



LONGWOOD YMCA = SUMMER = DAY CAMP

FIELD TRIPS • SWIMMING • OUTDOOR FUN

WEEKDAYS

JUNE 8 - AUG 14

7AM-6PM

AGES 5-12*

*FOR CHILDREN THAT HAVE COMPLETED A YEAR OF KINDERGARTEN
THROUGH CHILDREN ENTERING 7TH GRADE

\$225 per week

\$10/ wk deposit

In-house registration only

OLIVIA KENT

oliviak@akronymca.org

330.467.8366

Sign up by 4/15 and SAVE \$40 Registration Fee

PARENT INFORMATION PAGE

DATES OF CAMP

Monday- Friday
June 8th - August 14th

DAY CAMP FEES

Registration Fee*: \$40 per child

Weekly Fee: \$225/week

YMCA Member Fee: \$205/week

A \$10 non-refundable deposit per week per child is due upon registration.

*Registration fee is waived through April 15th, 2026

BRING TO THE Y

- Camp T-Shirt (on trip days)
- Closed-Toed Shoes
- Packed Lunch (**NO NUTS**)
 - Water Bottle
- Sunscreen (formulated for children)
- Bug-spray (formulated for children)
 - Backpack
- Swimsuit (one-piece) and Towel on Swim Days

Label all items with names!

DO NOT BRING TO THE Y

- **NUTS OF ANY KIND** (Almonds, Peanuts, Cashews, Hazelnuts; We are a Nut-Free Facility)
- Open-Toed Shoes (ex. Flip Flops, Crocs)
 - Electronics or Cell Phones
 - Toys from Home
 - Two-Piece Swimsuits

MEDICATION INFO

The additional forms "Child Medical/Physical Care Plan" needs to be completed if your child has specific medical needs, such as asthma or allergies. Please speak with the Youth Enrichment Director to receive the documents. **Registration is not complete until all documents have been submitted.**

CAMP TIMES

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

Camp: 9:00 am - 4:00 pm

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

Before & After Care are provided at no extra charge.

On trip days, children need to **arrive** at camp by **9:00am**.

Drop off time **ends** at **10:00am** each day.

WHO TO CALL

OLIVIA KENT

Youth Enrichment Director
330-467-8366 ext 1802
oliviak@akronymca.org

SARAH BATTEN

Youth Enrichment Director
330-467-8366 ext 1803
sarahb@akronymca.org

FINANCIAL ASSISTANCE

Please contact our
Administrative Team to inquire

SPECIAL NEEDS

The Longwood YMCA Day Camp is open to children of all abilities. If your child has special needs, please speak with the Youth Enrichment Director to arrange appropriate accommodations.

PLEASE NOTE

- Children must have completed a year of kindergarten to attend.
- The Longwood YMCA Day Camp will **NOT** provide sunscreen and/or insect repellent for your child. Please bring them to the center for your child.
- WE ARE A NUT FREE FACILITY.** Please do not pack your child peanut butter or anything including nuts.

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

Summer Camp Selection

Child's Name _____

Parent's Name _____

Summer Day Camp 2026

<input type="checkbox"/> Week 1: June 8- June 12	<input type="checkbox"/> Week 5: July 6- July 10	<input type="checkbox"/> Week 9: Aug. 3 - Aug. 7
<input type="checkbox"/> Week 2: June 15- June 19	<input type="checkbox"/> Week 6: July 13 - July 17	<input type="checkbox"/> Week 10: Aug. 10 - Aug. 14
<input type="checkbox"/> Week 3: June 22- June 26	<input type="checkbox"/> Week 7: July 20 - July 24	
<input type="checkbox"/> Week 4: June 29 - July 3	<input type="checkbox"/> Week 8: July 27 - July 31	

Weekly fee for Program Members: \$225

Weekly fee for YMCA Members: \$205

A \$10 non-refundable deposit per week per child is due upon registration

A \$40 non-refundable registration fee is due upon registration, after April 15th, 2026

If there are any changes to your child's enrollment, please contact the
Longwood Branch YMCA administrative office.

