



# LONGWOOD YMCA SUMMER

== DAY CAMP ==

FIELD TRIPS • SWIMMING • OUTDOOR FUN

WEEKDAYS



7 AM - 6 PM

JUNE 2 - AUG 15

★ AGES 6-12 ★

\$215 per week

Completed Camp packet  
required at registration

\$10/ wk deposit

In-house registration only



**OLIVIA KENT**

[oliviak@akronymca.org](mailto:oliviak@akronymca.org)

330.467.8366

# PARENT INFORMATION PAGE

## DATES OF CAMP

Monday, June 2nd- Friday, August 15

**Closed:** Friday, July 4

## DAY CAMP FEES

**Registration Fee:** \$40 per child

**Weekly Fee:** \$215/week

**YMCA Member Fee:** \$195/week

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

- A \$10 non-refundable deposit per week per child is due upon registration.

## BRING TO THE Y

- Camp T-Shirt (on trip days)
- Closed-Toed Shoes
- Packed Lunch (**NO NUTS**)
- Water Bottle
- Sunscreen (formulated for children)
- Bug-spray (formulated for children)
- Backpack
- Swimsuit (one-piece) and Towel on Friday's

**\*Label all items with names!\***

## DO NOT BRING TO THE Y

- **Nuts of Any Kind** (Nut-Free Facility)
- Open-Toed Shoes (ex. Flip Flops, Crocs)
- Electronics or Cell Phones
- Toys from Home
- Two-Piece Swimsuits
- Money / Valuables

## NOTES ON PAPERWORK

- The additional forms "Child Medical/Physical Care Plan" needs to be completed if your child has specific medical needs, such as asthma or allergies. Please speak with the Youth Enrichment Director to receive the documents.

## CAMP TIMES

**Before Care:** 7:00 am - 9:00 am

**Camp:** 9:00 am - 4:00 pm

**After Care:** 4:00 pm - 6:00 pm

- Before & After Care are provided at no extra charge.
- On trip days, children need to **arrive** at camp by **9:00am**.
- Drop off time **ends** at **10:00am** each day.

## WHO TO CALL

### OLIVIA KENT

Youth Enrichment Director  
330-467-8366 ext 1802  
oliviak@akronymca.org

### JASMINE YOUNGBLOOD

Youth Enrichment Director  
330-467-8366 ext 1803  
jasminey@akronymca.org

## FINANCIAL ASSISTANCE

### PAITON HARDY

Executive Director  
330-467-8366 ext 1801  
paitonh@akronymca.org

## SPECIAL NEEDS

The Longwood YMCA Day Camp is open to children of all abilities. If your child has special needs, please speak with the Youth Enrichment Director to arrange appropriate accommodations.

## PLEASE NOTE

- The Longwood YMCA Day Camp will **NOT** provide sunscreen and/or insect repellent for your child. Please bring them to the center for your child.
- **WE ARE A NUT FREE FACILITY.** Please do not pack your child peanut butter or anything including nuts.

**\*PLEASE KEEP THIS PAGE FOR YOUR REFERENCE\***

# Summer Camp Selection

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

Parent's Name \_\_\_\_\_

| Summer Day Camp 2025                                  |   |  |
|---|---|--|
| <input type="checkbox"/> Week 1:<br>June 2- June 6    | <input type="checkbox"/> Week 5:<br>June 30 - July 4  | <input type="checkbox"/> Week 9:<br>July 28 - Aug. 1 |
| <input type="checkbox"/> Week 2:<br>June 9- June 13   | <input type="checkbox"/> Week 6:<br>July 7 - July 11  | <input type="checkbox"/> Week 10:<br>Aug. 4 - 8      |
| <input type="checkbox"/> Week 3:<br>June 16- June 20  | <input type="checkbox"/> Week 7:<br>July 14 - July 18 | <input type="checkbox"/> Week 11:<br>Aug. 11- 15     |
| <input type="checkbox"/> Week 4:<br>July 23 - June 27 | <input type="checkbox"/> Week 8:<br>July 21 - July 25 |  |

**Weekly fee for Program Members: \$215**

**Weekly fee for YMCA Members: \$195**

\*A \$10 non-refundable deposit per week per child is due upon registration\*

\*A \$40 non-refundable registration fee is due upon registration, after April 15th, 2025\*

If there are any changes to your child's enrollment, please contact the  
Longwood Branch YMCA administrative office.

Any changes must be submitted in writing by the Thursday prior to care.

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

\_\_\_\_\_  
Date

**\*Left blank for printing purposes\***

# Summer Day Camp 2025

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

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade attending in Fall 2025 \_\_\_\_

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

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

Does this child live with both parents? Yes No

Included T-Shirt Size: YS YM YL AS AM AL AXL

## Parent/Guardian Information

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

Primary Number: \_\_\_\_\_ Primary Number: \_\_\_\_\_

Secondary Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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

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. (Do not forget to include yourselves.) Staff will require a government issued identification before releasing your child.

