



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer 2025

YMCA

SCHOOL AGE DAY CAMP

Campers in our school age camps experience a new adventure every day. Camp begins at the Green High School where campers board the Day Camp Bus for a day of fun activities at local parks and a variety of entertaining and educational destinations. Campers will also swim at the Green YMCA each week.

Registration is on a weekly basis and a \$10 non-refundable deposit is required for each week you register your child. Once paid, the deposit amount is deducted from the weekly tuition. The one-time registration fee of \$40 and the non-refundable deposits are due at the time of registration.

Please read this information carefully and keep for your reference. Complete and return enrollment forms in the registration packet.

For more information about our day camp program, please contact:

Mady Ossman, BASE and Day Camp Director

madyo@akronymca.org

330.899.9622

Quick Info

- Camp is for students entering 1st-6th grade in the fall of 2025
- Week 1 and Week 14 will be at the YMCA
- Week 2-13 will be at the Green High School
- Bus departs daily at 9 am, returns 4 pm
- \$200/week YMCA members
- \$220/week program members
- \$40 non-refundable registration fee waived if registered prior to April 15, 2025

PLEASE KEEP THESE PARENT INFO PAGES ☺



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Summer 2025

Snacks/Lunch

Campers must bring his/her own healthy lunch to camp each day. The YMCA of the USA has adopted a set of Healthy Eating and Physical Activity [HEPA] standards that our YMCA follows. The goal of HEPA standards is "to build a healthier future for our nation's children by creating environments rich in opportunities for healthy eating and physical activity." Some of the focuses of HEPA are drinking water [instead of juice and soda] and/or low fat milk, providing fruits or vegetables at each meal and snack, avoiding fried foods and foods that contain trans fats, offering only *whole* grains and providing foods that don't list sugar as one of the first three ingredients.

The YMCA will provide a morning and afternoon snack to campers.

Curriculum

Our program uses the Creative Curriculum.

Payments

Full payment is required for all weeks registered unless a one-week written cancellation notice is submitted. We do not pro-rate weeks/months. All payments must be made through automatic draft. Please contact Mady Ossman or stop at the front desk to provide payment information.

Daily Schedule

6:30 am	program opens
6:30-8:15 am	morning activities
8:15 am	bathroom break/ wash hands for snack
8:25 am	morning snack
8:45 am	pack up/ cleanup for day
9:00 am	camp bus departs for trip
12:00 pm	lunch
4:00 pm	camp bus arrives back from trip
4:05 pm	bathroom break/ wash hands for snack
4:15 pm	afternoon snack
4:30-6:30 pm	afternoon activities/outside time
6:30 pm	program closes

PLEASE KEEP THESE PARENT INFO PAGES 😊



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Summer 2025

Registration Process

1. Read through the Parent Information Pages.
2. Complete all forms in registration packet.
3. Return completed registration packet to the Green Family YMCA.
4. Pay registration fee and provide payment information for auto draft payments at the front desk.
5. Be sure to keep all forms marked "Please Keep These Parent Info Pages" for future reference.
6. You will receive an email once your child's registration has been processed, confirming enrollment.
7. Permission slips will be available to sign at a later date.

Registration forms checklist:

- Camp selection Page
- Payment Information
- Photo Consent
- Authorized Pick-Up
- Center Policies Agreement
- Enrollment & Health information pages
- Family Information sheet
- Swimming Permission [3]

Weeks I registered my child for camp:

- May 20- 23
- May 26-30
- June 2-6
- June 9-13
- June 16-20
- June 23-27
- June 30- July 4*
- July 7-11
- July 14-18
- July 21-25
- July 28- August 1
- August 4-8
- August 11-15
- August 18-22

*No day camp on the day of July 4th.

PLEASE KEEP THESE PARENT INFO PAGES 😊

GREEN FAMILY YMCA SUMMER 2025 DAY CAMP REGISTRATION PACKET



CHILD'S NAME _____

CHILD'S BIRTHDAY _____

25/26 GRADE LEVEL _____

Please check the box next to the weeks your child will be attending.

MAY 20-23

JUNE 23-27

JULY 2- AUGUST 1

MAY 26-30

JUNE 30- JULY 4

AUGUST 4-8

JUNE 2-6

JULY 7-11

AUGUST 11-15

JUNE 9-13

JULY 14-18

AUGUST 18-22

JUNE 16-20

JULY 21-25

T-Shirt Size

CHILD S

CHILD M

CHILD L

ADULT S

ADULT M

ADULT L

ADULT XL

*Shirt size can only be guaranteed if registered prior to April 1, 2025

Payment Information

I understand that all day camp payments, deposits and registration fees are required to be made through automatic draft. Please use information provided below to pay for my child's tuition:

- Account: Use account on file ending in # ____ ____ ____ ____ (verify at front desk if unsure)
- I will provide account info at front desk. I understand my child's spot is not saved until this information has been provided.

