

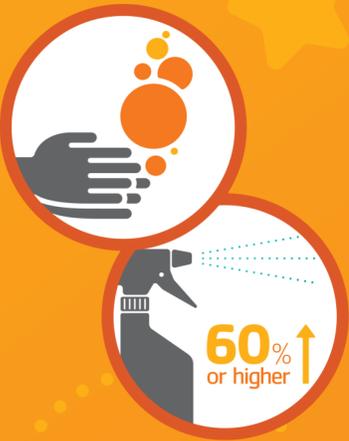


GREAT SUMMERS START HERE!

YMCA Day Camp | 2021

RESERVE YOUR SPOT TODAY

Summer is a time for kids to be kids. And Y day camp is the place to make every precious summer day a great one!



Days will be filled with:

- › **Fun camp activities** to engage brains
- › **Opportunities to explore,** develop new skills and try new things
- › **Plenty of physical activity** and games to keep bodies active

Campers develop new friendships and have tons of fun in a safe environment that will include:

- › Physical distancing
- › Face mask and hygiene protocols
- › Small group sizes



CAMP LOCATION INFO:
MASSILLON FAMILY YMCA
131 TREMONT AVE SE, MASSILLON
330-837-5116

JUNE 1 to
AUGUST 13

For a better us. | weststarky.org/camps

MASSILLON FAMILY YMCA
131 TREMONT AVE SE,
MASSILLON
330-837-5116

Campers
entering **GRADES**
1st - 5th

3-5 days/ week
Mon-Fri

Members \$125

Non-members
\$140

C.I.P.
entering **GRADES**
6th-8th

3-5 days/ week
Mon-Fri

Members \$100

Non-members \$120



WHAT TO BRING

Proper Clothing

Children will be active and may get dirty. Please dress your child appropriately and leave an extra set of clothes in their bag. Camp Shirts must be worn on trip days!

Swimsuit and Towel

Campers will swim or participate in water activities almost daily. Please provide each day.

Closed-Toed Shoes

Please have your child wear closed toed shoes every day. Sandals or flip flops can be sent for water activities only.

Sunscreen Applied Before the Child Arrives

Camp staff will re-apply sunscreen throughout the day.

SUMMER UNPLUGGED

Our Summer Programs allows campers to focus on the development of friendship, accomplishment and belonging. In order to do this, we are **UNPLUGGED**, which means please leave the following things at home and we will provide the fun!

Cell Phones

Personal Gaming Devices

Toys and Trading Cards

Cameras and Valuables

Money (unless otherwise instructed for special occasions)

***WE ARE NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS**

* Please make sure all items your child brings are visibly labeled with their name.



Child Information

Child's Name _____ Child's Birth Date ____/____/____ Age ____

Child's Nickname _____ Gender Female Male

Home Phone _____

Child's Prior Day Care or Preschool: _____

Grade (2021-2022) _____

T-Shirt Size (circle one): XS (2-4) YS (6-8) YM (10-12) YL (14-16) AS AM AL

I you like to purchase an additional camp shirt for \$7. Yes No

Parent/ Guardian Information

If there is 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. Everyone picking up a child (including parents) must provide a photo I.D. upon request.

Name _____

Name _____

D.O.B. _____

D.O.B. _____

Cell _____

Cell _____

Work _____

Work _____

Child Lives With _____

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 government issued identification before releasing your child.

a) Name _____

b) Name _____

Relationship _____

Relationship _____

Phone # _____

Phone # _____

c) Name _____

d) Name _____

Relationship _____

Relationship _____

Phone # _____

Phone # _____

United Way Information

Child's Race: (please mark one) Asian /Pacific Islander African American/Black
Alaska Native Hispanic/Latino Native American
Caucasian/White Other _____

Family Size: 1 2 3 4 5 6 7 8

Household Income: (please mark one) \$0 to \$13,999 \$14,000 to \$24,999
\$25,000 to \$39,999 \$40,000 to \$54,999 \$55,000 to \$74,999
\$75,000 and over

JFS: Do you receive assistance from the Department of Jobs and Family Services **for Child Care?** NO YES

| | | |
|-------------------|--|---|
| YMCA USE Date: | Reg. Daxko: <input type="radio"/> Yes | Contacted Site Dir.: <input type="radio"/> Yes |
| | MSR: | |
| | Paid Reg.: <input type="radio"/> Yes | |



Child's Name _____

Please Read Carefully and Respond to the Following Permission Forms

Child Drop-Off Policy/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 program area each day, sign the attendance sheet, and let one of the staff members know your child has arrived.** Please note, we are not legally responsible for your child's supervision when he / she is dropped off outside of the building. As a parent or guardian, I am aware the YMCA staff is not responsible for my child's supervision unless I bring my child into the program area and sign him/her in upon arrival each day. I understand state law requires me to **sign my child in and out** each day. I also understand state law requires I **notify staff my child is leaving** for the day.