Name \_\_\_\_\_ Relation \_\_\_\_\_

Primary Number: \_\_\_\_\_ Second Number: \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Primary Number: \_\_\_\_\_ Second Number: \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Primary Number: \_\_\_\_\_ Second Number: \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Primary Number: \_\_\_\_\_ Second Number: \_\_\_\_\_

\*\*Please note: 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.

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

### Photograph Consent

I give my permission for my child to be in photographs, slides, DVD's, and/or videos 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 class/group on routine walks on Akron Area YMCA grounds.

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 that our policy is for you to bring your child into the center each morning 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.

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

### Permission for Movies

I give permission for my child to view PG movies while at Longwood Branch Summer Camp 2025 (June 2, 2025 - August 15, 2025).

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

### Permission for Topical Product

I give permission for my child to apply non-prescription, topical products while in care with Longwood YMCA. This includes sunscreen, bug spray, and lotion. Lip balm and hand sanitizer do not need written consent.

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

### Permission to Participate in Swimming Activities

I give permission for my child (Date of Birth \_\_\_/\_\_\_/\_\_\_\_) to participate in the following water activities at the following locations on the dates and times listed. I am aware that my child will be near and/or have access to waters exceeding eighteen inches in depth. I also understand the center will always provide at least a 1:35 lifeguard to child ratio, and 1:18 counselor to camper ratio during all water and swimming activities. Children will not be permitted to swim in lakes, rivers, ponds or creeks.

My child ... when in water

Needs a life vest

Does **NOT** need a life vest

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

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

## 2025 Center Policies Agreement

Please read the policies carefully and initial in each box.

- I understand there is a \$10 non-refundable deposit per week per child due upon registration for day camp.
- I understand there is a \$40 non-refundable registration fee per child (after April 15th, 2025).
- 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 for every 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 local police department 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 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 \_\_\_\_\_

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.) \_\_\_\_\_

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

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

Does your child need assistance when using the toilet? If so, how? \_\_\_\_\_

What time(s), and for how long, does your child usually nap? \_\_\_\_\_

What might you and/or your child be anxious about as he/she starts in this program? \_\_\_\_\_

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

Would you like information or referrals for any of the following?

| YES | NO |                      | YES | NO |  |
|-----|----|----------------------|-----|----|--|
|     |    | Food Assistance      |     |    | Help meeting the needs of your special needs child |
|     |    | Housing              |     |    | Family Counseling                                  |
|     |    | Nutrition            |     |    | Parenting Education of Information                 |
|     |    | Health/Immunizations |     |    | Dental   |
|     |    | Other:               |     |    |  |

-----  
Staff Use:

Referrals Made (date) \_\_\_\_\_ (to where) \_\_\_\_\_

Follow up \_\_\_\_\_ (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 |  | 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>                            | <b><del>Do Not Give Permission to Transport</del></b>   |
|--|--------------------------------------|---|
| Program or Home Name<br><b>Longwood Branch YMCA</b>  | <b>OR</b><br><b>Do not sign both</b> | <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

# Extra T-Shirt Form

Children need to wear their camp t-shirt to camp every day we leave the Y!  
Each child will receive **one camp t-shirt as part of registration** for summer day camp.

You will be given your free t-shirt at our camp open house.

Each additional shirt costs \$12. Payment will be auto drafted from the account on file after you have received your extra t-shirts.

**Please submit your order by May 12th, 2025 to ensure extra t-shirts!**  
**We are not able to promise t-shirts if registration completed after camp starts.**

If you would like to order **additional t-shirts**, please fill out this form:

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

Parent's Name: \_\_\_\_\_

Number of additional shirts: \_\_\_\_\_ x \$12.00

Size (please choose): YS YM YL AS AM AL AXL  
Youth Sizes Adult Sizes

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Left blank for printing purposes\***



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# AUTOMATIC DRAFT FORM

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

Parent's Name: \_\_\_\_\_

Program:  Before/After Care  Fun/Snow Days  Preschool  Summer Camp

I elect to pay my weekly/monthly child care fees with either a...

**Bank Account** (please attach a voided check)

Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Choose One:  Checking  Savings

**OR**

**Debit/Credit Card** (Choose:  Visa  MasterCard  Discover)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC CODE: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_

- I understand that a \$10 non-refundable deposit per week of summer camp per child is due upon registration.
- I authorize Akron Area YMCA to automatically draft from the above account for my weekly/monthly child care fees.
- I understand that this automatic draft will begin on Friday prior to the week of service. Preschool program fees will auto draft on the 1st of each month.
- I understand that this automatic draft will be terminated at the end of the current program enrollment, or upon giving the Akron Area YMCA 7-day written notice of my child's termination.
- I understand that the YMCA is not responsible for any NSF fees incurred for not maintaining the required funds in my account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date