\$40 Registration fee: (waived if registered before April 15, 2025)

- Check is attached
- Draft from account ending in # _____

I authorize the Green Family YMCA to automatically draft from the above account for my day camp fees. I understand that this automatic draft will begin the Friday before my child's first week of day camp. I understand that this automatic draft will be terminated at the end of the day camp program or upon giving the Green Family YMCA at least a one week written notice of my child's program termination. I understand that the YMCA is not responsible for any NSF fees incurred for not maintaining the required funds in my account.

Person responsible for tuition: _____

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

Photo/Video Consent

I give permission to allow my child to be in photographs and video for promotion of the YMCA, including posting pictures on the Green Family YMCA Facebook, Instagram and website pages. Children's names will not be used.

Parent/Guardian Signature

Date

Permission for Sunscreen

I give permission to allow Equate SPF 50 sunscreen to be applied to my child by the Green Family YMCA. I understand sunscreen will be applied liberally to exposed skin prior to outdoor activities. If another sunscreen is requested for use, I will contact the program director directly.

Parent/Guardian Signature

Date

AUTHORIZED PICK-UP LIST

Your child will only be released to those listed on the Authorized Pick-Up List. Parents/guardians do not have to be added to this list. Additional people can be added on a separate paper if needed. Staff will require identification before releasing the child. Please inform others about this ahead of time so they bring a picture ID and are not surprised and/or inconvenienced. The safety of your children is our priority!

Name: _____

Relationship: _____

Phone Numbers:

(C) _____

(W) _____

Name: _____

Relationship: _____

Phone Numbers:

(C) _____

(W) _____

Name: _____

Relationship: _____

Phone Numbers:

(C) _____

(W) _____

Name: _____

Relationship: _____

Phone Numbers:

(C) _____

(W) _____

CHILD DROP-OFF / PICK-UP POLICY

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

I am aware that the YMCA staff are not responsible for my child unless I bring my child to the program when arriving each morning. I also understand that state law requires that I notify staff that my child is leaving the YMCA program for the day. I understand a fee of \$15 per child will be assessed for every 15 minutes I am late to pick up my child(ren) after 6:45pm.

Parent/Guardian Signature: _____

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

Child's name _____

2025 Center Policies Agreement

Please read the policies carefully and **initial** all lines.

1. _____ I understand there is a \$40 non-refundable registration fee per child.
2. _____ Weekly tuition is due on Fridays prior to the week of service via auto draft.
3. _____ I understand that if my child care payments fall one week behind I will be asked to withdraw my child until payment is made.
4. _____ Outstanding balances of \$100 or more that are past 30 days in arrears will be turned over to collections.
5. _____ I understand that if I have any outstanding balance at any facility within the Akron Area YMCA Association I am unable to register for any programs or membership until balance is paid.
6. _____ I understand that there will be a \$10 fee assessed for any and every returned payment.
7. _____ CANCELLATION POLICY: Notification must be given no later than one week in advance. Otherwise, I understand that I will be responsible to pay that week's tuition in-full, regardless of attendance.
8. _____ I understand that late pick-up fees in the amount of \$15 for every 15 minute increment per family will be imposed if my child(ren) is picked up after the programs' designated closing times.
9. _____ I understand that staff will contact Children Services if my child remains at the center longer than one hour after closing and all attempts to reach me, the child's other parent, and authorized persons have been made, without success.
10. _____ I understand that state licensing requires that all forms in this registration packet must be completely filled out and turned in prior to the child's admission to the program.
11. _____ I understand that I am required to disclose all medical, physical, or behavioral issues that pertain to my child at the time of enrollment, and supplement that information on an ongoing basis as needed.
12. _____ I understand that both custodial parents need to agree on who is listed for the authorized pick up for the child unless legal documentation is provided that states otherwise.
13. _____ I have read the YMCA Day Camp Registration Packet and agree to all terms therein for my child(ren) to receive child care. I understand that I forfeit the privilege of child care if all policies are not followed.

