



Krambrooke Children's Center

"Caring for the children of our community since 1988"

59025 Van Dyke Avenue, Washington MI, 48094

(586) 786-0287

www.Krambrooke.com

Child Care Contract: School Age 2026-2027

Date: _____

We, the parents or guardians (your names) _____, (SSN) _____, Elementary School your child attends _____, agree to enroll _____ (child's name) in Krambrooke Children's Center. We agree to pay a non-refundable registration fee of \$125.00 for each child that is attending. This registration fee is renewable annually. Registration spots will only be held for 2 weeks past original start date given.

TUITION PAYMENTS:

INT. 101

We agree to pay Krambrooke Children's Center tuition in full on the first day of every week or month that my child attends. Payments thereafter are susceptible to a \$15 daily late fee, which will be added to my account. After two weeks of accumulated late payments, my child will not be allowed to attend until full payment is made. After 15 days of non-payment a 2% interest rate per month will be added to any unpaid balances. In addition, if this account is placed for collection due to unpaid balances, I will be responsible to pay all actual collection and/or legal costs and fees that are incurred by Krambrooke.

SCHOOL-AGE CARE:

INT. 101

School-age care may be available on days that school is not in session due to holidays, snow days, building closures, etc. Services are available from 6:00 a.m. to 6:00 p.m., Monday through Friday. We agree to pay Krambrooke the full tuition amount each week based on the 2026-2027 school age tuition rates. **Winter and Spring break rates will be: 1 day \$67 - 2 day \$134 - 3 day \$190 - 4 day \$215 - 5 day \$250** I agree to inform Krambrooke in advance of any care that my child will need on days when school is not in session.

BEFORE AND AFTER SCHOOL CARE (LATCH KEY):

INT. 101

Latchkey care is provided before and after school, Monday through Friday. We agree to pay the full tuition amount according to the current weekly AM/PM latchkey semester rates. Parents must turn in their child's semester attendance schedule before the start of the new semester. Fees are charged weekly based on the attendance schedule you turn into the office. This fee is charged regardless of attendance. Your account will be billed on Monday of each week. Schedule changes will only be accepted based upon availability and emailed two weeks in advance for that specific session. **We are unable to accept a rotating schedule.**

Fall Semester is August 31st through December 18th

Spring Semester is January 4th through June 11th

Before/After School Care

Care from 6am-9am & 4pm-6pm

	AM Session	PM Session	AM/PM Session
5 Days	\$65.00	\$40.00	\$105.00
4 Days	\$55.00	\$33.00	\$88.00
3 Days	\$40.00	\$25.00	\$65.00
2 Days	\$25.00	\$15.00	\$40.00
Add-a-Day	\$15.00	\$10.00	\$25.00

Full & Extended Day School Age Care

School Age Full Day Drop-in Care: \$67/Day

School Age Full Day: \$34/Day (plus B/A care)

School Age Early Release: \$19/Day (plus aftercare rate)

I understand that if my child is on the schedule to return to Krambrooke after school, Krambrooke is **EXPECTING THEM**. If my child will not be returning to Krambrooke on a day that is normally scheduled, I will notify the office. If I fail to contact the office and Krambrooke has to call me to verify my child's whereabouts, I may be charged a flat rate of \$20.00 per occurrence.

If my child is absent in the morning, Krambrooke will still assume my child is returning to Krambrooke after school unless I inform them otherwise.

We understand that Krambrooke closes promptly at 6:00 p.m. A charge of \$2.00 per minute starting at 6:05 p.m. will be added to our account when our child is picked up late.

Parent Signature: _____

RETURNED CHECK AND POSTAGE FEES:INT.

A \$35 service charge will be added to my account for any tuition checks that are returned. If certified mailing is necessary, a charge of \$20 per mailing will be posted to my account.

Credit Card, Debit Card and ACH Charges:INT.

- Credit/Debit Cards - 3% convenience fee added to the transaction amount.
- ACH - \$1.00 per transaction
- Cash/Check - no charge
- Cash (Must wait for a written or printed receipt)
- Returned Items - \$35 per transaction

SUBSIDIZED PAYMENTS:INT.

If your tuition payments are subsidized by Family Independence Agency (FIA), or any other agency, you are responsible for the remaining portion of all registration, tuition, and any additional charges. Please note that the rate that FIA pays will only cover a portion of Krambrooke's charges. You are responsible for payments until Krambrooke receives payments from the other source.

HOLIDAYS:INT.

Krambrooke is **CLOSED** on the following holidays during the 2026-2027 school year: September 7 (Labor Day), November 26-27 (Thanksgiving Holiday), December 24-25(Christmas), January 1 (New Year's), March 26 (Good Friday), May 31 (Memorial Day). Krambrooke reserves the right to close the center for any additional holidays. Reference the 2026-2027 Parent Handbook for additional closures in 2026-2027.

