



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Summer 2021

# YMCA PETIT & GRAND DAY CAMPS

Our Petit and Grand day camps are the Green YMCA's school age day camp programs. Campers in these camps experience a new adventure every day. Camp begins at the Green Primary School where campers board the Day Camp Bus for a day of fun activities at local parks and a variety of entertaining and educational destinations. Campers will also swim at the Green YMCA facility each week.

Registration is on a weekly basis and a \$10 non-refundable deposit is required for each week you register your child. Once paid, the deposit amount is deducted from the weekly tuition. One time registration fee of \$40 and the non-refundable deposits due at registration.

**Please read this information carefully and keep for your reference. Complete and return enrollment forms in registration packet.**

**For more information about our day camp program, please contact:**

**Sarah Sebrell, BASE and Day Camp Director**

[sarahs@akronymca.org](mailto:sarahs@akronymca.org)

**330.899.9622**

## PETITs

- Campers entering 1<sup>st</sup>-3<sup>rd</sup> grade in the fall of 2021
- Located at the Green Primary School
- Bus departs daily at 9am
- \$195/week YMCA members
- \$215/week program members

## GRANDs

- Campers entering 4<sup>th</sup>-6<sup>th</sup> grade in the fall of 2021
- Located at the Green Primary School
- Bus departs daily at 9am
- \$195/week YMCA members
- \$215/week program members

**\$40 non-refundable registration fee due at registration.**

**\*\*\*\*fee waived if registered prior to April 15, 2021**

**PLEASE KEEP THESE PARENT INFO PAGES 😊**



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### **Snacks/Lunch**

Campers must bring his/her own healthy lunch to camp each day. The YMCA of the USA has adopted a set of Healthy Eating and Physical Activity [HEPA] standards that our YMCA follows. The goal of HEPA standards is "to build a healthier future for our nation's children by creating environments rich in opportunities for healthy eating and physical activity." Some of the focuses of HEPA are drinking water [instead of juice and soda] and/or low fat milk, providing fruits or vegetables at each meal and snack, avoiding fried foods and foods that contain trans fats, offering only *whole* grains and providing foods that don't list sugar as one of the first three ingredients. Additional information will be provided to parents throughout the summer.

The YMCA will provide a morning and afternoon snack to campers.

### **Curriculum**

Our program uses the Creative Curriculum.

### **Payments**

Full payment is required for all weeks registered unless a one-week written cancellation notice is submitted. We do not pro-rate weeks/months. All payments must be made through automatic draft. Please contact Sarah Sebrell or stop at the front desk to provide payment information.



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### **Registration Process**

1. Read through the Parent Information Pages.
2. Complete all forms in registration packet.
3. Return completed registration packet to the Green Family YMCA.
4. Pay registration fee and provide payment information for auto draft payments at the front desk.
5. Be sure to keep all forms marked "Please Keep These Parent Info Pages" for future reference.
6. You will receive an email once your child's registration has been processed, confirming enrollment.
7. Field trip information will be provided in late March.

### **Registration forms checklist:**

- Camp selection Page
- Payment Information
- Photo Consent
- Authorized Pick-Up
- Center Policies Agreement
- Enrollment & Health information pages
- Family Information sheet
- Goals Sheet
- Sunscreen Permission
- Swimming Permission [3]

### **Weeks I registered my child for camp:**

- June 1-4
- June 7-11
- June 14-18
- June 21-25
- June 28-July 2
- July 5-9
- July 12-16
- July 19-23
- July 26-30
- August 2-6
- August 9-13

**PLEASE KEEP THESE PARENT INFO PAGES 😊**



**GREEN FAMILY YMCA  
PETIT &  
GRAND  
REGISTRATION PACKET 2021**



**CHILD'S NAME** \_\_\_\_\_

**CHILD'S BIRTHDAY** \_\_\_\_\_

Please check the box next to the camp for which you are registering; then check the weeks your child will be attending.

