

Before and After School Enrichment General Information 2017-2018

*Your child's packet must be turned in to the YMCA at least two business days before the child can start care.

| Care Site | Schools Served | Location | Times |
|----------------------------------|---|--|---|
| DeWitt YMCA BASE 100341 | DeWitt | DeWitt Elementary 425 Falls Ave Cuyahoga Falls, 44221 | 6:30-9:00am 3:00-6:00pm 2:00-6:00pm (Wed. only) |
| Lincoln YMCA BASE 100344 | Lincoln | Lincoln Elementary 3131 W Bailey Rd Cuyahoga Falls, 44221 | 6:30-9:00am 3:00-6:00pm 2:00-6:00pm (Wed. only) |
| Preston YMCA BASE 100343 | Preston | Preston Elementary 800 Tallmadge Rd Cuyahoga Falls, 44221 | 6:30-9:00am 3:00-6:00pm 2:00-6:00pm (Wed. only) |
| Price YMCA BASE 100342 | Price | Price Elementary 2610 Delmore St Cuyahoga Falls, 44221 | 6:30-9:00am 3:00-6:00pm 2:00-6:00pm (Wed. only) |
| Richardson YMCA BASE 102888 | Richardson | Richardson Elementary 2226 23 rd St Cuyahoga Falls, 44223 | 6:30-9:00am 3:00-6:00pm 2:00-6:00pm (Wed. only) |
| Silver Lake YMCA BASE 100316 | Silver Lake | Silver Lake Elementary 2970 Overlook Rd Silver Lake, 44221 | 6:30-9:00am 3:00-6:00pm 2:00-6:00pm (Wed. only) |
| Echo Hills YMCA BASE 106352 | Echo Hills | Echo Hills Elementary 4405 Stow Rd Stow, 44224 | 7:00-9:00am 3:00-6:00pm |
| Fishcreek YMCA BASE 106353 | Fishcreek | Fishcreek Elementary 5080 Fishcreek Rd Stow, 44224 | 7:00-9:00am 3:00-6:00pm |
| Highland YMCA BASE 106351 | Highland Lakeview | Highland Elementary 1843 Graham Rd Stow, 44224 | 7:00-9:00am 3:00-6:00pm 2:45-6:00pm (Lakeview) |
| Indian Trail YMCA BASE 100411 | Indian Trail | Indian Trail 3512 Kent Rd Stow, 44224 | 7:00-9:00am 3:00-6:00pm |
| Riverview YMCA BASE 100414 | Riverview | Riverview Elementary 240 North River Rd Munroe Falls, Ohio 44262 | 7:00-9:00am 3:00-6:00pm |
| Woodland YMCA BASE 100270 | Woodland | Woodland Elementary 2908 Graham Rd Stow, 44224 | 7:00-9:00am 3:00-6:00pm |
| Woodridge YMCA BASE 102536 | Woodridge Primary Woodridge Intermediate | Woodridge Primary 3313 Northampton Rd Cuyahoga Falls, 44223 | 6:30-9:00am 3:00-6:00pm |

Before and After School Enrichment Fees

\$40.00 registration fee waived if enrolled before July 15th, 2017

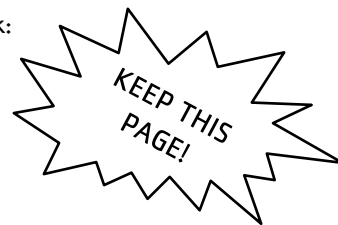
Weekly Fees Full Time (3 days or more) Weekly Fees Part Time (2 days or less)

There are no sibling discounts.

| Program | Member Rate | Program Member Rate |
|---|-------------|---------------------|
| Before <u>OR</u> After Care | \$ 57.00 | \$ 65.00 |
| Before <u>AND</u> After Care | \$ 82.00 | \$ 90.00 |
| Before <u>OR</u> After Care, part time | \$ 25.00 | \$ 30.00 |
| Before <u>AND</u> After Care, part time | \$ 36.00 | \$ 42.00 |
| Registration Fee (waived if registered by 7/15/17) | \$ 40.00 | \$ 40.00 |

Before and After School Enrichment General Information 2017-2018 (cont.)

Parent Handbook – The Riverfront YMCA Child Care Parent Handbook is available at the following link: <https://www.akronymca.org/riverfront/Downloads/> A paper copy will be provided upon request.



Directors– Please feel free to contact a director with questions or concerns.

Hayley Rayl – Cuyahoga Falls Schools
(330) 923-9622 ext. 1911
Hayleyr@akronymca.org

Rebecca Baker – Stow/Woodridge Schools
(330) 923-9622 ext. 1914
Rebeccab@akronymca.org

TXX Publicly Funded Childcare Recipients– Your TXX authorization must be for the correct location. The YMCA and each before and after school site is considered a different location to ODJFS. Please be sure to change locations for Fun Days/Snow Days to license number 301735.

