



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2016 - 2017 School Year

GREEN FAMILY YMCA SCHOOL AGE

BEFORE & AFTER SCHOOL ENRICHMENT

BEFORE & AFTER CARE

Welcome to the Green Family YMCA's Before and After School Enrichment program! We are excited to collaborate with Green Local Schools in offering our outstanding programs for students at Greenwood ELC, the Primary School, and the Intermediate School. As with any quality child care center, our program is licensed by the State of Ohio so you can be sure you are getting the best care possible. With the support and partnership of Green Local Schools, there is nowhere better for your children to spend their time.

Before and After School Enrichment (BASE) is an incredible opportunity for your children to be involved in activities with their peers. In our program, your child will be challenged to be active and thoughtful citizens. Students in our care understand and practice the YMCA character values, work on homework and literacy activities, and have loads of fun in a safe environment. Our CATCH program and fitness sessions will be sure to keep your children healthy and happy. We provide both morning and afternoon snacks, outside play time and gym time, as well as homework/quiet time.

Our staff all meet state requirements and are required to be trained in various areas to keep your child safe. With a vast wealth of experience in both the education and medical fields, our staff is well rounded while still having the focused experienced to care for your children.

The YMCA has four BASE sites. We have a site at our YMCA, Greenwood ELC, Primary, and Intermediate. You will have the choice of enrolling your child to stay on site at the schools, or to be bussed to and from the YMCA. We look forward to having your children with us this school year! Please read and complete this packet fully. If you have any questions or concerns, please contact:

Suzanne Davis—Youth Enrichment Director

330.899.9622

suzanned@akronymca.org



BASIC INFORMATION

Child's Name _____

Birthday _____ Age _____ Grade _____

Are you or is your child a YMCA Member? _____

Are you a YMCA Employee? _____

Parent Name _____

Parent Email _____



Office Use Only

- Registered
- Auto Draft
- Paid Registration
- FB
- Added to lists
- Allergy
- Med

Structure & Philosophy

BEFORE CARE

You are able to drop-off your child after 6:30am each morning. A child care staff member will release the children to class at the beginning of the official school day.

AFTER CARE

Children will be released from class and report directly to the designated area where a child care staff member will meet them. Students will have the opportunity to play outside and/or in the gym each day.

REGISTRATION

Upon registration, your child is expected on the first day of school. We cannot hold spots longer than one week without payment at the beginning of the school year. If you do not attend the first week and do not notify the YMCA, your spot will be forfeited to a child on the waiting list.



FUN DAYS!

When Green Local Schools are closed for vacations, holidays, or emergencies, the YMCA will host Fun Days for all Before and After School Enrichment students. School Age Child Care students, YMCA Members and Program Members pay \$25 per Fun Day. Fun Days are automatically drafted unless paid in advance. Parents provide a healthy, packed lunch and a swim suit for the Fun Day program.

SNACKS

The Green Family YMCA will provide a snack during before care at the YMCA, Greenwood, and Primary. We will also provide snack at after care at all four sites. Our snacks meet the USDA requirements and a daily calendar is present at each site. Please let the staff know in advance if your child is not permitted to have any type of foods due to allergies or religious beliefs so we can accommodate.

Welcome!

Thank you for choosing our YMCA for your child care needs. We are excited to start another school year with outstanding staff and students. This registration packet will have all the information you need to get your child started in Before and After School Enrichment (BASE). You have the choice of two variations of our program. You can either drop-off/pick-up your child at the Green YMCA or you can drop-off/pick-up your child at his/her school. There are a few differences highlighted below.

