



2021-2022



REGISTRATION PACKET
School Age Child Care
Before & After School
*Located in **Perry Local Schools***

This completed registration packet, the registration fee, and payment for the child's first week must be received before a child may attend the program. Register at the YMCA a minimum of 48 hours prior to child's start.

Sites

Genoa Elementary, **Lohr** Elementary & **Watson** Elementary.

Knapp students register for the Genoa site and must contact the bus garage.

Pfeiffer students register for the site in their home elementary and also contact the bus garage.

Available for grades Kindergarten through 6th

Before School 6:30 AM to start of school

After School school dismissal to **6:00** PM

Registration Check List:

- Allow 48 hour for the YMCA to process your registration
- YMCA Forms (4 pages)
- Ohio Child Enrollment and Health Information (3 pages)
- Ohio Child Medical/Physical Care Plan (1 page –only complete if the Enrollment & Health form required you to)
- Photo of child (headshot)
- Administration of Medication Form - available upon request
- Parents of **Knapp/Pfeiffer** students should contact the bus garage at 330-477-1300

DO SEND THE FOLLOWING DAILY:

- Gym shoes (sandals or open toed shoes are not appropriate)

Snack will be provided daily

PLEASE DO NOT SEND:

- Valuables
- Cell phones
- Electronic games
- Music players
- Trading cards
- Toys

(On special days we may allow some of these items. You will be notified ahead of time.)

WestStarkY.org/care

For information related to your child's program site.

YMCA of Western Stark County

Visit us on the web at www.WestStarkY.org

MASSILLON FAMILY YMCA

131 Tremont Ave SE

Massillon, OH 44646

P 330 837 5116 F 330 837 5119



Child Information

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

Child's Nickname _____ Gender Female Male

Home Phone _____ Child's Shirt Size: (circle) YS YM YL AS AM AL XL

Grade (2021-2022) _____

Site Attending: Genoa Lohr Watson Bussing to/from: Knapp Pfeiffer ONA

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. _____

Home _____ Home _____

Work _____ Work _____

Cell _____ Cell _____

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.

Name _____ Name _____

Relationship _____ Relationship _____

Phone # _____ Phone # _____

Name _____ 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 \$19,999 \$20,000 to \$29,999
\$30,000 to \$44,999 \$45,000 to \$54,999 \$55,000 to \$64,999
\$65,000 and over

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

YMCA USE	Reg. Daxko:	<input type="radio"/> Yes
	Date:	
MSR:	Paid Wk 1:	<input type="radio"/> Yes <input type="radio"/> No
	Dir.:	<input type="radio"/> Yes <input type="radio"/> No
	Paid Reg.:	<input type="radio"/> Yes <input type="radio"/> No
	Contacted Site	<input type="radio"/> Yes <input type="radio"/> No



Child's Name _____

Please Read Carefully and Respond to the Following Permission Forms

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 in on the tablet, 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 _____

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 _____

Written parental permission is required for the water activities your child will be engaging in (check all that apply for this activity)	
<input checked="" type="checkbox"/> Child swimming in water 18 inches or more in depth	
I give permission for my child to participate in the following swimming/water activities	
Swim Site YMCA of Western Stark County pool	
Date(s) School Days Off, August 16, 2021 to August 16, 2022	
Departure/Arrival Times from Center On-site at YMCA	
Mode of Transportation (parent's driving, provider vehicle, public transportation, school bus, etc.) On-site at YMCA	
Child's Name	Child's Date of Birth
My child is a <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer	
• Parent's Signature	Date

Required child:staff ratios will be maintained and there will be a YMCA Lifeguard present. Additional child care staff will not be provided.

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 _____



SPECIALIZED NEEDS:

YES NO Does your child have any specialized needs or receive any accommodations during the school year? If yes, please explain:

Parents or guardians are required to inform the YMCA in writing, prior to a child’s acceptance in a YMCA program, of any special circumstances which may affect the child’s ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions. Upon being informed of such circumstances, the Child Care Director or other camp staff may require a conference with the parent(s)/guardian to discuss accommodations.

