walking field trips?..... ☐ Yes ☐ No

May your child participate in field trips by bus? (school bus or Charlevoix County Transit) ☐ Yes ☐ No

Name(s) of siblings in program: _____

Child's First and Last Name Preferred Name Date of Birth

Parent/Guardian Printed Name Parent/Guardian Signature Date

BCK USE ONLY	<input type="checkbox"/> Registration Fee of \$40.00 Collected CASH / DHHS/ C.C. / CHECK # _____	
	<input type="checkbox"/> BCK Financial Agreement (backside of this form)	
	<input type="checkbox"/> Parent Handbook Agreement (top of this form)	<input type="checkbox"/> Medication Form Yes / No
	<input type="checkbox"/> Child Information Card (separate)	<input type="checkbox"/> Emergency Care Form Yes / No
	<input type="checkbox"/> Before School Care	<input type="checkbox"/> After School Care <input type="checkbox"/> Summer
	<input type="checkbox"/> ½ Days	<input type="checkbox"/> Snow Days <input type="checkbox"/>
	Interviewed By: _____ On: _____	

Boyne Country Kids Financial Agreement Form

Hours of Operation/Fees

DHHS Reimbursement	Parent pays for childcare until DHHS is active and then reimbursed.	
Registration Fee	(before child can start)	\$40.00 (annually per child)
Before school care from	7:00 a.m. – 8:00 a.m.	\$5.00 Daily
After school care from	3:00 p.m. – 6:00 p.m.	\$15.00 Daily
Half Day of School	11:00 a.m. – 6:00 p.m.	\$25.00 Daily
Summer Rate/Full Day	7:00 a.m. – 6:00 p.m.	\$40.00 Daily
Weekly Rate (All 5 days) \$35 a day for first child, \$30 a day for each additional child in same household.		

Schedule changes need turned in every Thursday by 6:00 PM for the following week...you are still charged for the days that your child does not attend if you fail to notify the program director BEFORE this time. Failure to pay the current week's balance by the following Friday will result in a \$10.00 late fee per week until payment is received. After two (2) weeks, your child(ren) will no longer be enrolled in BCK.

We agree to enroll our child in Boyne Country Kids (BCK). We have received and read the attached handbook and agree to comply with all the rules, policies and responsibilities stated therein. BCK has reserved the right to modify the rules and policies at its sole discretion with 30 days written notice. Such notice requirements shall not be applicable in the event of emergencies and licensing mandates.

We agree to pay the provider rates listed above. These fees do not include lunch or snacks. We agree to pay the fixed daily rate regardless of the amount of time spent in care. We understand that BCK reserves the right to adjust the fixed rates with 30 days' written notice. We further agree that the childcare fees are to be paid according to our payment schedule, and to pay any applicable late fees established in the parent handbook. We further agree that the provider may suspend or terminate services for non-payment of care as provided in the handbook. For any delinquent amounts, we will also pay the provider's reasonable costs of collection, including attorney and court fees.

We agree that either party may terminate this agreement at any time. We also acknowledge that BCK may terminate this agreement without notice if the child's continued participation in the program creates a direct threat to his/her safety, other children, or staff members.

If any provisions in this contract or the attached handbook are held invalid or unenforceable, it should be ineffective only to the extent of the invalidity, without affecting or impairing the validity or enforceability of the remainder of the provision or the remaining provision and intent of this contract.

This contract constitutes the entire agreement among the parties to it and supersedes any prior understandings and agreements. Each party acknowledges and states that no representation, inducement, or condition set forth in this contract has been made or relied upon by either party. The laws of the State of Michigan shall govern the contract.

Parent/Guardian Signature

Driver's License #

Parent/Guardian Printed Name

Relation to Child

Date

Provider's Signature

Date