**PETIT**

ENTERING 1<sup>st</sup>-3<sup>rd</sup> GRADE IN THE FALL OF 2021

**GRAND**

ENTERING 4<sup>th</sup>-6<sup>th</sup> GRADE IN THE FALL OF 2021

JUNE 1-4

JUNE 28-JULY 2

JULY 26-30

JUNE 7-11

JULY 5-9

AUGUST 2-6

JUNE 14-18

JULY 12-16

AUGUST 9-13

JUNE 21-25

JULY 19-23

**T-Shirt Size**

CHILD S

CHILD M

CHILD L

ADULT S

ADULT M

ADULT L

\*Shirt size can only be guaranteed if registered prior to April 1, 2021

## **Payment Information**

**I understand that all day camp payments, deposits and registration fees are required to be made through automatic draft. Please use information provided below to pay for my child's tuition:**

- Account: Use account on file ending in # \_\_\_\_ (verify at front desk if unsure)
- I will provide account info at front desk. I understand my child's spot is not saved until this information has been provided.

**\$40 Registration fee: (waived if registered before April 15, 2021)**

- Check is attached
- Draft from account ending in # \_\_\_\_

I authorize the Green Family YMCA to automatically draft from the above account for my day camp fees. I understand that this automatic draft will begin the Friday before my child's first week of day camp. I understand that this automatic draft will be terminated at the end of the day camp program or upon giving the Green Family YMCA at least a one week written notice of my child's program termination. I understand that the YMCA is not responsible for any NSF fees incurred for not maintaining the required funds in my account.

Person responsible for tuition: \_\_\_\_\_

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

## **Photo/Video Consent**

I give permission to allow my child to be in photographs and video for promotion of the YMCA, including posting pictures on the Green Family YMCA Facebook, Instagram and website pages. Children's names will not be used.

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Parent/Guardian Signature

Date

## **AUTHORIZED PICK-UP LIST**

Your child will only be released to those listed on the Authorized Pick-Up List. Parents/guardians do not have to be added to this list. Additional people can be added on a separate paper if needed. Staff will require identification before releasing the child. Please inform others about this ahead of time so they bring a picture ID and are not surprised and/or inconvenienced. The safety of your children is our priority!

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Numbers:

(H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Numbers:

(H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Numbers:

(H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Numbers:

(H) \_\_\_\_\_ (W) \_\_\_\_\_

(C) \_\_\_\_\_

## **CHILD DROP-OFF / PICK-UP POLICY**

When you enroll your child in any YMCA day camp program, understand that our policy is for you to bring your child to the program each morning and let one of the staff members know that your child has arrived. We are not legally responsible for your child if they are dropped-off outside the program. Please read and sign below:

**I am aware that the YMCA staff are not responsible for my child unless I bring my child to the program when arriving each morning. I understand that state law requires me to sign-in and sign-out my child each day. I also understand that state law requires that I notify staff that my child is leaving the YMCA program for the day. I understand a fee of \$15 per child will be assessed for every 15 minutes I am late to pick up my child(ren) after 6:45pm.**

Parent/Guardian Signature: \_\_\_\_\_

IN THE CASE OF DIVORCE OR SEPARATION, WHERE CUSTODY OF THE CHILD IS LIMITED, AND RELEASE AUTHORIZATION DOES NOT INCLUDE BOTH PARENTS, PLEASE CONTACT SARAH SEBRELL REGARDING OUR POLICY.

Child's name \_\_\_\_\_

## 2021 Center Policies Agreement

Please read the policies carefully and initial all lines.

1. \_\_\_\_\_ I understand there is a \$40 non-refundable registration fee per child.
2. \_\_\_\_\_ Weekly tuition is due on Fridays prior to the week of service via auto draft or on the first day of the month for monthly programs.
3. \_\_\_\_\_ I understand that if my child care payments fall one week behind I will be asked to withdraw my child until payment is made.
4. \_\_\_\_\_ Outstanding balances of \$100 or more that are past 30 days in arrears will be turned over to collections.
5. \_\_\_\_\_ 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 membership until balance is paid.
6. \_\_\_\_\_ I understand that there will be a \$10 fee assessed for any and every returned payment.
7. \_\_\_\_\_ CANCELLATION POLICY: 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.
8. \_\_\_\_\_ I understand that late pick-up fees in the amount of \$15 for every 15 minute increment per family will be imposed if my child(ren) is picked up after the programs' designated closing times.
9. \_\_\_\_\_ I understand that staff will contact 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.
10. \_\_\_\_\_ 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.
11. \_\_\_\_\_ 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.
12. \_\_\_\_\_ I have read the YMCA Day Camp Registration Packet and agree to all terms therein for my child(ren) to receive child care. I understand that I forfeit the privilege of child care if all policies are not followed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR TITLE XX RECIPIENTS ONLY

