



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

IT'S THE SUMMER TO DISCOVER

Summer Day Camp
Enrollment Packet
May 29 – August 10

Serving children who have
completed Kindergarten
through age 12.



RIVERFRONT YMCA
544 BROAD BLVD
CUYAHOGA FALLS, OH 44221
(330) 923-9622

akronymca.org

The Y strives to make
programs and membership
available to all. Financial
assistance may be available
to those who qualify.

Mission: To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

Connect with us!





PARENT INFORMATION PAGE

Tear off and keep for your records!

CAMP FEES



Registration Fee: \$40.00 per child
YMCA Member: \$145/ Week
Program Member: \$165/week

Auto draft is REQUIRED. Account information must be provided at the front desk upon registration.

CAMP TIMES



Before Care: 6:30-9:00 am
Camp: 9:00 am-4:00 pm
After Care: 4:00-6:00 pm

Before and After Care are provided at no extra charge for children attending day camp. The child needs to arrive at camp by 8:45 am each day.

WHAT TO BRING



- Camp t-shirt
- Closed toe shoes (tennis shoes)
- Packed lunch
- Water bottle
- Backpack
- Swimsuit and towel

WHAT NOT TO BRING



- Open toe shoes (flip flops)
- Crocs
- Cell phones and other electronics
- Toys from home
- Valuables
- Two Piece Bathing Suits

DATES TO REMEMBER



First Day of Camp: May 29
Last Day of Camp: August 10

Open house on May 26, 2018
from 9:00 am- 11:00 am

PASSPORT PROGRAM



Register your child for 6 or more weeks of Day Camp and receive 20% off a week of Adventure Camp (Overnight) at Camp Y-Noah! To take advantage call Camp Y-Noah at 877-GOT-CAMP!



From exercise to education, from volleyball to volunteering, from preschool to preventive health, the Y doesn't just strengthen bodies- we strengthen community! The YMCA strives to make programs and memberships available to all. Financial Assistance is available to those who qualify.

WHO TO CALL: 330-923-9622



HAYLEY RAYL:

Youth Enrichment Director
hayleyr@akronymca.org

REBECCA BAKER:

Youth Enrichment Director
rebeccab@akronymca.org

Summer Day Camp 2018

Please select the weeks and/or service you need:

- | | | |
|------------------------------------------------|---------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Week 1: May 29-June 1 | <input type="checkbox"/> Week 5: June 25-29 | <input type="checkbox"/> Week 9: July 23-27 |
| <input type="checkbox"/> Week 2: June 4-8 | <input type="checkbox"/> Week 6: July 2-6 (no camp 7/4) | <input type="checkbox"/> Week 10: July 30-August 3 |
| <input type="checkbox"/> Week 3: June 11-15 | <input type="checkbox"/> Week 7: July 9-13 | <input type="checkbox"/> Week 11: August 6-10 |
| <input type="checkbox"/> Week 4: June 18-22 | <input type="checkbox"/> Week 8: July 16-20 | |

Payment Information:

Weekly Payment Amount: \$145 (YMCA Members) \$165 (Non-Y Members) Other (contact director)

Please draft payment: Weekly on Fridays Other (contact director)

Account: Use account on file (ending in _____) Provide account info at registration FLEX (contact director)

Person responsible for tuition: _____

Do you have Title XX? Yes No

Are you or another parent/guardian currently an employee of the YMCA? Yes No

If yes, what is his/her name? _____

Child and Family Information:

Child's Name and Nick Name _____ male female

Child's Birth date _____ Age _____

Street Address _____

City _____ State _____ Zip _____

School child is attending in Fall 2018 _____

Grade child is entering in Fall 2018 _____

Shirt Size (please circle) YS YM YL AS AM AL AXL

Number of **additional** shirts: _____ (\$9 each, due at time of registration)

Parent Name _____

Primary Number () C H W

Secondary Number () C H W

Email _____

Birth date _____

Parent Name _____

Primary Number () C H W

Secondary Number () C H W

Email _____

Birth date _____

Authorized Persons to Pick Up Child

Your child will only be released to a parent/guardian or persons listed in this section. Staff will require a government issued identification before releasing your child.