● Parent/Guardian Signature _____ Date _____

Photograph Consent

I grant permission for my child to be video taped and/or photographed while participating in programs and activities of the YMCA. It is my understanding that video taping and photographs will be used for educational, training and promotional purposes only. I may revoke this permission at any time by sending a letter to the YMCA.

● Parent/Guardian Signature _____ Date _____

Class Pet

I give permission for my child to participate in activities that involve the classroom pet(s).

Concerns for my child (ex. student allergies, other medical sensitivities, sanitation practices, etc.): _____

● Parent/Guardian Signature _____ Date _____

I, the undersigned parent/guardian, do hereby accept all responsibility for, and assume the risk of any injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participation in a YMCA of Western Stark County program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA, the various branches and subdivisions expressly including but not limited to the Board of Trustees of the YMCA, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of the release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns.

The YMCA of Western Stark County is not responsible for misplaced or stolen items.

● Parent/Guardian Signature _____ Date _____



Payment Agreement and Schedule

2021

Child's Name: _____ Start Date: _____

Payment Schedule / Rate Plan (place a ✓ in the O):

| place a ✓ in the O | <input type="radio"/> Full Day Preschool 5 days /week | <input type="radio"/> Day Camp 3-5 days /week "full-time" | <input type="radio"/> Day Camp 1-2 days /week "part-time" Mon - Thu only | <input type="radio"/> C.I.P. (Creating Integrity in Pre-teens) |
|-------------------------------------|---|---|---|---|
| Regular Price (child non-member) | \$130 /week | \$140 /week | \$95 /week | \$120 /week |
| Youth Membership | 125 /week | 125 /week | 90 /week | 100 /week |
| Family Membership | 125 /week | 125 /week | 90 /week | 100 /week |

Schedule (enter times):

| | Mondays | Tuesdays | Wednesdays | Thursdays | Fridays |
|--------|---------|----------|------------|-----------|---------|
| Arrive | | | | | |
| Depart | | | | | |

Registration Fee: The non-refundable registration fee of \$25/child (\$50 max/family) must be paid at the time of registration. Preschoolers continuing in the full day program only pay an initial registration fee.

Payment Policy:

- Child care payments are due in advance of attendance for the week. This includes ODJFS weekly copayments.
- I understand that fees are a flat rate and stay the same regardless of my child's attendance. The YMCA will make exceptions due to **Holidays that create a part-time week for everyone**.
- I understand I will be **charged continuously** for the program and rate plan that I signed my child up for.
- A 1 week, written notice is required for withdrawal from the program, otherwise the account will be charged based on the schedule/rate plan you signed up for.
- I understand that if my payments fall behind I will be asked to withdraw my child until payment is made.
- Automatic payments will be set up on the Automatic Payment Plan. Weekly/Monthly/Semi-monthly payments will be set to draft prior to each week/month's start. Automatic payments may only be waived with permission from the Child Care Director or Account Receivable.
- In the event my preauthorized payment is not honored on my scheduled draft date the YMCA may charge a \$15 penalty for returned/late payments in addition to any charges assessed by your financial institution.
- It is further understood that if payment is not honored, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.
- Payments/Refunds will be applied to any overdue YMCA balances first then to current programming fees.
- All programs close at 6:00pm. A \$1 per minute per child late fee is charged after 6:00pm.
- All policies are at the discretion of management and may be changed.
- Full Day Preschool & School Age care:** By means of **advanced notice**, 2 weeks each school year and 2 weeks each summer may be used as vacation and will not be charged.
- JFS:** Copayments are due weekly, on Friday, and in advance of attendance.
- JFS:** I understand that if my authorization is not current, I will be responsible for the private pay rates.
- JFS:** I understand that my child must be checked in and out every day on the JFS Time, Attendance and Payment (TAP) system. If I do not, I understand I will be charged the difference between my copay and the private pay rates.
- JFS:** I understand that if I do not check my child in/out on the JFS TAP system I forfeit services.
- JFS:** I understand that ODJFS families MUST attend a minimum of 25 hours a week during the summer and 7 hours during the school year.

