the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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 provider number listed for your child's school on the following page

Maci Nestlerode
Youth Enrichment Director
macin@akronymca.org

Carlie Thompson
Youth Enrichment Director
carliet@akronymca.org

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 _____

Primary Number: ( )

Secondary Number: ( )

Email _____

Date of Birth _____

Parent Name _____

Primary Number: ( )

Secondary Number: ( )

Email _____

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 FORM FOR EARLY CARE AND EDUCATION PROGRAMS

Parents: Complete this form or an electronic version in its entirety prior to the child's first day of attendance, review annually, and update as needed. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.

Child's Name	Date of Birth	First Day at Program
Address		
City	State	Zip Code

Parent #1 Name	Parent #1 Phone Number		
Parent #1 Address ☐Same as Child's	City	State	Zip Code
Parent #1 Email Address (if applicable)	Parent #1 Cell Phone (if applicable)		
Parent #1 Work/School Name (if applicable)	Parent #1 Work/School Phone Number (if applicable)		

Check here if Not Applicable ☐	Parent #2 Name	Parent #2 Phone Number		
Parent #2 Address ☐Same as Child's		City	State	Zip Code
Parent #2 Email Address (if applicable)		Parent #2 Cell Phone (if applicable)		
Parent #2 Work/School Name (if applicable)		Parent #2 Work/School Phone Number (if applicable)		

Primary Emergency Contact #1 Name (cannot be parent/guardian)	Check here if Not Applicable ☐	Optional Emergency Contact #2 Name (cannot be parent/guardian)
Primary Emergency Contact #1 Phone Number		Optional Emergency Contact #2 Phone Number
Primary Emergency Contact #1 Other number or email address for emergency contact *(if applicable)*		Optional Emergency Contact #2 Other number or email address for emergency contact *(if applicable)*
My child may be released to this emergency contact ☐ Yes ☐ No		Optional My child may be released to this emergency contact ☐ Yes ☐ No

Does your child have a chronic health condition or diagnosis that requires the program to: observe or monitor symptoms, administer medication, serve medical foods, perform medical procedures, avoid specific foods/environmental conditions/activities, or allow a school age child to carry and administer their own medication?

☐ Yes (complete or provide a Health Care Plan, documentation from a licensed physician, or an electronic equivalent)
☐ No

Child's Name	Date of Birth

Information on my child's development: (personal, behavior, patterns, habits, and individual needs, etc.)

☐ N/A

The following accommodation(s) may be helpful to most effectively meet my child's needs while at the program:

☐ N/A

My child will receive specialized/individual services at the program:

☐ Yes
☐ No

Name of service provider(s) and frequency

☐ N/A

Emergency Transportation Authorization

☐ **The program 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.

☐ **The program 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:

SIGNATURE

This form should be reviewed 12 months from the date the parent acknowledges accuracy and receipt of policies and procedures.

Parent Acknowledgement of Accuracy and Receipt of Policies and Procedures

By signing this form, I attest that the information is accurate and that I have reviewed and received a copy of the program's policies and procedures (parent handbook).

Parent Signature	Date

Program Acknowledgement of Completion

By signing this form, I attest that I have reviewed for completeness and that this form has been signed by the parent/guardian. This form is to be completed prior to the child receiving care.

Program Administrator/Designee Signature	Date

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

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:

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

CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2025-2026

INSTRUCTIONS: To apply for free and reduced-price meals, read the household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving food assistance (SNAP) or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4, an* adult household member must sign and date form; the last 4 digits of social security number must be listed if Part 3 is completed. *Part 5* is optional. * Asterisks indicate info that must be completed. The form must be completed annually and valid for only 12 months.

CENTER NAME **Firestone Park YMCA**

PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER

* NAME OF ENROLLED CHILD(REN)	AGE	BIRTH DATE	CHECK IF A FOSTER CHILD (The legal responsibility of a welfare agency or court. Attach documentation)
1.			☐
2.			☐
3.			☐
4.			☐

PART 2 – LIST EACH CHILD'S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.

Check type of benefit: ☐ FOOD ASSISTANCE (SNAP) or ☐ OHIO WORKS FIRST (OWF)

CASE NO.	_ _ _ _ _ _ _
CASE NO.	_ _ _ _ _ _ _
CASE NO.	_ _ _ _ _ _ _
CASE NO.	_ _ _ _ _ _ _

PART 3 – TOTAL HOUSEHOLD SIZE, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: List names of all household members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.

a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	b. CHECK IF NO/ZERO INCOME	c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, Monthly, Annually			
		1. Earnings from work before deductions	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
EXAMPLE: JANE SMITH		$ amount / how often	$ amount / how often	$ amount / how often	$ amount / how often
1.	☐	$ /	$ /	$ /	$ /
2.	☐	$ /	$ /	$ /	$ /
3.	☐	$ /	$ /	$ /	$ /
4.	☐	$ /	$ /	$ /	$ /
5.	☐	$ /	$ /	$ /	$ /
6.	☐	$ /	$ /	$ /	$ /

PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the "I do not have a Social Security Number" box.

I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

* SIGNATURE OF ADULT HOUSEHOLD MEMBER	* DATE	* If Part 3 is completed, insert last 4 digits of Social Security Number ☐☐☐☐ (Check if applicable) ☐ I do not have a Social Security Number
Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).

☐	American Indian or Alaska Native	☐	Asian	☐	Black or African American
☐	Native Hawaiian or Other Pacific Islander	☐	White	☐	Other

Please mark one ethnic identity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program. **State Distribution: July 2025**

THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.

Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion:
Weekly x 52, Every 2 Weeks (biweekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12

Application Certified/Categorized as:

☐ **FREE**, based on ☐ Food Assistance/OWF Case No. ☐ Household size and income ☐ Foster Child

☐ **REDUCED-PRICE**, based on Household size and income

Total Household Size: _____

Total Household Income: $_____

Per: ☐ week ☐ every two weeks ☐ twice per month ☐ month ☐ year

☐ **PAID**, based on ☐ Income too high ☐ Incomplete ☐ Invalid case number or information

Signature of Sponsor / Center Representative	Date Sponsor Certified/Categorized Form	Effective Date	Expiration Date
		(From the first of month of date signed)	(Valid until last day of month in which form was signed one year earlier)

Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application. If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.