CENTER CLOSING:INT.

In the event of severe inclement weather, power outages, or building maintenance issues, the Center may need to close. The Center will also close if a red alert is issued. If closure is required, it will be communicated on your local network news stations and through Google Groups email and Procure. **No refunds of tuition will be made if the Center is closed due to severe weather or other unexpected emergency conditions.** If the Center needs to close during the day, parents will be phoned to pick up their child. If parent cannot be reached, persons listed on emergency card will be notified to pick up your child. It is the parent's responsibility to keep your emergency contact information up to date.

CHILD DOCUMENTATION:INT.

All contracts and Child Information Cards must be renewed every September or as requested by Krambrooke. It is the parent's responsibility to provide Krambrooke Children's Center with accurate records and to update the entire child's records whenever necessary.

DROP OFF/PICK UP:INT.

I will sign my child in and out using the keypad when dropping off or picking up my child. I acknowledge that Krambrooke will release our child to only those persons authorized on the Child Information Card. If my child needs to be released to a person not on this card, I will inform staff prior to pick up. All staff reserves the right to check a picture ID when my child is picked up.

OUTDOOR PLAY AREA:INT.

Weather permitting, children will be taken outside. The outdoor play area is considered an extension of the learning environment. Weather-appropriate clothing will be provided by the parent. Children must have firm-fitting safe shoes that will not slip off while running or climbing or that might become caught on equipment during outside play. Children who do not have proper footwear will not be allowed to play on outside equipment.

ILLNESS POLICY:INT.

If I am called due to my child being sick*, I will make arrangements to pick up my child as soon as possible. Consequently, if my child sees a doctor as a result of this illness, a doctor's note must be provided to Krambrooke before my child may return to Krambrooke. If my child is sent home due to a fever, my child must be fever-free for 24 hours before returning to Krambrooke.

*Details on symptoms that will prompt a phone call, are listed in our parent handbook.

WITHDRAWAL AND DISMISSAL POLICY:INT.

Krambrooke Children's Center requires a two-week written notice in the event that you decide to withdraw your child from the Center. Krambrooke will request you to withdraw your child under the following circumstances.

- Failure to pay tuition on time.
- Failure to inform the Center of a prolonged absence.
- Failure to inform the Center of a prolonged vacation.
- Failure to return from a vacation or absence as scheduled.
- Continuous absences without notification that your child will not be present.
- If a child is unable to positively adjust to our programs or causes repeated disruptions to the program, harm to himself/herself, or to others, and all possible solutions to the problem have been exhausted, then the child will be dismissed from Krambrooke.

If asked to withdraw my child, there will be no refunds on any registration, fees, or tuition paid.

Upon the legally binding signature, the parent or legal guardian fully agrees to abide by all rules, regulations and provisions stated in this contract. The provider's signature shall therefore and therein serve as the witness in the understanding that the contract has been fully understood by the said party.

Parent(s) or Guardian Signature _____ Date _____

Provider's Signature _____ Date _____

I have received, read, and understand the Krambrooke Children's Center 2026-2027 School Year Parent Handbook. INT.
A digital copy has been sent to your email on file. A printed copy is available upon request.

Krambrooke Media Release Form

There may be times when pictures and/or information about a student's work will be posted on the school's web page and/or other social media like Facebook. This media release form will serve as permission to post such information as needed.

Parent or Guardian Signature: _____ Date: _____

PG-Rated Movie Permission Slip

Occasionally throughout the year, we may allow the children to watch a movie: Special occasions, rainy days, etc.

Movies watched will be age-appropriate and rated either G or PG. This permission slip is for the purpose of allowing your child to watch a PG rated movie.

Examples of PG movies are: Frozen, How to Train Your Dragon, Minions Movie, Home Alone, Lorax, Finding Dory, Shrek, and The Lego Movie.

My Child _____ has my permission to watch a PG-rated movie.

Parent/Guardian Signature: _____ Date: _____

Physical Health/Immunizations Parental Acknowledgement

My signature acknowledges that my child who attends Krambrooke Children's Center, a school-age program licensed/approved by the Bureau of Family Services, Child Day Care Licensing, is in good health and his/her immunizations are current and appropriate waiver is on file with the Macomb County Health Department (MCIR) or in paper format that I will provide to Krambrooke. I understand that I assume responsibility for my child's health while at the center.

Further, any health restrictions, allergies, medications taken by my child, or any other health needs are noted below. I understand that I may be asked to fill out additional health forms for food allergies/sensitivities and required medications.

Child's Name: _____

Child's Date of Birth: _____

Health Restrictions/Allergies/Medications: _____

Signature of parent or guardian: _____

Date: _____



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Washington, MI 48094
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Transportation Agreement

We, the parents/guardian of _____, hereby give permission for my child/children to be transported to and from each field trip / school location to Krambrooke and back. I understand that my child will never be transported to a field trip unless we have signed a separate field trip permission slip for the specific field trip.