- \_\_\_\_\_ I understand that my Title XX co-pay is due every Friday via auto draft prior to care.
- \_\_\_\_\_ I understand that if my Title XX authorization is not current and/or not for the correct location, I will be responsible for private pay rates.
- \_\_\_\_\_ I understand that I must TAP in/out daily. I understand there is a two-week back TAP period if daily TAPs are missed. If I miss the back TAP 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 TAP.



Ohio Department of Job and Family Services  
**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			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) 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			Relationship to Child		
Home Address			Home Telephone Number		
City			State	Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number		Parent's Work/School Name			
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) 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?					
<b>Emergency Contacts:</b> Parents <b>cannot be listed</b> 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 <b>if you cannot be reached</b> . Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, 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 Food Supplements**

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 JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care 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, take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a 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 JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (*check one*)

- No  
 Yes - please explain

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

- No  
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.  
 N/A - program does not administer any medications.

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 the JFS 01217 "Request for Administration of Medication."  
 N/A - child does not attend a full time program.

**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.

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

**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**

<u>Give <i>Permission</i> to Transport</u>	<b>OR</b>	<u>Do Not Give <i>Permission</i> to Transport</u>
Program or Home Name Green Family YMCA	<b>Do not sign both</b>	<del>Program or Home Name</del>
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.		<del>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:</del>
Parent's Signature _____ Date _____		<del>Parent's Signature _____ Date _____</del>

**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 5101:2-12-15 and 5101:2-13-15. 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.



## 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:

Child's Name: \_\_\_\_\_

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? (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.) \_\_\_\_\_

Are there personality and behavior characteristics that would be useful to know about your child? (shy, energetic, sensitive, etc.) \_\_\_\_\_

Does your child have any particular fears, such as dogs, storms, etc? \_\_\_\_\_

How do you reassure or reward 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?



# TOGETHERHOOD STARTS HERE

We will work together to reach my goals!

My name: \_\_\_\_\_ Parent name: \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**Goal for my Body:**

Action Step 1:

Action Step 2:

Action Step 3:

Goal Accomplished

**Goal for my Mind:**

Action Step 1:

Action Step 2:

Action Step 3:

Goal Accomplished

**Goal for Social Responsibility:**

Action Step 1:

Action Step 2:

Action Step 3:

Goal Accomplished

**Goal for my Character:**

Action Step 1:

Action Step 2:

Action Step 3:

Goal Accomplished

**These people will help me reach my goals:**

**This is how I will feel when I reach my goal (draw or write it):**

**My parent's goals for me:**

Goal Accomplished

Ohio Department of Job and Family Services  
**REQUEST FOR ADMINISTRATION OF MEDICATION  
 FOR CHILD CARE**

