



LAKE ANNA YMCA

2025 SUMMER DAYCAMP

FIELD TRIPS • SWIMMING • OUTDOOR FUN

WEEKDAYS



7AM-6PM

JUNE 2 - AUG 15

★ Ages 6-12 ★

Y Member: \$190 per week

Program Member: \$210 per week

SIGN UP BY 4/15
AND SAVE \$40
REGISTRATION FEE

\$10/WK DEPOSIT
IN-HOUSE REGISTRATION ONLY

VICTORIA NOEL
victorian@akronymca.org
330.745.9622



PARENT INFORMATION

DATES OF CAMP

Monday June 2-August 15

Closed: July 4

DAY CAMP FEES

Y-Member: \$190/WK

Program Member: \$210/WK

Registration Fee: \$40

Weekly Deposit: \$10 nonrefundable deposit per week per child is due upon registration

**Child must have completed at least one full year of Kindergarten in order to attend camp.*

WHAT TO BRING

- Camp shirt
- Packed Lunch
- Water Bottle
- Closed Toed Shoe
- Backpack
- Swimsuit and Towel
- Sunscreen

WHAT NOT TO BRING

- Electronics or Cell Phones
- Toys from home
- Money/Valuables
- Open Toed Shoes (ex. flip flops)

CAMP TIMES

Before Care: 7:00am-9:00am

Camp: 9:00am-4:00pm

After Care: 4:00pm-6:00pm

*Before and After Care are provided at no additional charge.

*On field trip days, campers must arrive by 9:00am

*Drop off time Ends at 10:00am

WHO TO CALL

Lake Anna YMCA

General Questions

330.745.9622

Victoria Noel

Summer Day Camp Director

330.745.9622 ext. 1708

victorian@akronymca.org

FINANCIAL ASSISTANCE

The Lake Anna YMCA Day Camp does except TXX and will offer financial assistance to those who qualify.

SPECIAL NEEDS

The Lake Anna YMCA Day Camp is open to children of all abilities. If your child has special needs, please speak with the camp director to arrange appropriate accommodations.

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE



LAKE ANNA YMCA SUMMER DAY CAMP
BARBERTON'S BEST DAY CAMP

CAMPER INFORMATION

Camper's First & Last Name Date of BirthAge.....

Home Address..... Gender Identity: Male Female Other

City, State, Zip Grade attending in Fall 2025

T-Shirt Size:YSYMYL ASAMALAXL

PARENT/GUARDIAN INFORMATION

Parent Name:

Parent Name:

Primary Number:

Primary Number:

Secondary Number:

Secondary Number:

Email:

Email:

Date of Birth:

Date of Birth:

Relationship to Camper:

Relationship to Camper:

Please select only the weeks your child will be attending camp:

- | | |
|--|---|
| <input type="checkbox"/> Week 1 (June 2-6, 2025) | <input type="checkbox"/> Week 7 (July 14-18, 2025) |
| <input type="checkbox"/> Week 2 (June 9-13, 2025) | <input type="checkbox"/> Week 8 (July 21-25, 2025) |
| <input type="checkbox"/> Week 3 (June 16-20, 2025) | <input type="checkbox"/> Week 9 (July 28-Aug 1, 2025) |
| <input type="checkbox"/> Week 4 (June 23- 27, 2025) | <input type="checkbox"/> Week 10 (Aug 4-8, 2025) |
| <input type="checkbox"/> Week 5 (June 30-July 3, 2025) | <input type="checkbox"/> Week 11(Aug 11-15, 2025) |
| <input type="checkbox"/> Week 6 (July 7-11, 2025) | |

PROGRAM WAIVER

I/We understand that there is a risk of serious injury associated with the use of the YMCA facilities, participation in YMCA programs and use of exercise and other equipment. As a condition of my membership I agree to assume the risk of injury arising from my use of the facilities, programs, equipment and for all other matters at all YMCA locations or programs whenever occurring. On behalf of myself and my heirs, administrators and agents and contractors harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program or use any YMCA facility or equipment without signing this agreement. I authorize the Akron Area YMCA or its designees, agencies and contractors to create, have and use photographs, slides and videotapes containing my image for its recordkeeping or marketing/public relations programs.

