



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2026 SUMMER DAY CAMP

REGISTRATION PACKET

Checklist:

- Carefully read and fill out each page of the registration packet
- Return packet to the Firestone Park YMCA
- Pay the \$40 registration fee and establish billing method on file
- Medication must be turned in and required forms signed before child attends
- You will receive a confirmation email once registration is processed
- If you receive Publicly Funded Child Care, switch authorization for camp to Voris CLC (#106755) from June 1st–July 31st, and Firestone Park YMCA (#102939) from August 3rd–August 21st

Camp held at Voris CLC: June 1st–July 31st

1885 Glenmount Ave. Akron, OH 44301

Camp held at Firestone Park YMCA: August 3rd–August 21st

350 E. Wilbeth Rd. Akron, OH 44301

Firestone Park YMCA

350 E. Wilbeth Rd. Akron, OH 44301 • akronymca.org/firestonepark • 330.724.1255



PARENT INFORMATION PAGE

Tear off and keep for your records!



DAY CAMP FEES & PUBLICLY FUNDED CHILD CARE

Registration Fee: \$40 per child
Non YMCA Member Rate: \$220/week per child
YMCA Member Rate: \$200/week per child

Child must have completed at least one full year of Kindergarten in order to attend camp. The last year a child can attend camp is the summer before starting 6th grade

Voris CLC License #: 106755
FPY License #: 102939



DATES TO REMEMBER

Day Camp at Voris CLC:

Monday, June 1 - Friday, July 31

Friday, June 19th - No Camp

Day Camp at Firestone Park YMCA:

Monday, August 3 - Friday, August 21



CABIN PHONE NUMBERS

- Directors: 330-620-7253
- Cabin 1: 330-414-3141
- Cabin 2: 330-607-5690
- Cabin 3: 330-414-6807
- Cabin 4: 330-603-3821



LUNCHES AND SNACKS

Snacks and lunches are provided following USDA SUN Meal (formerly Summer Food Service Program) guidelines. If you would like to pack your own lunch or supplement additional snacks for your child please do. Sharing of these extra snacks with others is not allowed, even between siblings.



FINANCIAL ASSISTANCE

The Y strives to make programs available to all. Financial assistance may be available to those who qualify. For more information, visit: <https://www.akronymca.org/financialassistance>



CAMP TIMES

Before Care: 7:00AM - 8:30AM

Camp: 8:30AM - 4:00PM

After Care: 4:00PM - 6:00PM

- Before & After Care are provided at no extra charge.

- Children need to arrive no later than 8:30AM. If you miss the bus, you may transport your child to the field trip. **You cannot drop your child off to Voris CLC or FPY if their group is out of the building.**



WHAT TO BRING

- Camp T-Shirt big trip days (Thur/Fri)
- Closed-Toe Shoes (tennis shoes)
- Water Bottle
- Backpack
- Swimsuit (one-piece or full coverage two piece)
- Towel

Label all items with child's name



WHAT NOT TO BRING

- Open-Toe Shoes on non swim days (ex. Flip Flops, Crocs)
- Electronics or Cell Phones
- Blankets, pillows, toys from home
- Two-Piece Swimsuits with bare midriff
- Money
- NO MICROWAVABLE LUNCHES OR DELIVERIES



WHO TO CONTACT

CHRISTINA VEGH

Youth Enrichment Director
330-724-1255
christinav@akronymca.org

MACI NESTLERODE

Assistant Youth Enrichment Director
330-724-1255
macin@akronymca.org

Child's Information

Child's Name _____

male

female

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

My child will be entering ____ grade in Fall 2026 at _____ School

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

Street Address _____

City _____ State _____ Zip _____

T-Shirt Size (please circle): YS YM YL AS AM AL AXL

Weeks Child Will Be Attending Summer Day Camp

Week 1: June 1 - June 5

Week 5: June 29 - July 3

Week 9: July 27 - July 31

Week 2: June 8 - June 12

Week 6: July 6 - July 10

Week 10: Aug. 3 - Aug. 7

Week 3: June 15 - June 18

Week 7: July 13 - July 17

Week 11: Aug. 10 - Aug. 14

Week 4: June 22 - June 26

Week 8: July 20 - July 24

Week 12: Aug. 17 - Aug. 21

Parent/Guardian Information

Parent Name _____

Parent Name _____

Primary Number: ()

Primary Number: ()

Secondary Number: ()

Secondary Number: ()

Email _____

Email _____

Date of Birth _____

Date of Birth _____

Payment Information

Weekly Payment Amount: \$200(YMCA Members) \$220(Non-Y Members) Other(contact director)

Draft Payment: Weekly on Fridays Other(contact director)

Account: Use account on file (ending with _____) Other(contact director)

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. Staff will require 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: ()

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.

