



BUILDING BRIGHTER FUTURES

Before and After School Enrichment

2026-2027 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
- If you receive Publicly Funded Child Care, switch authorization to the license number listed for their school on the following page

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Firestone Park YMCA

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

BEFORE AND AFTER SCHOOL ENRICHMENT GENERAL INFORMATION

CARE SITE	LOCATION	SITE CELL NUMBER	TIMES
BARBER CLC- PM License #2210025005	665 Garry Rd. Akron, OH 44305	330-802-2029	2:30PM-6:00PM
DAVID HILL CLC- PM License #105577	1060 E. Archwood Ave Akron, OH 44306	330-620-7253	2:30PM-6:00PM
FIRESTONE PARK YMCA AM Care- Glover, McEbright, Voris PM Care- Rimer, Sam Salem, Glover, McEbright License #102939	350 E Wilbeth Rd. Akron, OH 44301	330-724-1255	6:30AM-8:00AM 2:30PM-6:00PM
HATTON CLC- PM License #100231	1933 Baker Ave. Akron, OH 44312	330-607-5690	2:30PM-6:00PM
KING CLC- PM License #100277	805 Memorial Pkwy. Akron, OH 44303	330-416-5307	2:30PM-6:00PM
MASON CLC- PM License #2200021372	700 E. Exchange St. Akron, OH 44306	330-414-3141	2:30PM-6:00PM
SEIBERLING CLC- PM License #107186	400 Brittain Rd. Akron, OH 44305	330-612-3380	2:30PM-6:00PM
VORIS CLC- AM & PM License #106755	1885 Glenmount Ave. Akron, OH 44301	330-414-6807	2:30PM-6:00PM
WINDEMERE CLC- PM License #100088	2283 Windemere Ave. Akron, OH 44312	330-603-3821	2:30PM-6:00PM

****All locations and transportation subject to change due to low enrollment/low attendance/staffing****

BEFORE AND AFTER SCHOOL ENRICHMENT RATES

PROGRAM	MEMBER RATE	PROGRAM MEMBER RATE
Before Care	\$65.00/WEEK	\$75.00/WEEK
After Care	\$75.00/WEEK	\$85.00/WEEK
Before AND After Care	\$100.00/WEEK	\$110.00/WEEK
Registration Fee (one time per school year)	\$40.00	\$40.00
Fun Days/Snow Days	\$50.00/DAY (BASE PARTICIPANT RATE)	\$60.00/DAY

Firestone Park Before and After School Enrichment

Please select the service you need*

Before Care After Care School _____ Grade (in 2026-2027) _____
 Monday Tuesday Wednesday Thursday Friday Anticipated Start Date _____

Location and transportation are subject to change due to low enrollment / low attendance.

Child's Name _____ male female
Child's Date of Birth _____ Age _____
Street Address _____
City _____ State _____ Zip _____

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: \$75(YMCA Members) \$85(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: _____

Date of Birth: _____

Photograph Consent

I give my permission for my child _____ to be in photographs, slides, DVDs, and/or videotapes for the promotion of the Akron Area YMCA.

Parent/Guardian Signature _____ Date _____

Permission for Routine Walks

As part of our curriculum, and weather permitting, we routinely include outdoor walks and/or playground time. At any time you may request that your child remains inside during these routine walks. I give permission for my child _____ to accompany his/her class on routine walks to neighborhood of the program.

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 our policy is for you to bring your child into the center each day, sign in using the Kindersmart app or TAPS tablet (if receiving Publicly Funded Child Care, or PFCC), and let one of the staff members know your child has arrived. Those using PFCC are also required to sign out your child using the Kindersmart app or TAPS tablet upon your child's departure. 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 arriving/departing for the day.

Parent/Guardian Signature _____ Date _____

(ONLY FOR CHILDREN TRANSPORTED)

Permission for Routine Trips

I give permission for my child _____ to be transported via YMCA mini bus on all dates Akron Public School District is in session to the YMCA BASE program destination listed below.

Routine Trip Destination:

BEFORE CARE

Glover CLC McEbright CLC Voris CLC

AFTER CARE

Firestone Park YMCA

My child is

not over 4 years and/or 40 lbs over 4 years and 40 lbs 8 years and/or over 4'9"

During this trip children will NOT have access to water that is 18 inches or more in depth and water activities are NOT planned in water that is 18 inches or more in depth.

I grant permission for my child to participate in the routine trips described above.

Parent/Guardian Signature _____ Date _____

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 _____

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, custody specifications, etc? _____

Are there any changes or transitions that your child has recently experienced or is experiencing, such as divorce, new home, death of a family member, friend or pet, etc? _____

Are there any cultural or religious practices of your family that we should be aware of, such as dietary restrictions, clothing, head coverings, etc? _____

Are there personality or behavior characteristics that would be useful to know about your child, such as shy, energetic, sensitive, etc? _____

Are there things that frighten your child? If so how do they react and what do you do to comfort them? _____

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: _____

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		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	<u>Do Not Give 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)

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

	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:



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 the Child and Adult Care Food Program enrollment form.

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

If your child attends Summer Day Camp, it is similar to the Summer Food Service Program we utilize to receive reimbursement for lunch.

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/cacfp>

akronymca.org