MEDICAL TREATMENT POLICIES:

Children requiring medications, including food supplements and topical products, must have proper medical forms on file, including a Medical/Physical Care Plan (JFS 01236) and the Administration of Medication form (JFS 01217). Only one condition per form is permitted. Medications will be secured with a staff member and administered only by trained staff. Children will not be permitted to begin programming until the above forms are completed and any medication needed is on site. Medication must be in its original container with the prescription label attached.

COVID-19 POLICIES:

I agree to inform the staff at my site location if my child or anyone in their household is exposed to a confirmed case of COVID-19. If my child or anyone in our household exhibits symptoms of COVID-19, I agree to keep my child home from child care programming until symptoms subside and the child is cleared by a physician. If my child starts to exhibit symptoms while in care, I agree to pick up immediately upon being called. I agree to allow my child’s temperature to be taken each day upon entry to the program and at any time sickness is suspected. I will follow all guidelines and policies set forth by the YMCA regarding the COVID pandemic.

PERMISSION TO TREAT:

In case of medical illness or injury, I hereby give permission to YMCA of Western Stark County personnel to provide routine health care, first aid, medication or treatment as determined by medical personnel. IN CASE OF MEDICAL EMERGENCY or medical care beyond the scope of camp facilities, I understand that every effort will be made to notify my listed contacts. I authorize the YMCA of Western Stark County personnel to act on my behalf and secure emergency medical treatment and grant permission to the attending physician to secure proper treatment for the named camper.

•Parent/Guardian PRINT _____

•Parent/Guardian Signature _____ Date_____



Payment Agreement and Schedule

August 2021 – May 2022

Child's Name: _____ Start Date: _____

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

place a ✓ in the ○	School Age					
	○ <u>Before AND After School</u> 4-5 days /week "full-time"	○ <u>Before School</u> 4-5 days /week "full-time"	○ <u>Before School</u> 1-3 days /week "part-time"	○ <u>After School</u> 4-5 days /week "full-time"	○ <u>After School</u> 1-3 days /week "part-time"	○ <u>School Days Off & Snow Days</u> @ the YMCA
Regular Price (child non-member)	\$93 /week	\$49 /week	\$40 /week	\$49 /week	\$40 /week	\$35 /day
Youth Membership	75 /week	40 /week	30 /week	40 /week	30 /week	30 /day
Family Membership	75 /week	40 /week	30 /week	40 /week	30 /week	30 /day

Schedule (enter times):

<i>Full Day PS & School Age only</i>	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
PS Arrive / <u>SA Before</u> School care					
PS Depart / <u>SA After</u> School care					

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

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.

Fill this out if you were directed to on page 2 of form JFS 01234

Ohio Department of Job and Family Services
**CHILD MEDICAL/PHYSICAL CARE PLAN
 FOR CHILD CARE**

Child's Name		Date of Birth	
Special Health Conditions			
Symptoms to watch for and emergency action to be taken if the following symptoms occur			
Activities/foods/environmental conditions to avoid, if applicable			
Medical procedures to be followed and expected benefit of treatment, if applicable			
Are any medications required? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete JFS 01217 "Request for Administration of Medication")</i> If yes, what medications?			
In an emergency does this child require additional assistance (more than other children of the same age or in the same group) to evacuate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In the event that the child care program must be evacuated, are there medications or supplies that must be taken with this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Training Instructions <i>(Trainer must be a parent or certified professional)</i>			
Signature of Trainer		Date	
Signature of trained providers, substitutes or child care staff members who have been made aware of the condition. <i>(There must always be a trained caregiver present when the child is present)</i>			
Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
<i>(Only trained providers, substitutes or child care staff members shall be permitted to perform medical procedures listed above.)</i>			
Additional services (educational/therapeutic) child is receiving			
Who provides the above services?			
Name	Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I give my permission for the staff listed above to perform the procedures in my child's Medical/Physical Care Plan.

Parent Signature	Date
Administrator/Provider Signature	Date

Note: A separate plan must be written for each condition that requires different actions to be taken

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:		

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