Before and After School Enrichment General Information 2021-2022

*Your child's packet must be turned in to the YMCA at least two business days before your child can start care.

Care Site & License #	Schools Served	Location	Times
DeWitt YMCA BASE 100341	DeWitt	DeWitt Elementary 425 Falls Ave Cuyahoga Falls, 44221	6:30-9:00am 3:00-6:00pm 2:00-6:00pm (Fri. only)
Lincoln YMCA BASE 100344	Lincoln	Lincoln Elementary 3131 W Bailey Rd Cuyahoga Falls, 44221	6:30-9:00am 3:00-6:00pm 2:00-6:00pm (Fri. only)
Preston YMCA BASE 100343	Preston	Preston Elementary 800 Tallmadge Rd Cuyahoga Falls, 44221	6:30-9:00am 3:00-6:00pm 2:00-6:00pm (Fri. only)
Price YMCA BASE 100342	Price	Price Elementary 2610 Delmore St Cuyahoga Falls, 44221	6:30-9:00am 3:00-6:00pm 2:00-6:00pm (Fri. only)
Richardson YMCA BASE 102888	Richardson	Richardson Elementary 2226 23rd St Cuyahoga Falls, 44223	6:30-9:00am 3:00-6:00pm 2:00-6:00pm (Fri. only)
Silver Lake YMCA BASE 100316	Silver Lake	Silver Lake Elementary 2970 Overlook Rd Silver Lake, 44221	6:30-9:00am 3:00-6:00pm 2:00-6:00pm (Fri. only)
Echo Hills YMCA BASE 106352	Echo Hills	Echo Hills Elementary 4405 Stow Rd Stow, 44224	7:00-9:00am 3:00-6:00pm
Fishcreek YMCA BASE 106353	Fishcreek	Fishcreek Elementary 5080 Fishcreek Rd Stow, 44224	7:00-9:00am 3:00-6:00pm
Highland YMCA BASE 106351	Highland Lakeview	Highland Elementary 1843 Graham Rd Stow, 44224	7:00-9:00am 3:00-6:00pm
Indian Trail YMCA BASE 100411	Indian Trail	Indian Trail 3512 Kent Rd Stow, 44224	7:00-9:00am 3:30-6:00pm
Riverview YMCA BASE 100414	Riverview	Riverview Elementary 240 North River Rd. Munroe Falls, Ohio 44262	7:00-9:00am 3:00-6:00pm
Woodland YMCA BASE 100270	Woodland	Woodland Elementary 2908 Graham Rd Stow, 44224	7:00-9:00am 3:00-6:00pm
Woodridge YMCA BASE 102536	Woodridge	Woodridge Elementary 4351 Quick Rd., Cuyahoga Falls, 44223	6:30-9:00am 3:00-6:00pm

Before and After School Enrichment Fees

$40.00 registration fee waived if enrolled before July 15th, 2021

Weekly Fees Full Time (3 days or more) Weekly Fees Part Time (2 days or less)

There are no sibling discounts.

Program subject to change.

Program	Member Rate	Program Member Rate
Before Care Only	$ 57.00	$ 65.00
After Care Only	$ 65.00	$ 75.00
Before AND After Care	$ 90.00	$ 100.00
Before OR After Care, daily rate	$ 25.00	$ 25.00
Before AND After Care, daily rate	$ 35.00	$ 35.00
Registration Fee	$ 40.00	$ 40.00

Before and After School Enrichment General Information 2021-2022 (cont.)

Parent Handbook – The "Riverfront YMCA Child Care Parent Handbook" is available at the following link: https://www.akronymca.org/locations/riverfront-ymca/and-after-school

A paper copy will be provided upon request.

Directors – Please feel free to contact a director with questions or concerns.

Laura Davisson – Cuyahoga Fall Schools
(330) 923-9622
Laurad@akronymca.org

Natalie Frantz – Stow/Woodridge Schools
(330) 923-9622
Natalief@akronymca.org

TAPs Publically Funded Child Care Recipients (TXX) – Your TAPs authorization must be for the correct location. The YMCA and each Before and after School site is considered a different location to ODJFS. Please be sure to change locations for Fun Days/Snow Days to license 301735. Please see above for each location's Licensing Number.

