



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SUMMER TO REMEMBER

Register by April 15th to  
waive registration fee and  
have a chance to win one  
free program session at  
FPY!

## 2024 SUMMER DAY CAMP

To Register: Complete the registration packet and turn it into the YMCA's front desk or director. Please allow 2 business days for processing before the child starts attending. If your child has a medical condition or requires medication at camp, additional paperwork will be required. A director will contact you to let you know what else is needed. All required paperwork must be completed correctly and required medication must be given to staff BEFORE the child starts attending the program.

A payment method must be provided at time of registration. If you receive Publicly Funded Child Care, authorization must be obtained before attending, or the private pay rate will be owed.

### Our Dedicated Staff:

Christina Ennis, Youth Enrichment Director  
Lindsay Socotch, Youth Enrichment Director  
Maci Nestlerode, Assistant Child Care Director

Monday – Friday 7:00 am – 6:00 pm

Serving children who have completed  
Kindergarten through entering 6th Grade

Firestone Park YMCA

350 E. Wilbeth Rd. Akron, OH 44301 • [akronymca.org/firestonepark](http://akronymca.org/firestonepark) • 330.724.1255



# PARENT INFORMATION PAGE

Tear off and keep for your records!



### DAY CAMP FEES and TITLE XX

- Registration Fee: \$40 per child
- Non YMCA Member Fee: \$210/week
- YMCA Member Fee: \$190/week

\*\*Child must have completed at least one full year of Kindergarten in order to attend camp. The last year a child can attend camp is the summer before starting 6th grade\*\*

**Sam Salem License #: 107240**  
**FPY License #: 102939**



### CAMP TIMES

- Before Care:** 7:00 am – 8:30 am
- Camp:** 8:30 am – 4:00 pm
- After Care:** 4:00 pm – 6:00 pm

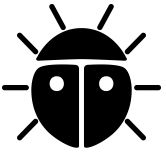
- Before & After Care are provided at no extra charge.

- Children need to arrive no later than 8:30 am. If you miss the bus, you may transport your child to the field trip. **You cannot drop your child off to Sam Salem or FPY if their group is out of the building.**

### WHAT TO BRING

- Camp T-Shirt
- Closed-Toe Shoes (tennis shoes)
- Water Bottle
- Backpack
- Swimsuit (one-piece or full coverage two piece)
- Towel

\*\*Label all items with names if possible\*\*



### DATES TO REMEMBER

#### Day Camp at Sam Salem CLC:

Monday, June 3 - Friday, July 26

**Wednesday, June 19th- No Camp**

**Thursday, July 4th- No Camp**



#### Day Camp at Firestone Park YMCA:

Monday, July 29 - Friday, August 23

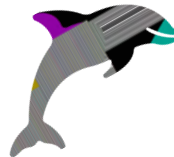
### WHAT NOT TO BRING

- Open-Toe Shoes (ex. Flip Flops, Crocs)
- Electronics or Cell Phones
- Toys from Home
- Two-Piece Swimsuits with bare midriff
- Money
- NO MICROWAVABLE LUNCHES OR DELIVERIES



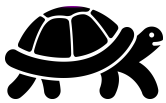
### LUNCHES AND SNACKS

A morning snack, lunch, and an afternoon snack will be provided daily. These snacks and lunches follow USDA guidelines. If you would like to pack your own lunch or supplement additional snacks for your child please do. Sharing of these extra snacks with others is strongly discouraged.



### FINANCIAL ASSISTANCE

The Y strives to make programs available to all. Financial assistance may be available to those who qualify. Please stop into the Firestone Park Y to pick up a Financial Assistance Scholarship Application from the front desk.