Any changes must be submitted in writing **one week** prior to care.

Parent/Guardian Signature

Date

Left blank for printing purposes

Summer Day Camp 2026

Child's Name _____ ☐male ☐female ☐other

Child's Date of Birth_____/_____/_____ Age _____ Grade attending in Fall 2026 _____

Street Address _____

City _____ State _____ Zip _____

Does this child live with both parents? ☐Yes ☐No

Included T-Shirt Size: ☐YS ☐YM ☐YL ☐AS ☐AM ☐AL ☐AXL

Parent/Guardian Information

Parent Name: _____ Parent Name: _____

Primary Number: _____ Primary Number: _____

Secondary Number: _____ Secondary Number: _____

Email: _____ Email: _____

Date of Birth: _____ Date of Birth: _____

Person responsible for tuition _____

Do you have Publicly Funded Child Care? ☐Yes ☐No

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

Authorized Persons to Pick Up Child

Your child will only be released to a parent/guardian or persons listed in this section. (Do not forget to include yourselves.) Staff will require a government issued identification before releasing your child.

Name _____ Relation _____

Primary Number: _____ Second Number: _____

Name _____ Relation _____

Primary Number: _____ Second Number: _____

Name _____ Relation _____

Primary Number: _____ Second Number: _____

Name _____ Relation _____

Primary Number: _____ Second Number: _____

****Please note: if there are any 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.**

Child's Name: _____

Photograph Consent

I give my permission for my child to be in photographs, slides, DVD's, and/or videos for the promotion of the Akron Area YMCA.

Parent/Guardian Signature _____ Date _____

Permission for Routine Walks

Weather permitting, I give permission for my child to accompany his/her class/group on routine walks on Akron Area YMCA grounds.

Parent/Guardian Signature _____ Date _____

Child Drop-Off/Pick-Up Policy

When you enroll your child in any YMCA Child Care Program, it is to be understood that our policy is for you to bring your child into the center each morning 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.

Parent/Guardian Signature _____ Date _____

Permission for Movies

I give permission for my child to view PG movies while at Longwood Branch Summer Camp 2026 (June 8, 2026 - August 14, 2026).

Parent/Guardian Signature _____ Date _____

Permission for Topical Product

I give permission for my child to apply non-prescription, topical products while in care with Longwood YMCA. This includes sunscreen, bug spray, and lotion. Lip balm and hand sanitizer do not need written consent.

Parent/Guardian Signature _____ Date _____

Child's Name _____

Permission to Participate in Swimming Activities

I give permission for my child _____ (Date of Birth ___/___/___) to participate in the following water activities at the following locations on the dates and times listed on the field trip schedule. I am aware that my child will be near and/or have access to waters exceeding eighteen inches in depth. I also understand the center will always provide at least a 1:35 lifeguard to child ratio, and 1:18 counselor to camper ratio during all water and swimming activities. Children will not be permitted to swim in lakes, rivers, ponds or creeks.

My child ... when in water

☐ Needs a life vest

☐ Does **NOT** need a life vest

Parent/Guardian Signature _____ Date _____

*Please note that **Groups 1 & 2** (typically 5-8 year olds) are only allowed to swim in shallow parts of the pools (less than 4 ft deep)

T-Shirts

Each child will receive one camp t-shirt as part of registration for summer day camp. You will be given your **free** t-shirt at our camp open house or their first day of camp. Families that register after the start of summer camp (6/8/2026) may experience delays when receiving shirts due to additional orders placed.

Included T-Shirt Size: ☐YS ☐YM ☐YL ☐AS ☐AM ☐AL ☐AXL

A limited number of additional T-shirts will be available for purchase on a first-come, first-served basis at our summer camp open house.

