



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BUILDING BRIGHTER FUTURES

## Before and After School Enrichment

### 2024-2025 Registration Packet

#### To Register:

Complete the registration packet and turn it in to the YMCA's front desk or Youth Enrichment Director. Please allow 2 business days for processing before the child starts attending. If your child has a medical condition or requires medication on site, additional paperwork may be required. A Youth Enrichment 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 Vegh, Youth Enrichment Director

Lindsay Socotch, Youth Enrichment Director

Maci Nestlerode, Assistant Child Care Director

**FIRESTONE PARK YMCA**  
350 E. Wilbeth Road  
Akron, OH 44301  
330-724-1255

[akronymca.org](http://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!



**BEFORE AND AFTER SCHOOL ENRICHMENT GENERAL INFORMATION**

| CARE SITE   | LOCATION                               | SITE CELL NUMBER | TIMES                              |
|---|--|------------------|------------------------------------|
| BARBER CLC- PM<br>License #2210025005   | 665 Garry Rd.<br>Akron, OH 44305       | 330-802-2029     | 2:30PM-6:00PM                      |
| BETTY JANE CLC- PM<br>License #105577   | 444 Darrow Rd.<br>Akron, OH 44305      | 330-620-7253     | 2:30PM-6:00PM                      |
| FIRESTONE PARK YMCA<br>AM Care- Glover,<br>McEbright, David Hill<br>PM Care- Rimer, Sam Salem,<br>Glover, McEbright, David<br>Hill<br>License #102939 | 350 E Wilbeth Rd. Akron,<br>OH 44301   | 330-724-1255     | 6:30AM-8:00AM<br><br>2:30PM-6:00PM |
| HATTON CLC- PM<br>License #100231   | 1933 Baker Ave.<br>Akron, OH 44312     | 330-607-5690     | 2:30PM-6:00PM                      |
| IPROMISE- AM & PM<br>License #2200021372  | 400 W. Market St. Akron,<br>OH 44303   | 330-805-5903     | 7:30AM-9:00AM<br>4:00PM-6:00PM     |
| KING CLC- PM<br>License #100277   | 805 Memorial Pkwy.<br>Akron, OH 44303  | 330-416-5307     | 2:30PM-6:00PM                      |
| RIMER CLC- PM   | <b>NOW BUSSED TO FPY</b>               | 330-724-1255     | 2:30PM-6:00PM                      |
| RITZMAN CLC- PM<br>License #107186  | 629 Canton Rd.<br>Akron, OH 44312      | 330-612-3380     | 2:30PM-6:00PM                      |
| SAM SALEM- PM   | <b>NOW BUSSED TO FPY</b>               | 330-724-1255     | 2:30PM-6:00PM                      |
| SCHUMACHER CLC- PM<br>License #2170012533   | 1020 Hartford Ave.<br>Akron, OH 44320  | 330-620-8864     | 2:30PM-6:00PM                      |
| VORIS CLC- AM & PM<br>License #106755   | 1885 Glenmount Ave.<br>Akron, OH 44301 | 330-414-6807     | 2:30PM-6:00PM                      |
| WINDEMERE CLC- PM<br>License #100088  | 2283 Windemere Ave.<br>Akron, OH 44312 | 330-603-3821     | 2:30PM-6:00PM                      |

\*Location and Transportation subject to change due to low enrollment/low attendance.

**BEFORE AND AFTER SCHOOL ENRICHMENT RATES**

| PROGRAM  | MEMBER RATE                            | PROGRAM MEMBER RATE |
|--|--|---------------------|
| Before Care                                    | \$60.00/WEEK                           | \$70.00/WEEK        |
| After Care                                     | \$70.00/WEEK                           | \$80.00/WEEK        |
| Before AND After Care                          | \$95.00/WEEK                           | \$105.00/WEEK       |
| Registration Fee<br>(one time per school year) | \$40.00                                | \$40.00             |
| Fun Days/Snow Days                             | \$45.00/DAY<br>(BASE PARTICIPANT RATE) | \$55.00/DAY         |