### WHO TO CALL

#### CHRISTINA ENNIS

Youth Enrichment Director  
330-724-1255 ext. 1416  
christinae@akronymca.org

#### LINDSAY SOCOTCH

Youth Enrichment Director  
330-724-1255 ext. 1419  
lindsays@akronymca.org



### CABIN PHONE NUMBERS

- Directors: 330-620-7253
- Cabin 1: 330-414-3141
- Cabin 2: 330-607-5690
- Cabin 3: 330-414-6907
- Cabin 4: 330-603-4154



#### MACI NESTLERODE

Assistant Child Care Director  
330-724-1255 ext. 1461  
macin@akronymca.org

## Child's Information

Child's Name and Nick Name \_\_\_\_\_  male  female

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ T-Shirt Size \_\_\_\_\_

My child will be entering \_\_\_\_ grade in Fall 2024 at \_\_\_\_\_ School

**\*\*Child must have completed at least one full year of Kindergarten in order to attend\*\***

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Weeks Child Will Be Attending Summer Day Camp

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Week 1: June 3 - June 7   | <input type="checkbox"/> Week 5: July 1 - July 5   | <input type="checkbox"/> Week 9: July 29 - Aug. 2   |
| <input type="checkbox"/> Week 2: June 10 - June 14 | <input type="checkbox"/> Week 6: July 8 - July 12  | <input type="checkbox"/> Week 10: Aug. 5 - Aug. 9   |
| <input type="checkbox"/> Week 3: June 17 - June 21 | <input type="checkbox"/> Week 7: July 15 - July 19 | <input type="checkbox"/> Week 11: Aug. 12 - Aug. 16 |
| <input type="checkbox"/> Week 4: June 24 - June 28 | <input type="checkbox"/> Week 8: July 22 - July 26 | <input type="checkbox"/> Week 12: Aug. 19 - Aug. 23 |

### Parent/Guardian Information

Parent Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Primary Number ( )  C  H  W Primary Number ( )  C  H  W

Secondary Number ( )  C  H  W Secondary Number ( )  C  H  W

Email \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Payment Information

Please draft payment:  Weekly on Fridays  Other (contact Christina Ennis)

Account:  Use account in file (ending with \_\_\_\_\_)  Provide account info at registration

Person responsible for tuition: \_\_\_\_\_

Do you have Publicly Funded Child Care?  Yes  No

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

### 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

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

**\*\*If you receive publicly funded child care, all authorized persons to pick up will be required to use the mobile TAP System.**

Child's Name \_\_\_\_\_

## 2024 Center Policies Agreement

Please read the policies carefully and initial in each box.

- 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 \$100.00 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 memberships until balance is paid.
- I understand that there will be a \$10.00 fee assessed for any and every returned payment.
- CANCELLATION POLICY: Written 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 \$1.00 per minute 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 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 Child Care Registration Packet in full and agree to all terms therein for my child(ren) to receive childcare. I also understand that I forfeit the privilege of childcare if all policies are not followed.

### FOR PUBLICLY FUNDED CHILD CARE RECIPIENTS ONLY

- I understand that my Publicly Funded Child Care co-pay is due every Friday via auto draft prior to care.
- I understand that if my Publicly Funded Child Care authorization is not current and/or for the correct location, I will be responsible for private pay rates.
- I understand that I must tap using the tablet daily. I understand there is a back date period if daily taps are missed. If I miss the back date 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 date.

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 #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's		Home Telephone Number <input type="checkbox"/> Same as Child's			
City		State	Zip		
Email Address (if applicable)		Cell Phone (if applicable)			
Parent's Work/School Name		Parent's Work/School Telephone Number			
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information 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 #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's		Home Telephone Number <input type="checkbox"/> Same as Child's			
City		State	Zip		
Email Address (if applicable)		Cell Phone			
Parent's Work/School Name		Parent's Work/School Telephone Number			
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information 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?					
<b>Emergency Contacts:</b> Parents <b>cannot be listed</b> 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 <b>if you cannot be reached</b> . Any person listed should be able to assist in contacting you. At least one person listed must be 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 Medical Foods**

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 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/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 to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No  
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or 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 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

- No  
 Yes - please explain

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

- No  
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

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 file.  
 N/A - program does not provide meals or snacks to the child.

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.

Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

Not applicable

Child's Name

**Diapering Statement**

Is your child toilet trained?  Yes (If yes, skip to Emergency Transportation Authorization section)  
 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:

I agree with the program's schedule       I do not agree, please check my child's diaper every \_\_\_\_ hours.

**Emergency Transportation Authorization**

Give <u>Permission</u> to Transport	<b>OR</b>  <b>Do not sign both</b>	<del>Do Not Give Permission to Transport</del>
Program or Home Name Firestone Park YMCA		<del>Program or Home Name</del>
<b>has permission</b> 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.		<del>does not have permission</del> 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 _____		<del>Parent's Signature _____ Date _____</del>

**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.~~

<del>Parent/Guardian Initials</del>	<del>Date of Review</del>	<del>Administrator/Designee Initials</del>	<del>Date of Review</del>
<del>Parent/Guardian Initials</del>	<del>Date of Review</del>	<del>Administrator/Designee Initials</del>	<del>Date of Review</del>
<del>Parent/Guardian Initials</del>	<del>Date of Review</del>	<del>Administrator/Designee Initials</del>	<del>Date of Review</del>

**Note:**

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. 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.





**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**ALL CABINS  
PERMISSION FORM  
FIRESTONE PARK YMCA  
2024 SUMMER DAY CAMP**

**Camper Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_



By initialing each box and signing on the back of this page, I hereby grant permission to the Firestone Park YMCA for my child to travel by Hudson City School Bussing or the Y mini busses from Sam Salem CLC (1222 W. Waterloo Rd. Akron, OH 44314) between 6/3/24-7/26/24 and/or Firestone Park YMCA (350 E. Wilbeth Rd. Akron, OH 44301) between 7/29/24-8/23/24 to the following locations for summer field trips on the dates indicated:

**My child is:**  **over 4 yrs. old & 40lbs**  **NOT over 4yrs. and/or 40lbs** **CHILD'S WEIGHT:** \_\_\_\_\_ lbs

**My child is a:**  **SWIMMER**  **NON-SWIMMER**

All campers will be tested and/or measured on their first swimming date by YMCA lifeguards. The YMCA will provide at least a 1:35 lifeguard ratio, one additional staff member for every 18 children when offsite and one additional staff member per 10 children for swimming field trips and routine trips.

**Permission for my child to be in photographs, slides, DVDs, and/or videotapes for the promotion of the Akron Area YMCA:**

**YES, I give photo consent**  **NO, I do NOT give photo consent**

\*Water with a depth greater than 18 inches will be present on the grounds of this trip, NO water activities planned.

\*\*\*Water with a depth greater than 18 inches will be present on the grounds of this trip and water activities are planned.