Medications/Medical Conditions – We do not allow medications to be stored in the school nurse's office. In order for the YMCA to provide safe care to your child, we must have additional medication stored in our care, at our Before and After school sites. We will not accept medication left in the school nurses office as we cannot guarantee access to it. Inhalers/diabetes medications may be brought with your child, however they must be kept on your child's person, not in a backpack. Before turning in your child's packet, please contact a director to obtain JFS01236 and/or JFS01217 if your child requires the form.

Fun Days – You may drop off your child as early as 6:30am and your child must be picked up by 6:00pm. Pre-registration is required, a form for each Fun Day must be filled out and submitted to the YMCA or BASE staff. Forms will be available two weeks prior to each Fun Day at the YMCA front desk and BASE sites – there is also a blank form on our website. Each Fun Day costs $35 per day per child for BASE participants or YMCA members, and $45 per day per child for non-Base participants or non-YMCA members. Registration is on a first come first serve basis. Fun Day Calendar can be found at:
https://www.akronymca.org/locations/riverfront-ymca/fun-day

Snow Days – In the event of a Snow Day, care is provided at the Riverfront YMCA from 8:30am-6:00pm. Your child must be pre-registered for Snow Days in order to attend. Snow Day sign-up slips will go out to Before and After care sites in November. If registering your child after November, please contact a Youth Enrichment Director for assistance in signing up for Snow Days.

Early Release – There is no After Care for Early Release days other than Cuyahoga Falls on Fridays.

Early release Days (No After Care, Morning Care only)

Cuyahoga Falls:	10/15/2021 & 3/11/2022
Stow:	10/15/2021 & 3/18/2022

School Year Start and End Dates

Cuyahoga Falls:	8/18/21-5/27/2022
Woodridge:	8/19/21-5/26/2022
Stow:	8/18/21-6/1/2022

Program and dates subject to change.

Riverfront YMCA Before and After School Enrichment 2021-2022

Please check all types of care you will need

☐ Before Care ☐ After Care Anticipated Start Date:_____

☐ Full Time ☐ Part Time

If Part Time, what day/s? _____

Registration Fee:

A non-refundable $40 registration fee is due at time of registration.

Payment:☐ Draft from account on file (ending in____) ☐ Check is attached ☐ Cash is attached

Payment Information:

Please draft payment: ☐Weekly on Fridays ☐Other (contact Director)

Account: ☐Account on file (ending in ____) ☐FLEX (contact Director)

Person Responsible for tuition:_____

Do you have TAPs (formerly known as Title XX)? ☐Yes ☐No

Child's Name and Nick Name _____ ☐ male ☐ female

Child's Birth date _____ Age _____

Street Address _____

City _____ State _____ Zip_____

School Child Attends_____ Grade_____

YMCA Member? ☐ yes ☐ no

Parent Name_____

Primary Number ( ) ☐ C ☐ H ☐ W

Secondary Number ( ) ☐ C ☐ H ☐ W

Email _____

Birth date _____

YMCA Employee? ☐ yes ☐ no

Parent Name _____

Primary Number ( ) ☐ C ☐ H ☐ W

Secondary Number ( ) ☐ C ☐ H ☐ W

Email _____

Birth date _____

YMCA Employee? ☐ 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 a government issued identification before releasing your child.

Name _____ Relation _____

Primary Number ( ) ☐ C ☐ H ☐ W Secondary Number ( ) ☐ C ☐ H ☐ W

Name _____ Relation _____

Primary Number ( ) ☐ C ☐ H ☐ W Secondary Number ( ) ☐ C ☐ H ☐ W

Name _____ Relation _____

Primary Number ( ) ☐ C ☐ H ☐ W Secondary Number ( ) ☐ C ☐ H ☐ W

Name _____ Relation _____

Primary Number ( ) ☐ C ☐ H ☐ W Secondary Number ( ) ☐ C ☐ H ☐ W

Please note: if there are any custody issues involved with your child, you must provide the center directors with full court papers including 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 publically funded child care, all authorized persons to pick up will be required to use the mobile TAPs system.****

Child's name _____

2021-2022 Center Policies Agreement

Please read the policies carefully and **initial** all lines.

_____ 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 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 membership until balance is paid.