Medications/Medical Conditions– We do not allow medications to be stored in the school nurse’s office. In order for the YMCA to provide safe care to your child, we must have additional medication stored in our care, at our Before & After school sites. We will not accept medication left in the school nurses office as we cannot guarantee access to it. Inhalers/diabetes medications may be brought with your child, however they must be kept on your child’s person, not in a backpack. Before turning in your child’s packet, please contact a director to obtain a JFS01236 and/or a JFS01217 if your child requires the form.

Fun Days – Fun Days correspond with Cuyahoga Falls City School District’s schedule and are held at the Riverfront YMCA. You may drop off your child as early as 6:30am and your child must be picked up by 6:00pm. Pre-registration is required, a form for each Fun Day must be filled out and submitted to the YMCA or BASE staff. Forms will be available two weeks prior to each Fun Day at the YMCA front desk and BASE sites. Each Fun Day costs \$25 per day per child and registration is on a first come first serve basis.

Snow Days – In the event of a Snow Day, care is provided at the Riverfront YMCA from 8:30am – 6:00pm. Your child must be pre-registered for Snow Days in order to attend. Snow Day sign-up slips will go out to before & after care sites in November. If registering your child after November, please contact a Youth Enrichment Director for assistance in signing up for Snow Days.

Early Release – There is no After Care for Early release days other than Cuyahoga Falls on Wednesdays.

BASE Fun Day Calendar 2017-2018

| Fun Day | Cuyahoga Falls | Stow | Woodridge |
|--|-----------------------|-----------------------------|-----------------------|
| September 4th Labor Day | No Care - YMCA CLOSED | No Care - YMCA CLOSED | No Care - YMCA CLOSED |
| September 22 nd Waiver Day | Fun Day | Fun Day | Fun Day |
| October 13 th Conferences | Fun Day | Early Release, AM Care Only | Regular Care |
| November 7 th Election Day | Fun Day | Fun Day | Fun Day |
| November 22 rd Day Before Thanksgiving | Fun Day | Fun Day | Regular Care |
| November 24 th Day After Thanksgiving | No Care | No Care | No Care |
| December 18 th and 19 th – Woodridge Break | School in Session | School in Session | No Care |
| December 20 st –January 2 nd Winter Break | Winter Break Fun Days | Winter Break Fun Days | Winter Break Fun Days |
| January 15 th MLK Day | Fun Day | Fun Day | Fun Day |
| February 16 th | School in Session | No School, No Fun Day | No School, No Fun Day |
| February 19 th President’s Day | Fun Day | Fun Day | Fun Day |
| March 26 th –30 th Spring Break | Spring Break Fun Days | Spring Break Fun Days | Spring Break Fun Days |
| April 2 nd – Stow Teacher Conferences | School in Session | No School, No Fun Day | No School, No Fun Day |
| May 8 th Teacher Work Day | Fun Day | School in Session | School in Session |

School Year Start and End Dates

Cuy Falls & Woodridge: 8/16/2017–5/24/2018
Stow: 8/21/2017–5/30/2018

Early Release Days (no after care, morning care only)

Cuy Falls: 10/12/2017 & 3/6/2018
Stow: 10/20/2017 & 3/9/2018

Riverfront YMCA Before and After School Enrichment

Please check all types of care you will need

- Before Care After Care
 Full Time Part Time

Anticipated Start Date: _____

If Part Time, what days? _____

Registration Fee:

A non-refundable \$40 registration fee is due at time of registration.

Payment: Draft from account on file (ending in ____) Check is attached Cash is attached

Payment Information:

Please draft payment: Weekly on Fridays Other (contact director)

Account: Account on file (ending in ____) Provide account info at registration FLEX (contact director)

Person responsible for tuition: _____

Do you have Title XX? Yes No

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

If yes, what is his/her name? _____

Child's Name and Nick Name _____ male female

Child's Birth date _____ Age _____

Street Address _____

City _____ State _____ Zip _____

School Child Attends _____

YMCA Member? yes no

Parent Name _____

Primary Number () C H W

Secondary Number () C H W

E-mail _____

Birth date _____

YMCA Employee? yes no

Parent Name _____

Primary Number () C H W

Secondary Number () C H W

E-mail _____

Birth date _____

YMCA Employee? yes no

Non-Parental Authorized Persons to Pick Up Child

Your child will only be released to a parent/guardian or persons listed in this section. Staff will require a government issued identification before releasing your child.

