For Y5-5th grade Freeland Community School students, our Before & After School Programs offer organized sports activities, homework help, healthy snacks and more. All are programmed by our fun and energetic staff!

Please stop by the SportsZone's Member Services Desk for a registration packet OR print one and fill it out at home, then bring it in to complete registration.

Before School Program (Y5-5th Grade) 2026-27

Program Coordinator: (989) 695-2000 | SACoordinator@Freeland-SportsZone.com

Location: Freeland Elementary School-Address: 710 Powley Street, Freeland, Michigan 48623

Times: Monday - Friday, 6:30 AM - Start of School

Program Start Date: First school day of the Freeland Community School District (August 24th)

Program End Date: Last school day of the Freeland Community School District

Prices (2026-27 School Year): Registration Fee: $60/child

5 Days (M-F): $150/month per child (Y5-5th Grade)

3 Days: $110/month per child (Y5-5th Grade)

Activities: Sports and Physical Development - Kids have time to go and play in the gym and partici-pate in sports games such as dodgeball, basketball, and tag. Games, crafts and more.

For Learning Center Students in Before School Program: There is a bus that takes them to the Learning Center before school begins.

Please read the Q & A below to navigate through our school-age program

Q: HOW DO I ENROLL MY CHILD IN A PROGRAM?

A: Complete a registration packet for each program you are enrolling your child in & pay the registration fee(s). IMPORTANT- if you have more than one child, each child will need to have their own registration packet completed. Registration packets, with instructions and additional details, are available at the Member Services Desk OR by emailing Nicole Bywater at: NBywater@Freeland-SportsZone.com

Q: WHAT HAPPENS AFTER REGISTRATION?
A: Once your child is enrolled, you will receive an email from our School-Age Program Coordinator with helpful information, including details, procedures and operation of the programs.

Q: Once my child is enrolled, how do I make changes to the program, or cancel the program?
A: All change requests must be made in writing. Requests can be emailed to Nicole Bywater at NBywater@Freeland-sportszone.com or can be made at our Members Services Desk by completing a School Age Program Change/Cancellation Form. Requests must be received prior to the first of the month to avoid existing charges for that month.

BSP 2026-27

Thank you for choosing our Before School Program for your child!

Please complete the following steps to ensure your registration request is processed efficiently and accurately.

REGISTRATION INSTRUCTIONS

1. RegistrationPacket If you have more than one child to enroll, each child will need their own registration packet completed.
   Completed packets can be returned in person to our Member Services Desk, or emailed to **Nicole Bywater** at nbywater@freeland-sportszone.com
2. RegistrationFee Payment of the $60 registration fee is required at the time of enrollment. *If you email the packet to **Nicole, she** will contact you with payment instructions when she receives the packet.
3. Credit/Debit Card Credit/debit card information must be provided at the time of registration. Program fees will auto-charge on the 15th day of each month.
   *The first auto-charge will be **9/15/26**.*

Any questions, please contact:

Member Services Desk
989-695-2000, Ext 3

or

Nicole Bywater
989-695-2000, Ext 4
nbywater@freeland-sportszone.com

Thank you. We look forward to having your child with us for the **2026-27** program year!

2026-27 Before School Program (BSP)

Your child's spot in the Before School Program will be secured with:

1. **Receipt of this completed BSP registration packet**
   - Email to Nicole Bywater at nbywater@freeland-sportszone.com
   - Or return in person to FSZ Member Services Desk
2. **Payment of $60.00 BSP Registration Fee**
   The registration fee is non-refundable and will be applied to the last month of the program
3. **Receipt of credit/debit card information for monthly program charge**
   - Monthly program fees will be auto-charged on the 15th of each month to the debit/credit card provided
   - To avoid existing charges, changes and cancellations must be received in writing prior to the 1st of any month

BSP Selection ☐ **Y5-5th grade 5 days a week** ($150/Month) ☐ **Y5-5th grade 3 days a week** ($110/Month)

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Child's Last Name	Child's First Name	Gender	Grade 2026-27
Street Address	City	Zip Code	
Home Phone #	Email Address (Mandatory)		
Parent/Guardian Name	Phone #		
Parent/Guardian Name	Phone #		

Parent/Guardian Signature _____ Date _____

CHILD INFORMATION RECORD

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

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	Zip Code
Parent/Legal Guardian's Name	Primary Phone ( )	Parent/Legal Guardian's Name (Optional)		Primary Phone ( )
Home Address (if not child's address)	2nd Phone (if applicable) ( )	Home Address (if not child's address)		2nd Phone (if applicable) ( )
City / State / Zip Code		City	State	Zip Code
Email Address (optional)		Email Address (optional)		
Employer Name	Work Phone ( )	Employer Name		Work Phone ( )
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/or Special Instructions? Yes ☐ No ☐ If yes, explain: (Attach additional sheets, if necessary.)				