BASE at the Green YMCA

- Drop-off/Pick-up at the Green YMCA
- Limit 18 Children
- AM Care - Free time & Snack
- PM Care - Free time, Snack, Swimming (Weds), Interactive Zone, Gym Time, Outside Time, Homework Time

Tuition:

- YMCA Members
 - Mornings OR Afternoons
-\$57 per week
 - Mornings AND Afternoons
-\$82 per week
- Non-Members
 - Mornings OR Afternoons
-\$65 per week
 - Mornings AND Afternoons
-\$90 per week
- \$40 non-refundable registration fee per child (waived prior to June 15, 2016)

BASE at the Green Schools

- Drop-off/Pick-up at your child's school
- Greenwood is the only school with a limit, and it is 18 children
- AM Care - Free time & Snack (no snack at Int. in the gymnasium)
- PM Care - Free time, Snack, Gym Time, Outside Time, Homework Time

Tuition:

- All Program Participants
 - Mornings OR Afternoons
-\$40 per week
 - Mornings AND Afternoons
-\$55 per week
- \$20 non-refundable registration fee per child (waived prior to June 15, 2016)

**Step 1:
Choose your site.**

Greenwood Early Learning Center
(Kindergarten only)

Green Primary School

Green Intermediate School

Green Family YMCA

**Step 2:
Choose your time.**

Mornings only

6:30am-8:00am Intermediate

6:30am-9:00am Primary/GW

Afternoons only

3:15pm-6:30pm Intermediate

3:45pm-6:30pm Primary/GW

Both mornings and Afternoons

Same times as above

PERSONS AUTHORIZED TO PICK UP

Name: _____

Relationship: _____

Phone Numbers:

(H) _____ (W) _____

(C) _____

Name: _____

Relationship: _____

Phone Numbers:

(H) _____ (W) _____

(C) _____

Name: _____

Relationship: _____

Phone Numbers:

(H) _____ (W) _____

(C) _____

Name: _____

Relationship: _____

Phone Numbers:

(H) _____ (W) _____

(C) _____

IN THE CASE OF DIVORCE OR SEPARATION, WHERE CUSTODY OF THE CHILD IS LIMITED, AND RELEASE AUTHORIZATION DOES NOT INCLUDE BOTH PARENTS, PLEASE CONTACT SUZANNE DAVIS REGARDING OUR POLICY.

Your child will only be released to those listed on the Persons Authorized To Pick Up form. Staff will require identification before releasing the child. Please let people know about this ahead of time so they bring a picture ID and are not offended. The safety of your children is our priority!

CHILD DROP-OFF / PICK-UP POLICY

When you enroll your child at any YMCA Child Care Program, understand that our policy is for you to bring your child to the classroom each morning and let one of the staff members know that your child has arrived. We are not legally responsible for your child if they are dropped-off outside the classroom. Please read and sign below:

I am aware that the YMCA staff are not responsible for my child unless I bring my child to the classroom when arriving each morning. I understand that state law requires me to sign-in and sign-out my child each day. I also understand that state law requires that I notify staff that my child is leaving the YMCA BASE Program for the day.

I understand that late pick-up fees in the amount of \$15 for every 15 minute increment per family will be imposed if my child(ren) is picked up after the center's designated closing time (6:30 pm).

Parent/Guardian Signature: _____

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State	Zip Code	Home Telephone Number			
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City	State		City	State	
Telephone Number	Relationship to Child		Telephone Number	Relationship to Child	
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care home.

Does your child have any food, medication or environmental allergies? *(check all that apply)*

- No
 Yes - check all that apply Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms, take action if a reaction occurs, or give emergency medication to your child? *(check one)*

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? *(check one)*

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? *(check one)*

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? *(check one)*

- No
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? *(check one)*

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."
 N/A - child does not attend a full time program.

Child's Name
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.
List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

Diapering Statement

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the following)
The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:
<input type="checkbox"/> I agree with the program's schedule <input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

<u>Give <i>Permission</i> to Transport</u>	OR	<u>Do Not Give <i>Permission</i> to Transport</u>			
Program or Home Name	Do not sign both	Program or Home Name			
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:			
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;">Parent's Signature</td> <td style="border: none; width: 30%;">Date</td> </tr> </table>		Parent's Signature	Date	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;">Parent's Signature</td> <td style="border: none; width: 30%;">Date</td> </tr> </table>	Parent's Signature
Parent's Signature	Date				
Parent's Signature	Date				

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. Yes No
(check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note: This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15 and 5101:2-13-15. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

ADDITIONAL INFORMATION

GETTING TO KNOW YOUR CHILD...

