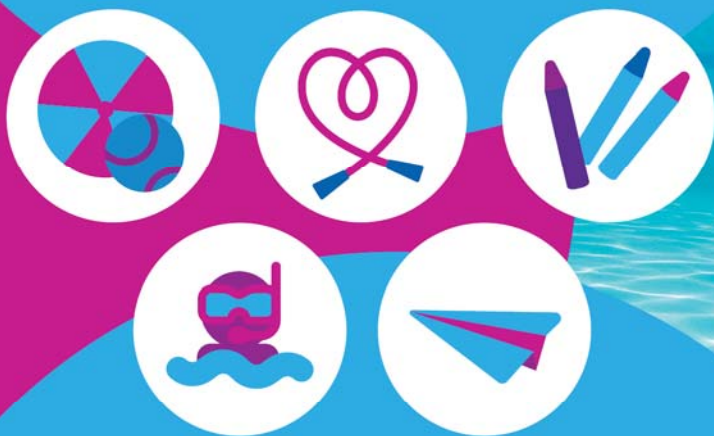




FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEST SUMMER EVER™



Barberton's BEST Day Camp
is at the Lake Anna YMCA!

Give your child the **BEST SUMMER EVER** at the Y! Our Day Campers enjoy field trips, great activities, a caring staff, sports, crafts and more!

FOR MORE INFORMATION:

Kevin Murphy
Day Camp Director
330.745.9622
kevinm@akronymca.org

www.akronymca.org





PARENT INFORMATION PAGE

Tear off and keep for your records!



CAMP FEES

Registration Fee: \$40.00 per child

YMCA Member: \$170/week

Program Member: \$190/week

Camp Y-Noah Extended Care Fees:

\$45/week for Before AND After Care

\$25/week for Before OR After Care

***ALL Campers must have completed Kindergarten by the first day of camp and be under 13 years old.**



CAMP TIMES

Before Care: 7:00-9:00 am

Camp: 9:00 am-4:00 pm

After Care: 4:00-6:00 pm

Before and After Care are provided at no extra charge for children attending our day camp.



WHAT TO BRING

- Camp T-Shirt
- Closed Toe Shoes (Tennis Shoes)
- Packed Lunch- cold lunches only
- Water Bottle
- 2 Face Masks
- Backpack
- Swim Suit and Towel
- Sunscreen



WHAT NOT TO BRING

- Flip Flops or Crocks
- Cell phones or other Electronics
- Toys from Home
- Hand Sanitizer (will be provided)
- Valuables
- Two Piece Bathing Suits
- Money (unless requested)



DATES TO REMEMBER

First Day of Camp: June 7, 2021

Last Day of Camp: August 20, 2021



Special Needs

The Lake Anna YMCA Day Camp is open to children of all abilities. If your child has a special need, please feel free to speak with the Camp Director to arrange appropriate accommodations.



From exercise to education, from volleyball to volunteering, from preschool to preventive health, the Y doesn't just strengthen bodies -- we strengthen community! The YMCA strives to make programs and memberships available to all. Financial Assistance is available to those who qualify.



WHO TO CALL: 330-745-9622

KEVIN MURPHY:

DAY CAMP DIRECTOR

KEVINM@AKRONYMCA.ORG

Office: 330-510-1291



* please print

ELIGIBILITY: Children must have completed Kindergarten by the first day of camp and be under the age of 13 years old.

GENERAL CAMPER INFORMATION

CAMPER INFORMATION

Gender Identity: ☐ boy ☐ girl ☐ prefer not to say

PARENT/ GUARDIAN INFORMATION

PRIMARY

EMERGENCY CONTACT INFORMATION

PRIMARY

PROGRAM WAIVER

REGISTRATION

*Full tuition is due for all register weeks if a written withdrawn notice is not submitted two weeks in advance to the Camp Director.