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 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

LARA is an equal opportunity employer/program.

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

Freeland Community School District

Marcus Hillborg , Superintendent
www.freeland.k12.mi.us

Phone (989) 695-5527
Fax (989) 695-5789

710 Powley Dr
Freeland, MI 48623-8106

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.

BCAL-5053 (10-16) MS Word

WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

Child(ren)'s Name(s) (Last, First)	Center Name

A written information packet has been provided at the time of enrollment. The packet included all the following information:

- 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, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
    - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
    - The licensing notebook is available to parents during regular business hours.
    - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at **www.michigan.gov/michildcare.**
- Other _____

I certify that I received all of the above items.

_____ _____

Parent/Guardian Signature Date

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

LARA is an equal opportunity employer/program.

Freeland Community School District's Before School Program

As part of our record keeping and commitment to keeping your child safe, please read, complete and sign the following.

- My child is in good health. Activity restrictions:

_____

_____

_____

- My child's immunizations are up-to-date and are on file at the school office.

- Medications my child needs while at the Before School Program:

_____

_____

_____

- Parents of Young 5s and Kindergarten students- please enclose a copy of your child's immunization record.

_____
Child's Name

_____ _____
Parent/Guardian Signature Date

FREELAND SPORTSZONE

5690 Midland Road,
Freeland, MI 48623
(989) 695-2000
www.freeland-sportszone.com

Photo/Video Release Form

I hereby by authorize Freeland SportsZone to publish photographs and/or video taken of _____, for potential use in printed and/or online-based marketing materials, as well as future possible Freeland SportsZone publications.

I hereby release and hold harmless Freeland SportsZone from any reasonable expectation of privacy confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking of publication of these photographs or participation in company marketing materials or other Freeland SportsZone publications.

I acknowledge and agree that publication of said photos congers no rights of ownership or royalties whatsoever.

I hereby release Freeland SportsZone, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability or any claims by me or any third party in connection with my participation.

Authorization

Printed Name:_____

Signature:_____ Date:_____

Street Address:-

_____

City:_____State:_____Zipcode:_____

Signature of Parent/Guardian:_____ Date:_____
(if subject is under 18 years of age)

____ I **DO NOT** AUTHORIZE the Freeland SportsZone to publish photographs and/or video of my child(ren).

Printed Name: _____ Signature:_____

Date:_____

5690 Midland Rd
Freeland, MI 48623
Phone 989-695-2000
Fax 989-695-2800

BEFORE SCHOOL AGE PROGRAM PAYMENT AUTHORIZATION FORM

I authorize the Freeland Community Sports Association to make monthly charges to this credit or debit card for my child's/children's participation in the Freeland Community Schools and Freeland SportsZone ***Before School Program*** *and/or the Freeland SportsZone* ***After School Program****. Such charges shall be in the amount of* $_____ *(initials)* _____ *and shall be charged on the 15th day of each month or the nearest business day following the 15th if said date falls on a weekend.*

Child/Children's Names: _____

Please check all programs child/children enrolled in:

Before School Program (Y5-5th grade)

_____ $150 / month (per child) 5 Days a Week

_____ $110 / month (per child) 3 Days a Week

Credit/Debit Card for Recurring Monthly Program Fees

_____ MasterCard _____ Visa _____ American Express _____ Discover

Card # _____ Exp Date _____ Security Code _____

Name on Credit Card: _____

Cardholder Address: Street _____

City _____ State _____ Zip Code _____

This authorization will remain in effect until written notice of termination is given to the Freeland Community Sports Association. I acknowledge receipt of a signed copy of this authorization. **All program cancellations must be received in writing prior to the 1st of the month to avoid charges for that month.**

Authorization Signature: _____

For Office Use Only

Start Date _____ Processed by _____ Date _____