In an effort to better understand your child, we ask that you complete the following:

Have there been any changes in the family recently such as divorce, death, etc.?

Does your child have any particular fears such as dogs, sirens, storms, etc.?

What are your child's interests?

Toy/Electronics Policy

In keeping with the Christian principles of the YMCA, violent toys are not permitted (toy guns, weapons, swords, etc...). Cell phones, CD players, MP3 players are also not permitted. Staff may request that particular toys not be brought to the program if a toy is causing problems.

Photograph Consent

I give my permission to allow my child to be in photographs and video for promotion of the YMCA Before and After Care Program.

Parent/Guardian Signature: _____

PARENT INVOLVEMENT

Research has shown that a child's success in the education process is directly related to parental involvement in his/her education program. We strongly encourage parents to volunteer whenever possible. Volunteering your time, making donations to the classroom and/or spending time with your child during our program are all wonderful ways to support your child's education.

Mother's Name _____

Work Phone _____ Cell Phone _____

Home Phone _____ Email _____

Father's Name _____

Work Phone _____ Cell Phone _____

Home Phone _____ Email _____

Child lives with _____

Sibling Name/Age _____ Sibling Name/Age _____

Sibling Name/Age _____ Sibling Name/Age _____

Child's name _____

2016 Center Policies Agreement

Please read the policies carefully and initial all lines.

1. _____ I understand there is a \$20 non-refundable registration fee per child.
2. _____ Weekly tuition is due on Fridays prior to the week of service via auto draft.
3. _____ I understand that if my childcare payments fall one week behind I will be asked to withdraw my child until payment is made.
4. _____ Outstanding balances of \$100 or more that are past 30 days in arrears will be turned over to collections.
5. _____ I understand that if I have any outstanding balance at any facility within the Akron Area YMCA Association I am unable to register for any programs or membership until balance is paid.
6. _____ I understand that there will be a \$10 fee assessed for any and every returned payment.
7. _____ **CANCELLATION POLICY:** Notification must be given no later than one week in advance. Otherwise, I understand that I will be responsible to pay that week's tuition in-full, regardless of attendance.
8. _____ I understand that late pick-up fees in the amount of \$15 for every 15 minute increment per family will be imposed if my child(ren) is picked up after the center's designated closing time (6:30 pm).
9. _____ I understand that staff will contact Summit/Medina County Children Services if my child remains at the center longer than one hour after closing and all attempts to reach me, the child's other parent, and authorized persons have been made, without success.
10. _____ I understand that state licensing requires that all forms in this registration packet must be completely filled out and turned in prior to the child's admission to the program.
11. _____ I understand that I am required to disclose all medical, physical, or behavioral issues that pertain to my child at the time of enrollment, and supplement that information on an ongoing basis as needed.
12. _____ I have read the YMCA BASE/Day Camp Registration Packet and agree to all terms therein for my child(ren) to receive childcare. I understand that I forfeit the privilege of childcare if all policies are not followed.

FOR TITLE XX RECIPIENTS ONLY

- _____ I understand that my Title XX co-pay is due every Friday via auto draft prior to care.
- _____ I understand that if my Title XX authorization is not current and/or not for the correct location, I will be responsible for private pay rates.
- _____ I understand that I must swipe my Title XX card daily. I understand there is a two-week back swipe period if daily swipes are missed. If I miss the back swipe period, I understand that I will be charged the difference between my co-pay and the weekly private-pay rates. I understand it is my responsibility to know for which dates and times I need to back swipe.

Parent/Guardian Signature _____ Date _____

Suzanne Davis
Youth Enrichment Director
suzanned@akronymca.org



Green Family YMCA
3800 Massillon Rd.
Uniontown, OH 44685
330.899.9622