Children will be transported by one of the Krambrooke Busses. Children will not be using booster seats. They will be seated using a lap belt.

We hereby release Krambrooke Children's Center, any contracted service, its agents, and all employees from any and all liability.

Signature of Parent or Guardian: _____ Date: _____



Krambrooke Children's Center

Emergency Medical Care Form

This permission form is to cover emergency services that may be needed for your child.

Please review the steps below representing those services for which you are giving your permission for your child to receive from our staff or from the staff of the designated emergency care facility.

When possible, you will be notified in advance of the services that are to be administered to your child. In the event that notification is not possible prior to services, you will be informed of what recommendations or suggestions have been prescribed at the earliest possible time.

I hereby grant permission for the acting director of Krambrooke Children's Center to take whatever steps may be necessary to obtain emergency medical care if warranted for my child _____.

These steps may include, but are not limited to, the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's primary care physician.
3. Attempt to contact any of the persons listed on the emergency information card that you have completed and is on file.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
 - a. Call 911.
 - b. Have an ambulance take the child to the nearest medical facility.
 - c. Have the child taken by ambulance to an emergency hospital.
5. Any expenses incurred will be the responsibility of the child's family.
6. Krambrooke Children's Center will not be held responsible for anything that may happen as a result of false information given by the parents/guardian at the time of enrollment.
7. Administer First-Aid treatment if necessary.
8. Transport child to _____ hospital in cases of injuries or other emergencies.
9. Medical treatment at _____ hospital in the event of an emergency or serious life-threatening incident.

I _____ as parent/guardian, by my signature, give approval for the above health services to be offered to my child. Date: _____

Witnessed: _____ Date: _____

Participation Permission

I hereby grant permission for my child _____ to:

1. Use all play equipment.
2. Participate in all Center activities.
3. Participate in all evaluations, screenings and assessments.

Parent or Guardian Signature: _____ Date: _____



Krambrooke Children's Center Food Statement

Milk will be provided and offered during breakfast and lunch.

Wednesdays will be Pizza Day and can be purchased by the slice with options of chips and juice boxes for a charge.

Breakfast, snacks (AM and PM) and lunch must be provided from home.

You may bring your child's breakfast to the center dated and labeled clearly with your child's first and last name. We are not able to store food.

Breakfast/Snacks/Lunch:

- ◇ Lunch brought from home must be a nutritionally well-balanced meal.
- ◇ Lunch box must be labeled with child's first and last name on the outside and dated daily.
- ◇ Snacks must be labeled AM or PM.
- ◇ Must be self-contained and require no refrigeration.
- ◇ Must be prepared for eating and cut into safe manageable bites.
- ◇ Must be in containers that are clearly marked with child's first and last name. Krambrooke will not be responsible for containers that are not clearly labeled.
- ◇ Microwaves are available in the classroom to quickly reheat items, but we cannot prepare items that require several minutes and preparation such as macaroni cups. Instead, they must be prepared at home and sent in to be reheated.

NOTE: If a child is on a restricted diet (ex. Cannot drink cow's milk or has a food allergy or sensitivity), the appropriate form must be filled out, which will be posted in your child's classroom and in their file. If your child does not drink whole milk, you may provide your own milk, which will be stored in our refrigerator. The container must be clearly labeled with your child's name and the date that the container was provided.

NOTE: We must discard these containers after 7 days unless you communicate to us in writing that you would prefer to have it sent home after the 7 days.

The following lunch poem will be recited. As we do not want to infringe on anyone's religion or beliefs, we are requesting your permission for your child to participate.

Lunch Poem

We thank you for the night,
And for the early morning light.
For rest and food, and loving care,
And all that makes the world so fair.

Help us to do the things we should,
To be to others kind and good.

In all we do and all we say,
To grow more loving every day.

Bon Appetite!
You May Eat!

Child's Name _____ (please circle one) May or May Not recite the lunch poem.

WRITTEN INFORMATION PACKET DOCUMENTATION
Michigan Department of Lifelong Education, Advancement and Potential
Child Care Licensing Bureau

Child's (or Children's) Name (Last, First)	Facility Name Krambrooke Children's Center
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An information packet has been provided to me, either electronically or hard copy, at the time of enrollment. The packet included all the following information (**R 400.8113(1)**):

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open, and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook and that it contains the items described in R 400.8110(4).

(CENTER MUST CHECK ONE)

- ☒ The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.
- ☐ The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.
- Other _____

I certify that I received all the above items.

Parent/Guardian Signature

Date

Note: A single CCL-4340 form may be used for all children in the same family.

MiLEAP is an equal opportunity employer/program.

Individuals with disabilities may contact the MiLEAP ADA Coordinator to request an alternative format to these materials. Please visit www.Michigan.gov/ADA for a list of state ADA Coordinators.