<b>DATES:</b>	<b>WALKING TRIPS- OFF SITE (ALL CABINS)</b>	<b>TIMES:</b>	<b>PARENT INITIALS</b>
6/3/24- 8/23/24	Firestone Park YMCA (330)724-1255 350 E. Wilbeth Rd. Akron, OH 44301	Monday-Friday 7:00AM-6:00PM	
6/3/24- 8/23/24	***Firestone Park Community Center(330)375-2806 1480 Girard St. Akron, OH 44301	Monday-Friday 7:00AM-6:00PM	
6/3/24- 8/23/24	Firestone Park Library (330)724-2126 1486 Aster Ave. Akron, OH 44301	Monday-Friday 7:00AM-6:00PM	
<b>DATES:</b>	<b>SWIMMING- OFF SITE (ALL CABINS)</b>	<b>TIMES:</b>	<b>PARENT INITIALS</b>
6/3/24- 8/7/24	***Kohl Family YMCA (330)434-9622 477 E. Market St. Akron, OH 44304	<b>WEDNESDAYS</b> 9:00AM-1:00PM	
7/2/24 9:00AM- 11:00AM	***Grizzly Pool (330)835-6943 624 School Dr. Wadsworth, OH 44281	<b>TUESDAY</b> 9:00AM- 11:00AM	
<b>CABINS 1 &amp; 2 THURSDAYS</b>	<b>FIELD TRIPS- OFF SITE (ALL CABINS)</b>	<b>CABINS 3 &amp; 4 FRIDAYS</b>	<b>PARENT INITIALS</b>
6/13/24 9:00AM- 11:00AM	***Grizzly Pool (330)835-6943 624 School Dr. Wadsworth, OH 44281	8/15/24 ( <b>THURSDAY</b> ) 9:00AM- 11:00AM	
6/20/24 1:00PM- 3:00PM	*McKinley Museum (330)455-7043 800 McKinley Monument Dr. NW, Canton, OH 44708	6/21/24 1:00PM- 3:00PM	
6/27/24 1:00PM- 3:00PM	*Farm at Walnut Creek (330)893-4200 4147 Co Rd. 114, Sugarcreek, OH 44681	6/28/24 1:00PM- 3:00PM	
7/11/24 1:00PM- 3:00PM	Pump It Up (330)877-7867 1135 W Maple St. Hartville, OH 44632	7/12/24 1:00PM- 3:00PM	
7/18/24 1:00PM- 3:00PM	*St. Helena III Canal Boat Operations (330)845-2225 125 Tuscarawas St. NW, Canal Fulton, OH 44614	7/19/24 1:00PM- 3:00PM	
7/25/24 10:00AM- 11:00AM	Glazed and Amused (330)497-6445 2193 E. Maple St. North Canton, OH 44720	7/26/24 10:00AM- 11:00AM	
8/1/24 1:00PM- 3:00PM	*Center Ice (330)966-0169 ( <b>THURSDAY</b> ) 8319 Port Jackson Ave. NW, North Canton, OH 44720	8/1/24 1:00PM- 3:00PM	
8/8/24 1:00PM- 3:00PM	*Swings-N-Things Fun Park (440)235-4420 8501 Stearns Rd. Olmsted Falls, OH 44138	8/9/24 1:00PM- 3:00PM	

CABINS 1 & 2 TUESDAYS	METRO PARKS/PLAYGROUNDS- OFF SITE (ALL CABINS)	CABINS 3 & 4 TUESDAYS	PARENT INITIALS
9:00- 11:00AM 6/11/24	*Skip Park (330)689-5100 3870 Darrow Rd, Stow, OH 44224	1:00- 3:00PM 6/11/24	
9:00- 11:00AM 6/18/24	*Wingfoot Lake State Park (330)628-4720 993 Goodyear Park Blvd, Mogadore, OH 44260	1:00- 3:00PM 6/18/24	
9:00- 11:00AM 6/25/24	*Goodyear Heights Metro Park (330)867-5511 2077 Newton St, Akron, OH 44087	1:00- 3:00PM 6/25/24	
9:00- 11:00AM 7/9/24	*Silver Creek Metro Park (330)867-5511 5000 Hametown Rd, Norton, OH 44203	1:00- 3:00PM 7/9/24	
9:00- 11:00AM 7/16/24	*Boettler Park (330)896-6621 5300 Massillon Rd, North Canton, OH 44720	1:00- 3:00PM 7/16/24	
9:00- 11:00AM 7/22/24	*Price Park (330)499-8223 1000 W Maple Street, North Canton, OH 44720	1:00- 3:00PM 7/22/24	
9:00- 11:00AM 7/30/24/24	*F.A. Seiberling Nature Realm (330)865-8065 1828 Smith Rd, Akron, Oh 44313	1:00- 3:00PM 7/30/24	
9:00- 11:00AM 8/6/24	*Central Park (330)896-6621 1795 Steese Rd, Uniontown, OH 44685	1:00- 3:00PM 8/6/24	
9:00- 11:00AM 8/13/24	*Dogwood Park (330)499-8223 241 7 <sup>th</sup> St NE, North Canton, OH 44720	1:00- 3:00PM 8/13/24	
DATES:	SPECIAL GUESTS- ON SITE	TIMES:	PARENT INITIALS
ALL CABINS 6/7/24	Special Guest- Don Newman (Magician) 350 E. Wilbeth Rd. Akron, OH 44301	Friday 1:00- 3:00PM	
Cabins 3 & 4 6/13/24- 8/1/24	Minority Behavioral Health (330)724- 1255 / 350 E. Wilbeth Rd. Akron, OH 44301	Thursdays 9:00AM-11:00AM	
Cabins 1 & 2 6/14/24- 8/2/24	T.H.R.I.V.E. (330)724- 1255 / 350 E. Wilbeth Rd. Akron, OH 44301	Fridays 9:00- 11:00AM	
ALL CABINS 8/16/24	Special Guest- Kona Ice (330)724- 1255 / 350 E. Wilbeth Rd. Akron, OH 44301	Friday 1:00- 3:00PM	