Name _____ Relation _____
Primary Number () C H W Second Number () C H W

Name _____ Relation _____
Primary Number () C H W Second Number () C H W

Name _____ Relation _____
Primary Number () C H W Second Number () C H W

Name _____ Relation _____
Primary Number () C H W Second Number () C H W

Please note: if there are any custody issues involved with your child, you must provide the center directors with full court papers including who has permission to pick up the child. The program may not deny a parent access to his/her child without proper documentation.

Child's name _____

Photograph Consent

I give my permission for my child _____ to be photographed for the promotion of the Akron Area YMCA.

Parent/Guardian Signature _____ Date _____

Permission for Routine Walks

Weather permitting, I give permission for my child _____ to accompany his/her group on routine walks in the neighborhood of the YMCA.

Parent/Guardian Signature _____ Date _____

Permission for Routine Field Trips

I give permission for my child _____ to accompany his/her group on routine field trips throughout the week from 9:00-4:00 May 29- August 10, 2018. Transportation is provided by school busses (CF City Schools Transportation Services). Specific dates and trip locations will be available by May 29.

Parent/Guardian Signature _____ Date _____

Permission for Rock Wall

I give permission for my child _____ to climb the rock wall at the Riverfront YMCA from May 29- August 10, 2018.

Parent/Guardian Signature _____ Date _____

Permission to Participate in Swimming Activities

I give permission for my child _____ to participate in swimming activities near water two feet or more in depth – and/or water activities planned in water two feet or more in depth. The center will be providing 1 additional adult above the required staff/child ratio.

Swim Site	Riverfront YMCA Pool
Date(s)	May 29- August 10, 2018
Departure/Arrival Times from Center	9:00 am-4:00 pm
Mode of Transportation	Pool on site
My child is a	<input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer

Parent/Guardian Signature _____ Date _____

Child Drop-Off/Pick-Up Policy

When you enroll your child in any YMCA Day Camp, it is to be understood that our policy is for you to bring your child into the center each morning, sign the attendance sheet, and let one of the staff members know your child has arrived. Please note: we are not legally responsible for your child when he/she is dropped off without completing the above procedure. I understand that state law requires me to sign my child in and out each day, as well as notify staff that my child is leaving for the day.

Parent/Guardian Signature _____ Date _____

Child's name _____

2018 Center Policies Agreement

Please read the policies carefully and initial all lines.

_____ I understand there is a \$40 non-refundable registration fee per child.

_____ Weekly tuition is due on Fridays prior to the week of service via auto draft.

_____ I understand that if my childcare payments fall one week behind I will be asked to withdraw my child until payment is made.

_____ Outstanding balances of \$100 or more that are past 30 days in arrears will be turned over to collections.

_____ 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.

_____ I understand that there will be a \$10 fee assessed for any and every returned payment.

_____ 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.

_____ 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 (6:00 pm).

_____ 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.

_____ 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.

_____ 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.

_____ 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 _____

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 <u>of 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		

Before turning in your child's packet, please contact a director to obtain a JFS01236 and/or a JFS01217 if required.

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 <u> N/A </u> 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

Give <u>Permission</u> to Transport	OR Do not sign both	Do Not Give Permission to Transport
Program or Home Name Riverfront YMCA		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:
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i>

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

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.

Child/Family Information Form

In an effort to understand your child and to meet his/her needs, we would like you to complete the following:

Child's Name: _____

Brothers and sisters (names and ages):

Child lives with:

What is the primary language spoken in your child's home? _____

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

What are your child's special interests?

Have there been any changes or transitions in your child's life recently, such as divorce, new home, death, etc.?

Are there additional personality and behavior characteristics that would be useful to know about your child?

How do you reassure or reward your child?

How do you discipline your child?

Please list the three most important things you would like your child to work on while in our program:

What other information would be helpful for the staff caring for your child to know?

Ohio Department of Job and Family Services
DEVELOPMENTAL AND EDUCATIONAL GOALS
FOR STEP UP TO QUALITY (SUTQ)

Name of Child				Date of Birth
<i>For Three to Five-Star Rated programs, the program must work with families to develop goals for children. These goals must be updated at least annually.</i>				
Developmental/Educational Goal				
Action Steps	Person(s) Responsible	Resources Needed	Timeline	Comments on Progress
Developmental/Educational Goal				
Action Steps	Person(s) Responsible	Resources Needed	Timeline	Comments on Progress
Lead Teacher's Name		Signature		Date
Parent/Guardian's Signature				Date