Parent/Guardian Signature _____ Date _____

FOR TITLE XX RECIPIENTS ONLY

- _____ I understand that my Title XX co-pay is due every Friday via auto draft prior to care.
- _____ I understand that if my Title XX authorization is not current and/or not for the correct location, I will be responsible for private pay rates.
- _____ I understand that I must TAP in/out daily. I understand there is a two-week back TAP period if daily TAPs are missed. If I miss the back TAP 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 TAP.

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?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be 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		State			
Telephone Number		Relationship to Child		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

Give <u>Permission</u> to Transport	OR Do not sign both	Do Not Give <u>Permission</u> to Transport
Program or Home Name Green Family YMCA		Program or Home Name
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature _____ Date _____		Parent's Signature _____ Date _____

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. 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

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

Child's Name: _____

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? _____

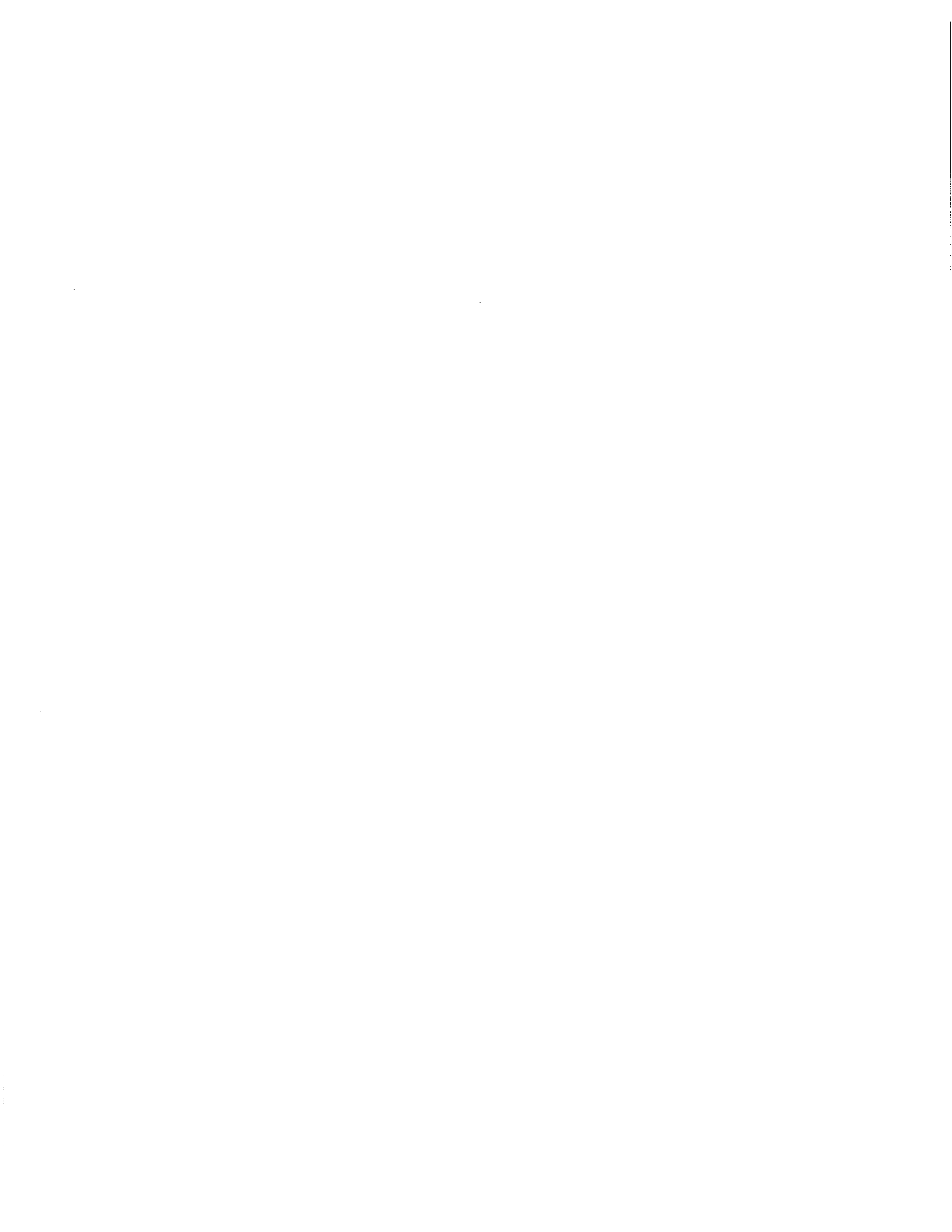
Would you like information or referrals for any of the following?