# Firestone Park Before and After School Enrichment

Please select the service you need\*

Before Care     After Care    **School** \_\_\_\_\_ **Grade (in 2024-2025)** \_\_\_\_\_  
 Monday     Tuesday     Wednesday     Thursday     Friday    **Anticipated Start Date** \_\_\_\_\_

\*\*Location and transportation are subject to change due to low enrollment / low attendance.\*\*

**Child's Name** \_\_\_\_\_  male     female

**Child's Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_

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

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

## **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 Vegh)

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: \_\_\_\_\_

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

Photograph Consent

I give my permission for my child \_\_\_\_\_ to be in photographs, slides, DVDs, and/or videotapes for the promotion of the Akron Area YMCA.

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

Permission for Routine Walks

As part of our curriculum, and weather permitting, we routinely include outdoor walks and/or playground time. At any time you may request that your child remains inside during these routine walks. I give permission for my child \_\_\_\_\_ to accompany his/her class on routine walks to neighborhood of the program.

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

Child Drop-Off/Pick-Up Policy

When you enroll your child in any YMCA Child Care Program, it is to be understood our policy is for you to bring your child into the center each day, sign in using the Kindersmart app or TAPS tablet (if receiving Title XX), and let one of the staff members know your child has arrived. We also require you to sign out your child using the Kindersmart app or TAPS tablet upon your child's departure. Please note, we are not legally responsible for your child when he/she is dropped off without completing the above procedure.

I understand state law requires me to sign my child in and out each day as well as notify staff that my child is arriving / departing for the day.

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

(ONLY FOR CHILDREN TRANSPORTED)

Permission for Routine Trips

I give permission for my child \_\_\_\_\_ to be transported via YMCA mini bus on all dates Akron Public School District is in session to the YMCA BASE program destination listed below.

Routine Trip Destination:

BEFORE CARE

- David Hill CLC       Glover CLC       McEbright CLC       Voris CLC

AFTER CARE

- Firestone Park YMCA

My child is

- not over 4 years and/or 40 lbs       over 4 years and 40 lbs       8 years and/or over 4'9"

During this trip children will NOT have access to water that is 18 inches or more in depth and water activities are NOT planned in water that is 18 inches or more in depth.

I grant permission for my child to participate in the routine trips described above.

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

Child's name \_\_\_\_\_

**2024-2025 Center Policies Agreement**

Please read the policies carefully and initial all boxes.

- 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 withing 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 \$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/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 state licensing requires that all forms in this registration packet must be completely filled out and turned in prior to my child's (ren's) admission to the program.
- I understand that I am required to disclose all medical, physical, or behavioral issues that pertain to my child(ren) at the time of enrollment, and supplement that information on an ongoing basis.
- I have read the YMCA BASE/Day Camp Registration Packet and Parent Handbook and agree to all terms therein for child(ren) to recieve childcare. I 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 a mobile device 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 <u>of 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**

| <b>Give <u>Permission</u> to Transport</b>   |      | <b>OR</b><br><br><b>Do not sign both</b> | <b>Do Not Give <u>Permission</u> to Transport</b>   |      |
|--|------|--|---|------|
| Program or Home Name <b>Firestone Park YMCA</b>  |      |  | Program or Home Name  |      |
| <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. |      |  | <b>does not have permission</b> 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.  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, 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.

**Child/Family Information Form**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

School child will be attending in the fall: \_\_\_\_\_

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

Who lives at home with your child? \_\_\_\_\_

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? (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.) \_\_\_\_\_

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: \_\_\_\_\_

Ohio Department of Education - Office of Nutrition  
**CHILD AND ADULT CARE FOOD PROGRAM**  
**ENROLLMENT FORM**

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside School Hours, Youth Development & After School at Risk

**Instructions to Complete**

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

CENTER NAME

Firestone Park YMCA

CHILD'S NAME  
(please print)