.....
Parent/guardian signature

2025 Center Policies Agreement
Please read the policies carefully and initial in each box

- There is a \$40.00, non-refundable, registration fee per child due at the time of enrollment. This fee will be waived if registration is completed and returned by April 15th, 2025 at 8:00 pm.

- Weekly tuition is due on Friday prior to the week of service via auto draft.

- If childcare payments fall one week behind I will be asked to withdraw my child until payment is made in full.

- Any balance of \$100 or more that is over 30 days in arrears will be turned over to the third-party collection agency and a \$15 fee will be added to the total balance.

- If I have balance with any facility within the Akron Area YMCA Association that I will be unable to register for any programs or membership until the balance is paid in full.

- A returned payment fee of \$5.00 will be assessed for any and every payment return.

- The YMCA will charge a late pick-up fee in the amount of \$15 for every 15-minute increment per family if my child(ren) have are not picked up from the center by 6:00 pm. Three or more late pickups may result in the termination of care. The YMCA will contact Summit County Children Services if the child(ren) remain at the center longer than a half hour after closing and all attempts to reach me, other custodial parents, and authorized persons have been made, without success.

- I am required, by the State of Ohio, 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 if needed.

- I have read the YMCA Day Camp Registration packet and Parent Handbook, 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.

PUBLICLY FUNDED CHILDCARE RECIPIENTS ONLY

- The Lake Anna YMCA Day Camp only accepts full time enrollments (25+ hours) per week. I understand that my child must attend at least 25 hours per week or I will be responsible for paying the difference in the state reimbursement and full-pay rate.

- Parents/Guardians are fully responsible for ensuring that their ODJFS childcare case is active and children are authorized to attend the program.

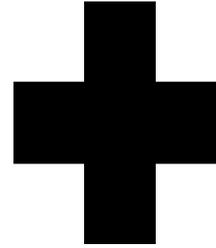
- TAPS must be done daily via the KINDERSMART app or tablet at the center. Parents are responsible for ensuring that if a TAP is missed that it is corrected by 6:00 pm on Friday. Parents/Guardians will be charged the difference between their co-pay and weekly private pay rates if they fail to use the ODJFS TAPS system.

PLEASE SIGN: I have read and understand the policies of the Akron Area YMCA and agree to follow them.

.....

Signature of parent/guardian **date**

CAMPER HEALTH RECORD



Please remember to attach a copy of your child's immunization record as well as a copy of their Medical Insurance card.

Camper's Name: _____ CAMPER DATE OF BIRTH: _____

CAMPER HEALTH HISTORY

1. Does your child have any food, medication or environmental allergies? YES NO

If yes, please list the allergy, symptoms and actions that should be taken if a reaction occurs:

2. Does your child have a special health or medical condition? YES NO

If yes, please list the condition, any special procedures that a staff member may be required to perform.

3. Is your child currently taking any medication? YES NO

If yes, please list the medication and dosage.

4. Does your child require medication to be given while at camp? YES NO

If yes, a JFS01217 form must be completed and signed by a physician.

MEDICAL PROVIDER INFORMATION

Is this camper covered by family medical/hospital insurance? YES NO

..... First and last name of primary date of birth Child's Primary Care Provider
..... Policy Number Address
..... Insurance Company Name City, State Zip
..... Insurance Company Phone Number PCP Telephone Number

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE

This health history is correct and accurately reflects the health status of the camper who is pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests and treatment related to the health of my child for both routine health care and in emergency situations. I give the Akron Area YMCA 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. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photo copy/scan this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

.....
Signature of parent/guardian _____ date _____

AUTHORIZED PICK UP FORM

Excluding custodial parents, only those listed below will be permitted to pick up your child. Please note that photo ID is required at the time of pick up. Changes may be made to this list at any time by contacting the Camp Director.



Camper's Name:

First and Last Name

Date of Birth

Home address

City, State, Zip

Phone number: Relationship to child.....

First and Last Name

Date of Birth

Home address

City, State, Zip

Phone number: Relationship to child.....

First and Last Name

Date of Birth

Home address

City, State, Zip

Phone number: Relationship to child.....

First and Last Name

Date of Birth

Home address

City, State, Zip

Phone number: Relationship to child.....

.....
Signature of parent/guardian Date