<b>Box 1</b>	<b>The following section must always be completed by the parent/guardian.</b>	
<p>Check all that apply and complete all of the information.</p> <p> <input type="checkbox"/> Prescription Medication                      <input type="checkbox"/> Nonprescription Medication                      <input type="checkbox"/> Food Supplement  <input checked="" type="checkbox"/> Topical Product or Lotion                      <input type="checkbox"/> Refrigeration Required                      <input type="checkbox"/> Modified Diet         </p>		
Name of Child		Date of Birth
Name of Medication Sunscreen (Equate SPF 50)		Exact Dosage apply liberally to exposed skin
To be administered at the following times prior to outdoor activities		For the following period of time June 1, 2021- August 20,2021
<input type="checkbox"/> I understand that my child must receive one dose of medication before arriving at the program (unless the medication is used for emergencies).		
Signature of Parent/Guardian		Date
<b>Box 2</b>	<b>The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant.</b>	
<ol style="list-style-type: none"> <li>1. The medication contains codeine or aspirin.</li> <li>2. A physician's instruction is needed for a nonprescription medication (e.g. child does not meet minimum age or weight requirements as listed on the label instructions).</li> <li>3. It is a sample medication without a prescription label.</li> <li>4. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period.</li> <li>5. The topical product or lotion and the physician's instructions exceed the manufacturer's instructions or use.</li> </ol>		
Name of child		Name of medication, vitamin, diet, supplement
Dosage		Possible side effects to watch for are
Expiration date (May not exceed twelve months from the date of this request for medications of food supplements).		
Instructions		
This child is under my care and should receive the above medication as written. Signature of physician, dentist, advanced practice registered nurse or certified physician's assistant		
Date of signature		Phone number
Name of child		Name of medication, vitamin, diet, supplement

This form is valid for no longer than twelve months and must be kept on file at the center or home for at least one year following the last administration of the medication or product. One form must be used for each medication.





Ohio Department of Job and Family Services  
**PERMISSION TO PARTICIPATE IN SWIMMING ACTIVITIES  
 FOR CHILD CARE**

Written parental permission is required for the water activities your child will be engaging in (check all that apply for this activity)	
<input checked="" type="checkbox"/> Child swimming in water 18 inches or more in depth <input type="checkbox"/> Child participating in activities near water 18 inches or more in depth (no water activities planned) <input type="checkbox"/> Infants and toddlers using wading pools	
I give permission for my child to participate in the following swimming/water activities	
Swim Site Green Family YMCA 3800 Massillon Rd, Uniontown OH 44685	
Date(s) June 1, 2021 - August 20, 2021	
Departure/Arrival Times from Center 9 am - 3 pm	
Mode of Transportation (parent's driving, provider vehicle, public transportation, school bus, etc.) school bus	
Child's Name	Child's Date of Birth
My child is a <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer	
Parent's Signature	Date

Ohio Department of Job and Family Services  
**PERMISSION TO PARTICIPATE IN SWIMMING ACTIVITIES  
 FOR CHILD CARE**

Written parental permission is required for the water activities your child will be engaging in (check all that apply for this activity)	
<input checked="" type="checkbox"/> Child swimming in water 18 inches or more in depth <input type="checkbox"/> Child participating in activities near water 18 inches or more in depth (no water activities planned) <input type="checkbox"/> Infants and toddlers using wading pools	
I give permission for my child to participate in the following swimming/water activities	
Swim Site Wadsworth Grizzly Outdoor Pool 624 School Dr, Wadsworth OH 44281	
Date(s) June 1, 2021 - August 20, 2021	
Departure/Arrival Times from Center 9 am - 3 pm	
Mode of Transportation (parent's driving, provider vehicle, public transportation, school bus, etc.) school bus	
Child's Name	Child's Date of Birth
My child is a <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer	
Parent's Signature	Date

Ohio Department of Job and Family Services  
**PERMISSION TO PARTICIPATE IN SWIMMING ACTIVITIES  
 FOR CHILD CARE**

Written parental permission is required for the water activities your child will be engaging in (check all that apply for this activity)	
<input checked="" type="checkbox"/> Child swimming in water 18 inches or more in depth <input type="checkbox"/> Child participating in activities near water 18 inches or more in depth (no water activities planned) <input type="checkbox"/> Infants and toddlers using wading pools	
I give permission for my child to participate in the following swimming/water activities	
Swim Site Uhrichsville Waterpark 401 E 12th St, Uhrichsville OH 44683	
Date(s) June 1, 2021 - August 20, 2021	
Departure/Arrival Times from Center 9 am - 3 pm	
Mode of Transportation (parent's driving, provider vehicle, public transportation, school bus, etc.) school bus	
Child's Name	Child's Date of Birth
My child is a <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer	
Parent's Signature	Date