Parent/Guardian Signature

Print Name

Date

Driver's License or S.S. Number of Responsible Party: _____ *required*



Automatic Payment Plan *(automatic payments from a bank account or credit card)*

Participant's Information

Child's Last Name: _____ First Name: _____

Site/Location: _____ Program: _____

Do you receive assistance from the Dept. of Jobs and Family Services for Child Care? **ONO** **OYES**

Billing Information (This person MUST sign this form below)

Last Name: _____ First Name: _____

Phone: _____ Second Phone: _____

Draft Authorization

Form of Payment

I authorize automatic payments of my child care fees (see amount on Schedule & Payment Agreement). The drafts will occur automatically until contract is expired or terminated in writing. A minimum of 7 days' notice is required.

Credit/Debit Card

Bank Account (attach voided check/statement)

Name on Account: _____

Name on Account: _____

Card Type: MasterCard Visa
 Discover

Account Type: Savings
 Checking

Routing Number: _____

Account Number: _____

Account Number: _____

Expiration Date: ____ / ____

Schedule of Payments

Weekly (pick one)

Mondays Tuesdays

Wednesdays Thursdays

Fridays

Monthly (circle only **one** date)

Semi-monthly (circle any **two**)

| | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | X | X |

Agreement

- Automatic payments are scheduled at or before each week/month starts. Monday payments are for the current week, Friday payments pay for the next week, and monthly payments are for all the Mondays on or after the day of the month chosen and each Monday until the next payment.
- In the event my preauthorized payment is not honored on my scheduled draft date the YMCA may charge a \$15 penalty for returned/late payments in addition to any charges assessed by your financial institution.
- It is further understood that if payment is not honored, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.
- Two or more returned payments may result in termination or require payment in full for the year.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.

● **Signature:** _____ **Date:** ____ / ____ / ____

Site Use Only

Daxko Unit ID number: _____

JFS approval through what date: _____

Business Office Use Only

Auto Payments Entered by: _____ Date: _____

Copy Attached OR Written Used OR In Daxko



PERMISSION TO PARTICIPATE IN SWIMMING ACTIVITIES

Written parental permission is required for the water activities your child will be engaging in (check all that apply for this activity)

Child swimming in water 18 inches or more in depth
 Child participating in activities near water 18 inches or more in depth (no water activities planned)
 Infants and toddlers using wading pools

I give permission for my child to participate in the following swimming/water activities

Swim Site
MASSILLON FAMILY YMCA

Date(s)
Monday through Friday, June 1 to August 16, 2021

Departure/Arrival Times from Center
On-site

Mode of Transportation (parent's driving, provider vehicle, public transportation, school bus, etc.)
On-site

| | |
|--------------|-----------------------|
| Child's Name | Child's Date of Birth |
|--------------|-----------------------|

My child is a Swimmer Non swimmer **-We will provide 1 extra adult in the water.**

| | |
|--------------------|------|
| Parent's Signature | Date |
|--------------------|------|

Routine Trip Information

Routine Trip Destination(s)
Walking trips within 2 blocks of the Massillon YMCA

Date of Permission (*valid for one year*)
06/01/2021

Mode of Transportation (*walking, school bus, public transportation, parent vehicles, provider vehicle and driver*)
Walking

During this trip children will have access to water that is 18 inches or more in depth.
 Yes No

Are water activities planned in water that is 18 inches or more in depth? Yes No
 (if yes, a swimming permission slip is required)

Child's Information

Child's Name

My child is
 not over 4 years and/or 40 lbs over 4 years and 40 lbs 8 years and/or over 4' 9"

Signature

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

| | |
|--------------------|------|
| Parent's Signature | Date |
|--------------------|------|