AGE

BIRTHDATE

month / day / year

**CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE  
 AND THE MEALS RECEIVED WHILE IN CARE**

| Check (✓)<br>Days Child<br>Normally in<br>Care | List hours child normally in care |        |        |        | Check (✓) meals child normally receives while in care |             |       |             |        |                  |
|--|-----------------------------------|--------|--------|--------|---|-------------|-------|-------------|--------|------------------|
|  | Arrive                            | Depart | Arrive | Depart | Breakfast   | AM<br>Snack | Lunch | PM<br>Snack | Supper | Evening<br>Snack |
| Monday   | 2:30                              | 6:00   |        |        |   |             |       | ✓           |        |                  |
| Tuesday  | 2:30                              | 6:00   |        |        |   |             |       | ✓           |        |                  |
| Wednesday                                      | 2:30                              | 6:00   |        |        |   |             |       | ✓           |        |                  |
| Thursday                                       | 2:30                              | 6:00   |        |        |   |             |       | ✓           |        |                  |
| Friday   | 2:30                              | 6:00   |        |        |   |             |       | ✓           |        |                  |
| Saturday                                       |                                   |        |        |        |   |             |       |             |        |                  |
| Sunday   |                                   |        |        |        |   |             |       |             |        |                  |

Yes, the schedule listed above may frequently vary due to changes in parents/guardians schedule.

SIGNATURE OF  
PARENT/GUARDIAN

DATE

DAY PHONE  
NUMBER

MAILING ADDRESS:  
STREET /APT.

CITY

ZIP CODE

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;

(2) fax: (833) 256-1665 or (202)690-7448; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Revised 8/2022



**CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT**  
**INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2022-2023**

**INSTRUCTIONS:** To apply for free and reduced-price meals, read the household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving food assistance (SNAP) or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4* an adult household member must sign and date form; the last 4 digits of social security number must be listed if Part 3 is completed. *Part 5* is optional. \* Asterisks indicate info that must be completed. Form must be completed annually and valid for only 12 months.

|   |     |   |   |                |
|---|-----|---|---|----------------|
| <b>CENTER NAME</b> <u>Firestone Park YMCA</u>                         |     | <b>CHECK IF A FOSTER CHILD</b><br>(The legal responsibility of a welfare agency or court. Attach documentation) | <b>PART 2 – LIST EACH CHILD'S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.</b> |                |
| <b>PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER</b> |     |   | Check type of benefit: <input type="checkbox"/> FOOD ASSISTANCE (SNAP) or <input type="checkbox"/> OHIO WORKS FIRST (OWF)   |                |
| * NAME OF ENROLLED CHILD(REN)   | AGE | BIRTH DATE  |   |                |
| 1.  |     |   | <input type="checkbox"/>  | CASE NO. _____ |
| 2.  |     |   | <input type="checkbox"/>  | CASE NO. _____ |
| 3.  |     |   | <input type="checkbox"/>  | CASE NO. _____ |
| 4.  |     |   | <input type="checkbox"/>  | CASE NO. _____ |

**PART 3 – TOTAL HOUSEHOLD SIZE, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED:** List names of all household members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.

|  |                            |  |   |   |                       |
|--|----------------------------|--|---|---|-----------------------|
| a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1 | b. CHECK IF NO/ZERO INCOME | c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, Monthly, Annually |   |   |                       |
|  |                            | 1. Earnings from work before deductions  | 2. Welfare payments, child support, alimony | 3. Pensions, retirement, Social Security, SSI, VA | 4. All Other Income   |
| EXAMPLE: JANE SMITH  | <input type="checkbox"/>   | \$ amount / how often  | \$ amount / how often                       | \$ amount / how often                             | \$ amount / how often |
| 1.   | <input type="checkbox"/>   | \$ _____ / _____   | \$ _____ / _____                            | \$ _____ / _____                                  | \$ _____ / _____      |
| 2.   | <input type="checkbox"/>   | \$ _____ / _____   | \$ _____ / _____                            | \$ _____ / _____                                  | \$ _____ / _____      |
| 3.   | <input type="checkbox"/>   | \$ _____ / _____   | \$ _____ / _____                            | \$ _____ / _____                                  | \$ _____ / _____      |
| 4.   | <input type="checkbox"/>   | \$ _____ / _____   | \$ _____ / _____                            | \$ _____ / _____                                  | \$ _____ / _____      |
| 5.   | <input type="checkbox"/>   | \$ _____ / _____   | \$ _____ / _____                            | \$ _____ / _____                                  | \$ _____ / _____      |
| 6.   | <input type="checkbox"/>   | \$ _____ / _____   | \$ _____ / _____                            | \$ _____ / _____                                  | \$ _____ / _____      |

**PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:** Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the "I do not have a Social Security Number" box. I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

|                                       |                       |  |
|---------------------------------------|-----------------------|--|
| * SIGNATURE OF ADULT HOUSEHOLD MEMBER | * DATE                | * If Part 3 is completed, insert last 4 digits of Social Security Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>(Check if applicable)<br><input type="checkbox"/> I do not have a Social Security Number |
| Print Name:                           | Daytime Phone Number: | Work Phone Number:   |
| Street / Apt:                         | City / State / Zip:   | County:  |

**PART 5: RACIAL/ETHNIC IDENTITY (Optional):** Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).

|  |                                |  |
|--|--------------------------------|--|
| <input type="checkbox"/> American Indian or Alaska Native  | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander   | <input type="checkbox"/> White | <input type="checkbox"/> Other                     |
| Please mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |                                |  |

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

State Distribution: June 2022

|  |   |
|--|---|
| <b>THIS SECTION TO BE COMPLETED BY CENTER. Note:</b> All information above this section is to be filled in by the parent or guardian.  |   |
| Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion:<br>Weekly x 52, Every 2 Weeks (biweekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12 | Application Certified/Categorized as:<br><input type="checkbox"/> FREE, based on <input type="checkbox"/> Food Assistance/OWF Case No.<br><input type="checkbox"/> Household size and income<br><input type="checkbox"/> Foster Child<br><input type="checkbox"/> REDUCED, based on Household size and income |
| Total Household Size: _____<br>Total Household Income: \$ _____<br>Per: <input type="checkbox"/> week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> month <input type="checkbox"/> year   | <input type="checkbox"/> PAID, based on <input type="checkbox"/> Income too high<br><input type="checkbox"/> Incomplete<br><input type="checkbox"/> Invalid case number or information  |
| Signature of Sponsor / Center Representative _____<br>Date Sponsor Certified/Categorized Form _____<br><small>Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application. If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.</small>   | Effective Date _____<br>(From the first of month of date signed)<br>Expiration Date _____<br>(Valid until last day of month in which form was signed one year earlier)  |

Parent/Guardian Consent Form – Release of Student Records



The Akron Area YMCA 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. In this work, SEI provides secure data access between Akron Public Schools and Akron Area YMCA.

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 to share the name, grade level, date of birth, student ID number and school of your child with SEI. Additionally, you are consenting to allow SEI to provide Akron Area YMCA access to your child’s Akron Public Schools data, including test scores, grades, attendance records, and results of student surveys. Your consent allows data to be shared in two directions: from Akron Area YMCA to Akron Public Schools; and from Akron Public Schools to Akron Area YMCA. SEI is acting on behalf of both parties to match the information provided by Akron Area YMCA with your child’s school information, and to conduct research to determine the effectiveness of programs on student success and achievement.

Accessing or sharing records, information, or data will be done to promote and 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 provide secure sharing of my child’s personally-identifiable information between Akron Area YMCA and the Akron Public Schools. I understand the following information will be shared:

- 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 results
- Attendance records (classroom and school absence totals, both excused and unexcused)
- Results of surveys administered at the building and/or district level

I understand that my child’s information will only be shared between Summit Education Initiative, Akron Area YMCA and the Akron Public Schools, and 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 Akron Area YMCA 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 shared 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 Number