Child's Name _____

2026 Center Policies Agreement

Please read the policies carefully and initial in each box.

☐

I understand there is a \$10 non-refundable deposit per week per child due upon registration for day camp.

☐

I understand there is a \$40 non-refundable registration fee per child (after April 15th, 2026).

☐

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 \$100.00 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 memberships until balance is paid.

☐

I understand that there will be a \$10.00 fee assessed for any and every returned payment.

☐

CANCELLATION POLICY: Written 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 \$1.00 for every minute 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 local police department 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 Child Care Registration Packet in full and agree to all terms therein for my child(ren) to receive childcare. I also understand that I forfeit the privilege of childcare if all policies are not followed.

FOR PUBLICLY FUNDED CHILD CARE RECIPIENTS ONLY

☐

I understand that my Publicly Funded Child Care co-pay is due every Friday via auto draft prior to care.

☐

I understand that if my Publicly Funded Child Care authorization is not current and/or for the correct location, I will be responsible for private pay rates.

☐

I understand that I must tap using a mobile device daily. I understand there is a back date period if daily taps are missed. If I miss the back date 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 date.

Parent/Guardian Signature _____ Date _____

Child's Name _____

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:

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.) _____

What causes your child to feel angry or frustrated? _____

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

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? _____

Would you like information or referrals for any of the following?

YES	NO		YES	NO	
		Food Assistance			Help meeting the developmental needs of your child
		Housing			Family Counseling
		Nutrition			Parenting Education of Information
		Health/Immunizations			Dental
		Other:			

Staff Use:

Referrals Made (date) _____ (to where) _____

Follow up _____ (date)

Ohio Department of Children and Youth
**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 #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City			State		Zip
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which information 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 #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City			State		Zip
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which information 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 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 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	
Telephone Number		Relationship to Child		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 Medical Foods

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 DCY 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/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 to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

☐ No

☐ Yes - a DCY 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or 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 DCY 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

☐ No

☐ Yes - please explain

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

☐ No

☐ Yes - a DCY 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a DCY 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

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 file.

☐ N/A - program does not provide meals or snacks to the child.

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.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

☐ Not applicable

Child's Name

Diapering Statement

Is your child toilet trained? ☐ Yes (If yes, skip to Emergency Transportation Authorization section)
☐ 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:

☐ I agree with the program's schedule ☐ I do not agree, please check my child's diaper every ____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR Do not sign both	<u>Do Not Give Permission</u> to Transport
Program or Home Name Longwood Branch YMCA		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		Parent's Signature
Date		Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. ☐ Yes ☐ No (check one)

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 5180:2-12-15, 5180:2-13-15, and 5180:2-14-04.

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.

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FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

AUTOMATIC DRAFT FORM

Child's Name: _____

Parent's Name: _____

Program: ☐ Before/After Care ☐ Fun/Snow Days ☐ Preschool ☐ Summer Camp

I elect to pay my weekly/monthly child care fees with either a...

Bank Account (please attach a voided check)

Name on Account: _____

Routing Number: _____

Account Number: _____

Choose One: ☐ Checking ☐ Savings

OR

Debit/Credit Card (Choose: ☐ Visa ☐ MasterCard ☐ Discover)

Credit Card Number: _____

Expiration Date: _____ CVC CODE: _____

Name on Card: _____

Address: _____

·I understand that a \$10 non-refundable deposit per week of summer camp per child is due upon registration.

·I authorize Akron Area YMCA to automatically draft from the above account for my weekly/monthly child care fees.

·I understand that this automatic draft will begin on Friday prior to the week of service. Preschool program fees will auto draft on the 1st of each month.

·I understand that this automatic draft will be terminated at the end of the current program enrollment, or upon giving the Akron Area YMCA 7-day written notice of my child's termination.

·I understand that the YMCA is not responsible for any NSF fees incurred for not maintaining the required funds in my account.

Signature

Date