****If you receive publicly funded child care, all authorized persons to pick up will be required to use the TAP System daily.**

Child's Name _____

2026 Center Policies Agreement

Please read the policies carefully and initial in each box.

- 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 \$100.00 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 per 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 Summit 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 understand my child must be fully toilet trained to attend this program.
- 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.
- I reviewed and understand the policies outlined in the Parent Handbook, available to download at: <https://www.akronymca.org/locations/firestone-park-ymca/fp-summer-day-camp>

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 the TAP system 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 _____

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 <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 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 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

Child must be FULLY toilet trained to enroll in this program

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	Do Not Give <u>Permission</u> to Transport
Program or Home Name Firestone Park 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 _____ 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. 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.

Ohio Department of Children and Youth
FAMILY NEEDS SURVEY FOR STEP UP TO QUALITY (SUTQ)

We want to support any needs you or your family may have. THE INFORMATION YOU PROVIDE ON THIS FORM IS CONFIDENTIAL

Please circle Y (YES) or N (NO) to best describe your current situation for each topic. If you circle Y for an item, please briefly list the CONCERN if this is an area of need for your child or family. Our goal is to provide resources to support you and your family, based on your answers.

Child's/Children's Name(s):

Caretaker's Name:

Date Completed:

TOPICS

Briefly List CONCERN

Child Development and Education- Does anyone in your family have any need for resources or support in the areas listed below?

Y	N	Information on child growth and development.	
Y	N	Guiding and supporting a child's behavior.	
Y	N	Medical or disabilities or possible conditions for any child or adult in the family.	
Y	N	Obtaining toys or activities to use to help any child in your home.	
Y	N	Preparing your child for kindergarten.	

Child and Family Health- Does anyone in your family have any need for resources or support in the areas listed below?

Y	N	Health insurance and/or access to regular medical care, dental care, or medications.	
Y	N	Medical or health supplies or supports that anyone in your family needs.	
Y	N	Accessing immunizations.	
Y	N	Finding a pediatrician, general practitioner, dentist, therapist, psychologist, optometrist, or other specialty practitioner.	
Y	N	Concerns with depression, anger, anxiety, or mental health needs.	
Y	N	Concerns with alcohol, drug, or addiction problems.	

Financial and Household Supports- Does anyone in your family have any need for resources or support in the areas listed below?

Y	N	Help paying for child care.	
Y	N	Help finding housing or safe housing.	
Y	N	Help paying your mortgage or rent.	
Y	N	Help with food expenses.	
Y	N	Finding household items such as furniture, clothing, or school supplies.	
Y	N	Access to transportation or transportation expenses.	
Y	N	Attending school (such as a GED, Certifications, or college degrees)	
Y	N	Help finding work or job training	

Are there other needs you or your family have that are not listed above:

Parent Signature	Date:
Administrator or Designee Signature:	Date:

For Staff Use:

Bronze Rating Level	Silver Rating Level	Gold Rating Level
Resources provided to the family:	Resources provided to the family:	Resources provided to the family:
Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:
	Referrals provided to the family:	Referrals provided to the family:
	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:
		Follow-up provided to the family:
		Administrator or Designee Signature & Date:

Child/Family Information Form

Child's Name: _____ Age: _____

School child will be attending in the fall: _____

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? _____

Are there any changes or transitions that your child has recently experienced or is experiencing? (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.) _____

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? _____

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? _____

What are your expectations of this program? _____

Parent/Guardian Signature: _____ Date: _____

**ALL CABINS PERMISSION FORM
FIRESTONE PARK YMCA
2026 SUMMER DAY CAMP**

Child's Name: _____

Child's DOB(M/D/YYYY): / /

Child's Weight: _____ lbs.

By initialing each box and signing on the back of this page, I hereby grant permission to the Firestone Park YMCA for my child to travel by Peterman Busing or the Y mini busses from Voris CLC (1885 Glenmount Ave. Akron, Ohio 44301 or the Firestone Park YMCA (350 E. Wilbeth Akron, Ohio 44301) between 6/1/2026- 8/21/2026 to the following locations for summer field trips on the dates and times indicated below:

My child is: **Over 4 yrs. old & 40lbs** **NOT over 4yrs. and/or 40lbs**
My child is a: **Swimmer** **NON-swimmer**

All campers will be tested and/or measured on their first swimming date by YMCA lifeguards. The YMCA will provide at least a 1:35 lifeguard ratio, one additional staff member for every 18 children when offsite and one additional staff member per 10 children for swimming field trips and routine trips.

*Water with a depth greater than 18 inches will be present on the grounds of this trip, NO water activities planned.
 ***Water with a depth greater than 18 inches will be present on the grounds of this trip and water activities are planned.