Field Trip schedules are subject to change based on extenuating circumstances. My initials in each box and signature below grant my permission for my child to travel by Hudson City School bussing or YMCA mini bus for field trips listed, to walk outside of the YMCA Program building to the locations listed above on a daily basis from June 3, 2024 through August 23, 2024. I understand special guests will begin promptly at the time scheduled, and my child is expected to participate in the activities planned. I understand that the bus leaves promptly each day.

**My child will be at the site by 8:30AM for scheduled trips. I understand if they miss the bus, I am responsible for dropping my child off at their field trip location or the YMCA WILL NOT PROVIDE CARE FOR MY CHILD THAT DAY.**

We will return from trips by times listed above unless extenuating circumstances arise, parents will be notified via phone call or email if this should occur.

**AM Care begins at 7:00AM / Camp Day 8:30AM- 4:00PM / PM Care begins at 4:00PM  
PLEASE DO NOT SEND MONEY WITH CAMPERS UNLESS REQUESTED.  
PLEASE NO DOORDASH/UBER EATS OR MICROWAVABLE LUNCHES FOR CAMPERS.**

**\*\*\*I give my child permission to participate in the above swimming activities listed dates and time between June 3, 2024 through August 23, 2024.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY:**

Director Signature \_\_\_\_\_

Date \_\_\_\_\_

Cabin # \_\_\_\_\_

Child's Name \_\_\_\_\_

## 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:

Who is in the child's immediate family? \_\_\_\_\_

Who lives at home with your child? (pets included) \_\_\_\_\_

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

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? \_\_\_\_\_

Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend, or pet) \_\_\_\_\_

Are there any cultural or religious practices of your family we should be aware of? (dietary restrictions, clothing, head coverings, etc.) \_\_\_\_\_

Has your child had a previous care arrangement? If so, what kind? (Center based, in home, with family, with parents, etc.) \_\_\_\_\_

Are there personality and behavior characteristics that would be useful to know about your child? (shy, energetic, sensitive, etc.) \_\_\_\_\_

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her? \_\_\_\_\_

What routines/actions or items do you use to comfort your child? \_\_\_\_\_

What causes your child to feel angry or frustrated? \_\_\_\_\_

What methods do you use to respond to your child's negative behavior? \_\_\_\_\_

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? \_\_\_\_\_

What are your expectations of this program? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(BLANK FOR PRINTING PURPOSES)**



# TOGETHERHOOD STARTS HERE

We will work together to reach my goals!

My name: \_\_\_\_\_ Parent name: \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**Goal for my Body:**

Action Step 1:

Action Step 2:

Action Step 3:

Goal Accomplished

**Goal for my Mind:**

Action Step 1:

Action Step 2:

Action Step 3:

Goal Accomplished

**Goal for Social Responsibility:**

Action Step 1:

Action Step 2:

Action Step 3:

Goal Accomplished

**Goal for my Character:**

Action Step 1:

Action Step 2:

Action Step 3:

Goal Accomplished

These people will help me reach my goals:

This is how I will feel when I reach my goal (draw or write it):

**My parent's goals for me:**

Goal Accomplished

**(BLANK FOR PRINTING PURPOSES)**

**2024 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE SUMMER MEALS  
(FOR USE BY CAMPS AND CLOSED ENROLLED SITES)**

**Part 1. ALL HOUSEHOLD MEMBERS**

Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school.  School	Grade	Check if a foster child (legal responsibility of welfare agency or court). *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. BENEFITS:** If any member of your household receives SNAP or OWF benefits, provide the name and 7-digit case number for the person who receives benefits and **skip to Part 5**. If no one receives these benefits, **skip to Part 3**.