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Food Assistance	<input type="checkbox"/>	<input type="checkbox"/>	Help meeting the needs of your special need child
<input type="checkbox"/>	<input type="checkbox"/>	Housing	<input type="checkbox"/>	<input type="checkbox"/>	Family Counseling
<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	Parenting Education or Information
<input type="checkbox"/>	<input type="checkbox"/>	Health/Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	Dental
<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	Other:

Staff Use:

Referrals Made (date) _____ (to where) _____

Follow up (date) _____ (comments) _____



Ohio Department of Job and Family Services
**PERMISSION TO PARTICIPATE IN WATER AND SWIMMING ACTIVITIES
 FOR CHILD CARE**

Green Family YMCA

<p>Written parental permission is required for the water activities your child will be engaging in when: <i>(check all that apply for this activity)</i></p> <p> <input type="checkbox"/> Water is directly accessible to child (no water activities planned) <input checked="" type="checkbox"/> Child swimming or playing in water 18 inches or more in depth <input type="checkbox"/> Infants and toddlers using wading pools </p>	
<p>The program is providing additional adults or child care staff members that exceed the licensing ratio requirements for the water/swimming activity. <i>(The program is to meet the minimum ratio requirements outlined in rule).</i></p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>Swim Site Green Family YMCA 3800 Massillon Rd, Uniontown OH 44685</p>	
<p>Date(s) May 20 2025 - August 22 2025</p>	
<p>Departure/Arrival Times from Program 9 am - 4 pm</p>	
<p>Mode of Transportation <i>(parents driving, provider vehicle, public transportation, school bus, etc.)</i> School Bus</p>	
<p>I give permission for my child to participate in the swimming/water activity listed above.</p>	
<p>Child's Name</p>	<p>Child's Date of Birth</p>
<p>My child is a <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer</p>	
<p>Parent's Signature</p>	<p>Date</p>

Ohio Department of Job and Family Services
**PERMISSION TO PARTICIPATE IN WATER AND SWIMMING ACTIVITIES
 FOR CHILD CARE**

Green Family YMCA

<p>Written parental permission is required for the water activities your child will be engaging in when: <i>(check all that apply for this activity)</i></p> <p><input type="checkbox"/> Water is directly accessible to child (no water activities planned) <input checked="" type="checkbox"/> Child swimming or playing in water 18 inches or more in depth <input type="checkbox"/> Infants and toddlers using wading pools</p>	
<p>The program is providing additional adults or child care staff members that exceed the licensing ratio requirements for the water/swimming activity. <i>(The program is to meet the minimum ratio requirements outlined in rule).</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Swim Site Green Family YMCA 3800 Massillon Rd, Uniontown OH 44685</p>	
<p>Date(s) May 20 2025 - August 22 2025</p>	
<p>Departure/Arrival Times from Program 9 am - 4pm</p>	
<p>Mode of Transportation <i>(parents driving, provider vehicle, public transportation, school bus, etc.)</i> Walking</p>	
<p>I give permission for my child to participate in the swimming/water activity listed above.</p>	
<p>Child's Name</p>	<p>Child's Date of Birth</p>
<p>My child is a <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer</p>	
<p>Parent's Signature</p>	<p>Date</p>

Ohio Department of Job and Family Services
**PERMISSION TO PARTICIPATE IN WATER AND SWIMMING ACTIVITIES
 FOR CHILD CARE**

Uhrichsville Water Park

<p>Written parental permission is required for the water activities your child will be engaging in when: <i>(check all that apply for this activity)</i></p> <p> <input type="checkbox"/> Water is directly accessible to child (no water activities planned) <input checked="" type="checkbox"/> Child swimming or playing in water 18 inches or more in depth <input type="checkbox"/> Infants and toddlers using wading pools </p>	
<p>The program is providing additional adults or child care staff members that exceed the licensing ratio requirements for the water/swimming activity. <i>(The program is to meet the minimum ratio requirements outlined in rule).</i></p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>Swim Site Uhrichsville Waterpark 401 E 12th St, Uhrichsville, OH 44683</p>	
<p>Date(s) May 20 2025 - August 22 2025</p>	
<p>Departure/Arrival Times from Program 9 am- 4 pm</p>	
<p>Mode of Transportation <i>(parents driving, provider vehicle, public transportation, school bus, etc.)</i> School Bus</p>	
<p>I give permission for my child to participate in the swimming/water activity listed above.</p>	
<p>Child's Name</p>	<p>Child's Date of Birth</p>
<p>My child is a <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer</p>	
<p>Parent's Signature</p>	<p>Date</p>