



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Summer 2020

# FULLDAY & HALFDAY MINI VOYAGERS DAY CAMP

Our Mini Voyagers Camp is geared toward preschool age children (3 to 5 year olds) and is an extension of our preschool classes. Your child must be completely potty-trained to qualify for Mini Voyagers Camp.

Each camp week is themed and includes activities such as crafts, water-play, group games, camp songs, and skits, outside play and just having fun and being silly! Campers will also have pool time each week.

We offer either a full day weekly, or a half day mini-week monthly option [June and July only] for Mini Voyagers. Full day care is available Monday-Friday 6:30am-6:30pm and Half day Tues/Wed/Thurs 9am-1pm.

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

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

Cara Robson, Assistant Child Care Director

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

330.899.9622

## **HALF DAY MINI VOYAGERS INFORMATION**

- T/W/TH
- 9am-1pm
- Located in Jungle Room
- \$185/*month* June and July

## **FULL DAY MINI VOYAGERS INFORMATION**

- M-F
- 6:30am-6:30pm
- \$185/*week*
- Located in classrooms

**\$40 non-refundable registration fee due at registration.**

**\*\*\*\*fee waived if registered prior to April 15, 2020**



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### **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. Additional information will be provided to parents throughout the school year.

The YMCA will provide a morning snack for half day campers and a morning and afternoon snack for full day 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 Kristy Ledgard or stop at the front desk to provide payment information.

### **Medical Exam & Vaccination Records**

A medical form signed by a physician or certified nurse practitioner is required to be submitted within 30 days of admission. This must also include a vaccination record. This medical form must be updated every 13 months. Your child cannot attend camp if we do not have this form on file.

**PLEASE KEEP THESE PARENT INFO PAGES ☺**



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### **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. Pick-up Mini Voyagers information folder at front desk.
5. Pay registration fee and provide payment information for auto draft payments at the front desk.
6. Be sure to keep all forms marked "Please Keep These Parent Info Pages" for future reference.
7. You will receive an email once your child's registration has been processed, confirming enrollment.

### **Registration forms checklist:**

- Class selection Page
- Payment Information
- Photo Consent
- Authorized Pick-Up
- Family Information sheet
- Enrollment & Health information pages
- Center Policies Agreement
- Swim Permission
- Routine Field Trip Permission
- Sunscreen Permission

### **Weeks I registered my child for camp:**

- June 1-5
- June 8-12
- June 15-19
- June 22-26
- June 29-July 3
- July 6-10
- July 13-17
- July 20-24
- July 27-31
- August 3-7
- August 10-14

**PLEASE KEEP THESE PARENT INFO PAGES ☺**

# GREEN FAMILY YMCA MINI VOYAGERS REGISTRATION PACKET 2020



CHILD'S NAME \_\_\_\_\_

CHILD'S BIRTHDAY \_\_\_\_\_

Please check the box next to the camp for which you are registering; then check the month for half day or the weeks for full day.

**HALF DAY MINI VOYAGER**  
TUESDAYS/WEDNESDAYS/THURSDAYS  
9AM-1PM  
 June       July

**FULL DAY MINI VOYAGERS**  
MONDAYS-FRIDAYS  
6:30AM-6:30PM

<input type="checkbox"/> JUNE 1-5	<input type="checkbox"/> JUNE 29-JULY 3	<input type="checkbox"/> JULY 27-31
<input type="checkbox"/> JUNE 8-12	<input type="checkbox"/> JULY 6-10	<input type="checkbox"/> AUGUST 3-7
<input type="checkbox"/> JUNE 15-19	<input type="checkbox"/> JULY 13-17	<input type="checkbox"/> AUGUST 10-14
<input type="checkbox"/> JUNE 22-26	<input type="checkbox"/> JULY 20-24	

## **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, 2020)

- 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. Monthly program participants will be deducted the first of month enrolled. 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 page and website. Children's names will not be used.

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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 let people know about this ahead of time so they bring a picture ID and are not offended. The safety of your children is our priority!

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Numbers:**

(H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Numbers:**

(H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Numbers:**

(H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Numbers:**

(H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_

## **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 classroom 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 classroom. 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 classroom when arriving each morning. I understand that state law requires me to sign-in and sign-out my child each day. 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 [full day] and 1:15pm [half day].**

**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 CARA ROBSON REGARDING OUR POLICY.

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

Are there personality and behavior characteristics that would be useful to know about your child? (shy, energetic, sensitive, etc.) \_\_\_\_\_

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her? \_\_\_\_\_

What routines/actions or items do you use to comfort your child? \_\_\_\_\_

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

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

What are your child's sleep habits? (difficult to wake up, uses a comfort item to fall asleep, etc.) \_\_\_\_\_

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? \_\_\_\_\_

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?				
<b>Emergency Contacts: Parents <u>cannot be listed</u> 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 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.</b>				
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.

Child's Name
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or <b>medical personnel</b> 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 _____ 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**

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

**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>
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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 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.

Child's name \_\_\_\_\_

## 2020 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 or on the first day of the month for monthly programs.
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 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.
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 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  
**ROUTINE TRIP PERMISSION FOR CHILD CARE**

<b>Routine Trip Information</b>	
Routine Trip Destination(s) Aquatics Center, Gym, MPR, YMCA playground, entire outdoor YMCA campus	
Date of Permission ( <i>valid for one year</i> ) 5/31/2020	
Mode of Transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> ) walking	
During this trip children will have access to water that is 18 inches or more in depth. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? (if yes, a swimming permission slip is required) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Child's Information</b>	
Child's Name	
My child is <input type="checkbox"/> not over 4 years and/or 40 lbs <input type="checkbox"/> over 4 years and 40 lbs <input type="checkbox"/> 8 years and/or over 4' 9"	
<b>Signature</b>	
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  
**PERMISSION TO PARTICIPATE IN SWIMMING ACTIVITIES  
FOR CHILD CARE**

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	
<input type="checkbox"/> Child participating in activities near water 18 inches or more in depth (no water activities planned)	
<input type="checkbox"/> Infants and toddlers using wading pools	
I give permission for my child to participate in the following swimming/water activities	
Swim Site Green Family YMCA	
Date(s) 5/31/2020-8/31/2020	
Departure/Arrival Times from Center	
Mode of Transportation (parent's driving, provider vehicle, public transportation, school bus, etc.) walking	
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

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

<b>Box 1</b>	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 checked="" 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 Equate SPF 50 Sunscreen		Exact Dosage Apply liberally to exposed skin	
To be administered at the following times 15 minutes before sun exposure		For the following period of time 5/31/2020-8/31/2020	
<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
<b>Box 2</b>	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.