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

| | | | | | |
|---|--|---------------------------|--|---------------------------|-----------------------|
| Child's Name | | Date of Birth | | First Day at Program/Home | |
| Home Address | | | | City | |
| State | | Zip Code | Home Telephone Number | | |
| Parent/Guardian Name | | | Relationship to Child | | |
| Home Address | | | Home Telephone Number | | |
| City | | | State | Zip | |
| Email Address (if applicable) | | | Cell Phone | | |
| Parent's Work/School Telephone Number | | | Parent's Work/School Name | | |
| Parent's Work/School Address | | | | City | |
| Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email | | | | | |
| Where can you be reached while your child is in this program/home? | | | | | |
| Parent/Guardian Name | | | Relationship to Child | | |
| Home Address | | | Home Telephone Number | | |
| City | | | State | Zip | |
| Email Address (if applicable) | | | Cell Phone | | |
| Parent's Work/School Telephone Number | | Parent's Work/School Name | | | |
| Parent's Work/School Address | | | | City | |
| Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email | | | | | |
| Where can you be reached while your child is in this program/home? | | | | | |
| Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age. | | | | | |
| Name | | | Name | | |
| City | | State | City | | State |
| Telephone Number | | Relationship to Child | Telephone Number | | Relationship to Child |
| Other numbers where emergency contact can be reached (if applicable) | | | Other numbers where emergency contact can be reached (if applicable) | | |
| Name of Physician or Clinic/Hospital | | | | | |
| Street Address | | | | | |
| City | | State | Telephone Number | | |

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No
 Yes - check all that apply Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms, take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a special health or medical condition? (*check one*)

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (*check one*)

- No
 Yes - please explain

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

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
 N/A - program does not administer any medications.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."
 N/A - child does not attend a full time program.

Ohio Department of Job and Family Services
**REQUEST FOR ADMINISTRATION OF MEDICATION
 FOR CHILD CARE**

| | | |
|---|---|----------------------------------|
| Box 1 | The following section must always be completed by the parent/guardian. | |
| Check all that apply and complete all of the information. | | |
| <input type="checkbox"/> Prescription Medication <input type="checkbox"/> Nonprescription Medication <input type="checkbox"/> Food Supplement <input type="checkbox"/> Topical Product or Lotion <input type="checkbox"/> Refrigeration Required <input type="checkbox"/> Modified Diet | | |
| Name of Child | Date of Birth | Weight |
| Name of Medication | | Exact Dosage |
| To be administered at the following times | | For the following period of time |
| <input type="checkbox"/> I understand that my child must receive one dose of medication before arriving at the program (unless the medication is used for emergencies). | | |
| Signature of Parent/Guardian | | Date |
| Box 2 | The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant. | |
| 1. The medication contains codeine or aspirin. 2. A physician's instruction is needed for a nonprescription medication (e.g. child does not meet minimum age or weight requirements as listed on the label instructions). 3. It is a sample medication without a prescription label. 4. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period. 5. The topical product or lotion and the physician's instructions exceed the manufacturer's instructions or use. | | |
| Name of child | Name of medication, vitamin, diet, supplement | |
| Dosage | Possible side effects to watch for are | |
| Expiration date (May not exceed twelve months from the date of this request for medications of food supplements). | | |
| Instructions | | |
| This child is under my care and should receive the above medication as written. Signature of physician, dentist, advanced practice registered nurse or certified physician's assistant | | |
| Date of signature | | Phone number |
| Name of child | Name of medication, vitamin, diet, supplement | |

This form is valid for no longer than twelve months and must be kept on file at the center or home for at least one year following the last administration of the medication or product. One form must be used for each medication.

Massillon Family YMCA Family Information for Step Up to Quality

| | | |
|---|---------|-------------------|
| Child's Name (Last) | (First) | Nickname (if any) |
| By providing information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities, or personality that you feel will be helpful to the staff while caring for your child. | | |
| 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? Additional details? | | |
| Are there any changes or transitions that your child has recently experienced or is experiencing (death, divorce, moved, ect...) | | |
| Are there any cultural or religious practices of your family that we should be aware of? | | |
| Do you have any pets at home? If so, what kind and what are their names? | | |
| Did your child attend another before or after school program? | | |
| Does your child have any favorite foods? | | |
| Does your child have any foods they refuse to eat? | | |
| Are there any foods your child should not be fed? (if yes documentation is required by licensing) | | |
| Briefly describe your child's personality and behavior: | | |

Massillon Family YMCA
Family Information for Step Up to Quality

| | |
|---|------|
| Are there things that frighten your child? If so what and how do you comfort him/her? | |
| What routines/actions do you use to calm your child? | |
| What causes your child to feel angry and/or frustrated? | |
| What methods do you use to respond to your child's negative behavior? | |
| What time does your child normally go to bed at night and wake up in the morning? | |
| Does your child have trouble sleeping? | |
| What might you and your child be anxious about as you start the program? | |
| What are you and your child excited about to start the program? | |
| What are your expectations of this program? | |
| What other information would be helpful for the staff caring for your child to know? | |
| Parent/Guardian's Signature | Date |