Permission for my child to be in photographs, slides, DVDs, and/or videotapes for the promotion of the Akron Area YMCA: **YES, I give photo consent** **NO, I do NOT give photo consent**

Has your child attended a YMCA program previously?
 Location: _____ Year: _____

CABINS 1 & 2 9:00AM- 5:00PM	WALKING TRIPS- M/T/W/TH/F (OFF SITE)	CABINS 3 & 4 9:00AM- 5:00PM	PARENT INITIAL
6/1/26 - 8/21/26	Firestone Park YMCA (330)724-1255 350 E. Wilbeth Ave. Akron, Ohio 44301	7:00AM - 6:00PM	
6/1/26 - 8/21/26	***Firestone Park Community Center (330)375-2806 1480 Girard St. Akron, Ohio 44301	7:00AM - 6:00PM	
6/1/26 - 8/21/26	Firestone Park Library (330)724-2126 1486 Aster Ave. Akron, Ohio 44301	7:00AM - 6:00PM	
6/1/26 - 8/21/26	Rubber City Church/Field (330)620-7253 310 E. Wilbeth Rd. Akron, Ohio 44301	7:00AM - 6:00PM	
CABINS 1 & 2 AM TUESDAY'S	METRO PARKS/PLAYGROUNDS (OFF SITE)	CABINS 3 & 4 PM TUESDAY'S	PARENT INITIAL
6/9/26 9:00AM - 11:00AM	Blue Tip Park 300 Blue Tip Way, Wadsworth, OH 44281	6/9/26 1:00PM - 3:00PM	
6/16/26 9:00AM - 11:00AM	*Tallmadge Meadows 1088 North Ave, Tallmadge, OH 44278	6/16/26 1:00PM - 3:00PM	
6/23/26 9:00AM - 11:00AM	Skip Playground 3870 Darrow Rd, Stow, OH 44224	6/23/26 1:00PM - 3:00PM	
6/30/26 9:00AM - 11:00AM	*Kendall Lake 1403 West Hines Hill Rd. Peninsula, OH 44264	6/30/26 1:00PM - 3:00PM	
7/7/26 9:00AM - 11:00AM	Boettler Park 53000 Massillon Rd, North Canton, OH 44720	7/7/26 1:00PM - 3:00PM	
7/14/26 9:00AM - 11:00AM	*Tannery Park 100 Stow St. Kent, OH 44240	7/14/26 1:00PM - 3:00PM	
7/21/26 9:00AM - 11:00AM	North Park 7660 Fulton Rd, NW, Massillon OH 44646	7/21/26 1:00PM - 3:00PM	
7/28/26 9:00AM - 11:00AM	*F.A. Seiberling Nature Realm 1828 Smith Rd, Akron, OH 44313	7/28/26 1:00PM - 3:00PM	
8/4/26 9:00AM - 11:00AM	Memorial Park (JUMP) East Homestead St. Medina, Ohio 44256	8/4/26 1:00PM - 3:00PM	

Flip to back 

CABINS 1 & 2 8:30AM - 11:30AM	SWIMMING - WEDNESDAYS (OFF SITE)	CABINS 3 & 4 10:30AM - 1:30PM	PARENT INITIAL
6/1/2 - 8/21/26	***Kohl Family YMCA (330)434-9622 477 E. Market St. Akron, Ohio 44304	8:30AM- 1:30PM <i>(See Cabin #)</i>	
CABINS 1 & 2 THURSDAYS	FIELD TRIPS CONTINUED (OFF SITE)	CABINS 3 & 4 FRIDAYS	PARENT INITIAL
6/11/26 10:00AM- 2:00PM	*Sippo Lake 530 Tyner St. NW Canton, Ohio 44708	6/12/26 10:00AM- 2:00PM	
6/18/26 (TH) 1:00PM- 3:00PM	*Fun N Stuff 661 Highland Rd, Macedonia, OH 44056	6/18/26 (TH) 1:00PM- 3:00PM	
6/25/26 11:30AM- 3:30PM	Progressive Field (Cleveland Guardians) 2401 Ontario St, Cleveland, OH 44115	6/26/26 11:30AM- 3:30PM	
7/2/26 10:00AM- 2:00PM	Cleveland Zoo 3900 Wildlife Way, Cleveland, OH 44109	7/3/26 10:00AM-2:00PM	
7/10/26 (FRI) 1:00PM- 3:00PM	Springfield Lake Roller Rink 330-733-9026 1220 Main Street, Lakemore, OH 44250	7/10/26 (FRI) 1:00PM- 3:00PM	
7/16/26 9:00AM-12:00PM	**Grizzly Pool 624 School Dr., Wadsworth, OH 44281	7/17/26 9:00AM-12:00PM	
7/23/26 10:00AM- 2:00PM	*McKinley Museum 800 McKinley Monument Dr. NW, Canton, OH 44708	7/24/26 10:00AM- 2:00PM	
8/6/26 (TH) 1:00PM- 3:00PM	Derby Downs 1000 George Washington Blvd. Akron, OH 44312	8/6/26 (TH) 1:00PM- 3:00PM	
CABINS 1 & 2 THURSDAYS	WEATHER ALTERNATIVES (OFF SITE)	CABINS 3 & 4 FRIDAYS	PARENT INITIAL
6/1/26- 8/21/26 10:00AM- 4:00PM	Lake 8 (Movies) 330-753-5253 588 W Tuscarawas Ave, Barberton, Ohio 44203	6/1/26- 8/21/26 10:00AM- 4:00PM	
6/1/26- 8/21/26 10:00AM- 4:00PM	*Station 300 (Bowling) 330-928-2161 580 E Cuyahoga Falls Ave, Akron, Ohio 44310	6/1/26- 8/21/26 10:00AM- 4:00PM	
DATES	SPECIAL GUESTS (ON SITE)	TIMES	PARENT INITIAL
All Cabins 6/1/26- 8/21/26	T.H.R.I.V.E. 1885 Glenmount Ave. Akron, Ohio 44301	Fridays 10:00AM-4:00PM	
Cabins 3 & 4 6/1/26- 8/21/26	Minority Behavioral Health 1885 Glenmount Ave. Akron, Ohio 44301	Thursdays 10:00AM-4:00PM	
ALL Cabins 8/21/26	Kona Ice 350 E. Wilbeth Rd. Akron, Ohio 44301	Friday 1:00PM-1:30PM	