NAME: \_\_\_\_\_ 7-DIGIT CASE NUMBER: \_\_\_\_\_

**Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Shannah Carino, Homeless Education Liason at [scarino@apslearns.org](mailto:scarino@apslearns.org) or Project Rise, [projectrise@apslearns.org](mailto:projectrise@apslearns.org), 330-761-2969**  
 Homeless  Migrant  Runaway

**Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions).** List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED														
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Public Assistance, Child Support, Alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, All other Income	Weekly	Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last four digits of your Social Security Number: \_\_\_\_\_  I do not have a Social Security Number

**Part 6. Children's ethnic and racial identities.** We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity:

- Hispanic/Latino  
 Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- Asian  American Indian or Alaska Native  Black or African American  
 White  Native Hawaiian or other Pacific Islander

**Do not complete this section. Intended for school use only**

Annual Income Conversion: Weekly x52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12.

Total Income: \_\_\_\_\_ Per  Week  Every 2 Weeks  Twice per Month  Monthly  Yearly

Household Size \_\_\_\_\_ Categorical Eligibility:  Free  Reduced  Denied Reason Denied: \_\_\_\_\_

Determining/Approval Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

**(BLANK FOR PRINTING PURPOSES)**



**Summer Program Parent/Guardian Consent Form – Release of Student Records**

Akron Area YMCA- THRIVE is partnering with the Akron Public Schools and Summit Education Initiative to promote the success and academic achievement of students in Summit County. Summit Education Initiative (SEI) is a nonprofit organization located in Akron, Ohio, dedicated to increasing educational attainment in Summit County, Ohio.

The Family Education Rights and Privacy Act (FERPA) protects students and parents by prohibiting most third parties from accessing student records, information, or data without clear permission from a parent or guardian if the student is under 18.

This form requests your consent to allow Akron Area YMCA- THRIVE to share the **name, grade level, date of birth, student ID number and school** of your child with SEI. With this information, SEI will access your child’s Akron Public Schools data, including test scores, grades, attendance records, and results of student surveys. In turn, SEI will provide a **summary of aggregate results** back to Akron Area YMCA- THRIVE to determine the impact and effectiveness of their program(s). Akron Area YMCA- THRIVE **will not see the individual academic records, information or data of your child.**

Accessing student information or data will be done *only* to promote Akron Area YMCA- THRIVE’s efforts to support your student’s academic success and achievement, and to evaluate services being offered. **No records, information, or data will be used for any other purpose, and will not be shared with any party other than those listed in this release.**

**PARENT/GUARDIAN CONSENT**

**INITIAL HERE**

I give consent for Summit Education Initiative to access my child’s Akron Public Schools personally-identifiable information. I understand the following information will be accessed:

- Student Name, grade level and date of birth, student ID number
- School district name and school building name
- Course grades and Grade Point Average
- National and state test score results
- Attendance records (count of absences without details)
- Discipline events (count of events without details)
- Results of surveys administered at the building and/or district level

I understand that my child’s information will only be accessed by Summit Education Initiative who will only provide aggregate results and reports to the Akron Area YMCA- THRIVE. I understand that this consent may be terminated at any time by my written request as the parent/guardian listed below. It is also my understanding that this consent will last until my child is 18 years old, unless it is revoked by me in writing, or unless my child is no longer affiliated with the Akron Area YMCA- THRIVE or registered as a student in Akron Public Schools. As a parent or guardian, I have the right to revoke consent at any time. I also have the right to obtain copies of any information about my child that is accessed because of this form.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Date of Consent

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Child’s School District

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Child’s School Building

\_\_\_\_\_  
Child’s School Student ID Number/Lunch Number