SECONDARY

relationship to child

SECONDARY

relationship to child

PROGRAM WAIVER

.....
parent/guardian signature _____ date _____

CAMPER HEALTH RECORD- 2021

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

* please print

Camper's Name:

CAMPER DATE OF BIRTH:

CAMPER HEALTH HISTORY

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

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

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

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

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

If yes, please list the medication and dosage.

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

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

MEDICAL PROVIDER INFORMATION

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

.....
 first and last name of primary

.....
 date of birth

.....
 Child's Primary Care Provider

.....
 policy Number

.....
 Address

.....
 insurance Company Name

.....
 City, State Zip

.....
 insurance Company Phone Number

.....
 PCP Telephone Number

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE

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



.....
 Signature of parent/guardian

.....
 date



AUTHORIZED PICK UP FORM

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

* please print

Camper's Name:

Authorized Pick Up #1

.....
first and last name

.....
date of birth

.....
home address

.....
city, state, zip

.....
relationship to child

.....
phone number

Notes:

Authorized Pick Up #2

.....
first and last name

.....
date of birth

.....
home address

.....
city, state, zip

.....
relationship to child

.....
phone number

Notes:

Authorized Pick Up #3

.....
first and last name

.....
date of birth

.....
home address

.....
city, state, zip

.....
relationship to child

.....
phone number

Notes:

Authorized Pick Up #4

.....
first and last name

.....
date of birth

.....
home address

.....
city, state, zip

.....
relationship to child

.....
phone number

Notes:



.....
Signature of parent/guardian

.....
date

REGISTRATION PACKET- 2021

CENTER POLICIES AGREEMENT

At the Y, we are fully committed to the participation of all individuals in our programs and will make every effort to meet your child's needs based on our available resources. Please contact the Camp Director prior to enrollment to discuss possible options.

*** please print**



GENERAL POLICIES

- ☐ There is a \$40.00, non-refundable, registration fee per child due at the time of enrollment. This fee will be waived if registration is completed and returned by April 15th, 2021 at 3:00 pm.
- ☐ Weekly tuition is due on Friday prior to the week of service via auto draft.
- ☐ If childcare payments fall one week behind I will be asked to withdraw my child until payment is made in full.
- ☐ Any balance of \$100 or more that is over 30 days in arrears will be turned over to the third-party collection agency and a \$15 fee will be added to the total balance.
- ☐ If I have balance with any facility within the Akron Area YMCA Association that I will be unable to register for any programs or membership until the balance is paid in full.
- ☐ A returned payment fee of \$5.00 will be assessed for any and every payment return.
- ☐ The YMCA will charge a late pick-up fee in the amount of \$15 for every 15 minute increment per family if my child(ren) have are not picked up from the center by 6:00 pm. Three or more late pickups may result in the termination of care. The YMCA will contact Summit County Children Services if the child(ren) remain at the center longer than one hour after closing and all attempts to reach me, other custodial parents, and authorized persons have been made, without success.
- ☐ I am required, by the State of Ohio, to disclose all medical, physical, or behavioral issues that pertain to my child at the time of enrollment, and supplement that information on an ongoing basis if needed.
- ☐ I have read the YMCA Day Camp Registration packet and Parent Handbook, and agree to all terms therein for my child(ren) to receive childcare. I understand that I forfeit the privilege of childcare if all policies are not followed.

PUBLICLY FUNDED CHILDCARE RECIPIENTS ONLY

- ☐ The Lake Anna YMCA Day Camp only accepts full time enrollments (25+ hours) per week. I understand that my child must attend at least 25 hours per week or I will be responsible for paying the difference in the state reimbursement and full-pay rate.
- ☐ Parents/Guardians are fully responsible for ensuring that their ODJFS childcare case is active and children are authorized to attend the program.
- ☐ TAPS must be done daily via the KINDERSMART app or tablet at the center. Parents are responsible for ensuring that if a TAP is missed that it is corrected by 6:00 pm on Friday. Parents/Guardians will be charged the difference between their co-pay and weekly private pay rates if they fail to use the ODJFS TAPS system.

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



signature of parent/guardian date