Field trip schedules are subject to change based on extenuating circumstances. Special guests will begin promptly at the time scheduled, and my child is expected to participate in the activities planned. The bus leaves promptly each day. Children are expected to participate in all planned activities.

Changes to the schedule will be promptly communicated to parents via phone or email as quickly as possible.

PARENT SIGNATURE: _____

DATE: _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Akron Area YMCA
Association
Services Office**

50 S. Main St.
Suite LL-100
Akron, OH 44308
P 330-376-1335
F 330-376-0630

Firestone Park YMCA

350 E. Wilbeth Rd.
Akron, OH 44301
P 330-724-1255

Firestone Park YMCA families,

The following form is USDA's SUN Meal (formerly Summer Food Service Program) Household Application form.

Based on the information you provide, Firestone Park YMCA receives funding for each application completed.

If your child attends Before & After School Enrichment, it is similar to the Child and Adult Care Food Program (CACFP) we utilize to receive reimbursement for snack.

Funding is not provided based on the qualification of applicants, but by the completion of the form, providing evidence of the number of families we serve.

While this form is not required, we greatly appreciate you taking the time to read the instructions and completing the form to the best of your knowledge. We are striving for 100% participation.

If you have questions or need assistance with this form, please reach out for further instruction.

Thank you for your help!

Sincerely,
Maci Nestlerode
Assistant Child Care Director
macin@akronymca.org
330-724-1255

For more information: <https://www.fns.usda.gov/summer>

akronymca.org

**2026 HOUSEHOLD APPLICATION FOR FREE AND REDUCED-PRICE SUMMER MEALS
(FOR USE BY CAMPS AND CLOSED ENROLLED SITES)**

Part 1. ALL HOUSEHOLD MEMBERS				
Names of <u>all</u> household members (First, Middle Initial, Last)	Name of school and grade level for each child/or indicate "NA" if child is not in school. School	Grade	Check if a foster child (legal responsibility of welfare agency or court). *If all children listed below are foster children, skip to Part 5 to sign this form.	Check if No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Part 2. BENEFITS: If any member of your household receives SNAP or OWF benefits, provide the name and 7-digit case number for the person who receives benefits and **skip to Part 5**. If no one receives these benefits, **skip to Part 3**.

NAME: _____ 7-DIGIT CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and contact Project Rise at projectrise@apslearns.org or 330-761-2969.

Homeless Migrant Runaway

Part 4. TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. Check the box for how often it is received. Record each income only once.

1. NAME (List all household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED														
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Public Assistance, Child Support, Alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Pensions, retirement, All other Income	Weekly	Every 2 Weeks	Twice Monthly	Monthly
<i>(Example) Jane Smith</i>	\$200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that deliberate misrepresentation of the information may cause my children to lose meal benefits and I may be subject to prosecution under state and federal statutes.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of your Social Security Number: _____ I do not have a Social Security Number

Part 6. Children's ethnic and racial identities. We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Choose one ethnicity:	Choose one or more (regardless of ethnicity):
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander

Do not complete this section. Intended for school use only.

Annual Income Conversion: Weekly x52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12.

Total Income: _____ Per Week Every 2 Weeks Twice per Month Monthly Yearly

Household Size _____ Categorical Eligibility: Free Reduced Denied Reason Denied: _____

Determining/Approval Official's Signature _____ Date _____

Confirming Official's Signature _____ Date _____