Name _____

Primary Number () C H W

Relation _____

Secondary Number () C H W

Name _____

Primary Number () C H W

Relation _____

Secondary Number () C H W

Name _____

Primary Number () C H W

Relation _____

Secondary Number () C H W

Name _____

Primary Number () C H W

Relation _____

Secondary Number () C H W

*Please note: if there are any custody issues involved with your child, you must provide the center Directors with full court papers including 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 _____

2017-2018 Center Policies Agreement

Please read the policies carefully and initial all lines.

_____ I understand there is a \$40 non-refundable registration fee per child.

_____ Weekly tuition is due on Fridays prior to the week of service via auto draft.

_____ I understand that if my childcare payments fall one week behind I will be asked to withdraw my child until payment is made.

_____ Outstanding balances of \$100 or more that are past 30 days in arrears will be turned over to collections.

_____ I understand that if I have any outstanding balance at any facility within the Akron Area YMCA Association I am unable to register for any programs or membership until balance is paid.

_____ I understand that there will be a \$10 fee assessed for any and every returned payment.

_____ CANCELLATION POLICY: Notification must be given no later than one week in advance. Otherwise, I understand that I will be responsible to pay that week's tuition in-full, regardless of attendance.

_____ I understand that late pick-up fees in the amount of \$15 for every 15 minute increment per family will be imposed if my child(ren) is picked up after the center's designated closing time (6:00 pm).

_____ I understand that staff will contact Summit/Medina County Children Services if my child remains at the center longer than one hour after closing and all attempts to reach me, the child's other parent, and authorized persons have been made, without success.

_____ I understand 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 BASE/Day Camp Registration Packet and agree to all terms therein for my child(ren) to receive childcare. I understand that I forfeit the privilege of childcare if all policies are not followed.

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 swipe my Title XX card daily. I understand there is a two-week back swipe period if daily swipes are missed. If I miss the back swipe 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 swipe.

Parent/Guardian Signature _____ Date _____

Permissions

Photograph Consent

I give my child _____ permission to be in photographs, slides, or other media for promotion of the Akron Area YMCA.

I do not give my child _____ permission to be in photographs, slides, or other media for promotion of the Akron Area YMCA.

Parent/Guardian signature: _____ Date: _____

Child Drop-Off/Pick-Up Policy

When you enroll your child in any YMCA Before and After School Enrichment program, it is to be understood our policy is for you to bring your child into the center each morning, sign and list the arrival time on the sign in sheet, 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.

I understand state law requires me to sign my child in and out each day as well as notify staff that my child is leaving.

Parent/Guardian signature: _____ Date: _____

FUN DAYS

Permission to Participate in Swimming Activities - *Fun Days*

I give permission for my child _____ to participate in swimming activities near water two feet or more in depth – or water activities in water two feet or more in depth.

The center will be providing two (2) additional adults above the required staff/child ratio.

| | |
|-------------------------------------|---|
| Swim Site | Riverfront YMCA Swimming Pool |
| Date(s) | Fun Days (August 2017-May 2018) |
| Departure/Arrival Times from Center | On site, 9:00-3:00pm |
| Mode of Transportation | Walking in building to indoor pool facility |
| My child is a | <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer |

Parent/Guardian Signature _____ Date _____

Permission for Routine Walks - *Required for Fun Days*

Weather permitting, I give permission for my child _____ to accompany his/her group on routine walks to DeWitt Playground. The playground is located at 425 Falls Ave, Cuyahoga Falls, OH 44221.

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: _____

Brothers and sisters (names and ages):

Child lives with:

What is the primary language spoken in your child's home? _____

Does your child have any particular fears such as dogs, storms, etc.?

What are your child's special interests?

Have there been any changes or transitions in your child's life recently, such as divorce, new home, death, etc.?

Are there additional personality and behavior characteristics that would be useful to know about your child?

How do you reassure or reward your child?

How do you discipline your child?

Please list the three most important things you would like your child to work on while in our program:

What other information would be helpful for the staff caring for your child to know?

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 <u>of 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 | | 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 | |

Before turning in your child's packet, please contact a director to obtain a JFS01236 and/or a JFS01217 if required.

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.

| |
|--|
| 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. |
| List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page. |

Diapering Statement

| |
|---|
| Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the following) |
| The program's policy is to check diapers every <u> N/A </u> hours. Please indicate if you want your child's diaper checked according to the program's policy or another: |
| <input type="checkbox"/> I agree with the program's schedule <input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours. |

Emergency Transportation Authorization

| Give <u>Permission</u> to Transport | OR | <u>Do Not Give Permission</u> to Transport |
|--|------------------|--|
| Program or Home Name Riverfront YMCA | Do not sign both | 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i> |
|---|

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 |
| | | | |
| | | | |

Note: This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15 and 5101:2-13-15. 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.