_____ I understand that there will be a $10 fee assessed for any and every returned payment.

_____ 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.

_____ 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 center's designated closing time (6:00 pm).

_____ I understand that staff will contact Summit/Medina 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 have read the YMCA BASE/Day Camp Registration Packet 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.

FOR PUBLICALLY FUNDED CHILD CARE RECIPIENTS ONLY

_____ I understand that my Publically Funded Child Care co-pay is due every Friday via auto draft prior to care.

_____ I understand that if my Publically Funded Child Care 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 using a mobile device daily. I understand there is a back date 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 date.

Parent/Guardian Signature _____ Date _____

Permissions

Photograph Consent

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

☐ I do not give my child _____ permission to be in photographs, slides, or videotapes for promotion of the Akron Area YMCA.

Parent/Guardian signature: _____ Date: _____

Program Waiver

I understand that there is a risk of serious injury associated with the use of the YMCA facilities, participation in YMCA programs and use of exercise and other equipment. As a condition of my membership I agree to assume the risk of injury arising from my use of the facilities, programs, equipment, and for all other matters at all YMCA locations or programs whenever occurring. On behalf of myself and my heirs, administrators and agents and contractors harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program or use any YMCA facility or equipment without signing this agreement.

Parent/Guardian signature: _____ Date: _____

Child Drop-Off/Pick-Up Policy

When you enroll your child in any YMCA Before and After School Enrichment program, it is to be understood our policy is for you to bring your child into the center each morning, sign and list the arrival time on the sign in sheet, and let one of the staff members know your child has arrived. 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 leaving.

Parent/Guardian signature: _____ Date: _____

FUN DAYS

Permission to Participate in Swimming Activities - *Fun Days*

I give permission for my child _____ to participate in swimming activities near water two feet or more in depth – or water activities in water two feet or more in depth.

The center will be providing two (2) additional adults above the required staff/child ratio.

Swim Site	Riverfront YMCA Swimming Pool
Date(s)	Fun Days (August 2021-May 2022)
Departure/Arrival Times from Center	On site, 9:00-3:00pm
Mode of Transportation	Walking in building to indoor pool facility
My child is a	☐ Swimmer ☐ Non Swimmer

Parent/Guardian Signature _____ Date _____

Permission for routine walks – *Required for Fun Days*

Weather permitting, I give permission for my child _____ to accompany his/her group on routine walks to DeWitt Playground. The playground is located at 425 Falls Ave., Cuyahoga Falls, OH 44221

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: _____

Brothers and sisters (names and ages):

_____

Child lives with:

_____

How did you hear about the program? _____

What is the primary language spoken in your child's home? _____

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

_____

What are your child's special interests?

_____

_____

Have there been any changes or transitions in your child's life recently, such as divorce, new home, death, etc.?

_____

_____

Are there additional personality and behavior characteristics that would be useful to know about your child?

_____

_____

How do you reassure or reward your child?

_____

_____

How do you discipline your child?

_____

_____

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?

_____

_____

Ohio Department of Job and Family Services

DEVELOPMENTAL AND EDUCATIONAL GOALS FOR STEP UP TO QUALITY (SUTQ)

Name of Child	Date of Birth

For Three to Five-Star Rated programs, the program must work with families to develop goals for children. These goals must be updated at least annually.

Developmental/Educational Goal

Action Steps	Person(s) Responsible	Resources Needed	Timeline	Comments on Progress

Developmental/Educational Goal

Action Steps	Person(s) Responsible	Resources Needed	Timeline	Comments on Progress

Lead Teacher's Name	Signature	Date

Parent/Guardian's Signature	Date

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. ☐ Yes ☐ No

If you answered yes, please indicate which number(s) above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ 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. ☐ Yes ☐ No

If you answered yes, please indicate which number(s) above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ 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 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 N/A 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 *Permission* to Transport			**Do Not Give *Permission* to Transport**	
Program or Home Name Riverfront YMCA		**OR** **Do not sign both**	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 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.

Ohio Department of Job and Family Services

CHILD MEDICAL/PHYSICAL CARE PLAN FOR CHILD CARE

Child's Name	Date of Birth
Special Health Conditions	
Symptoms to watch for and emergency action to be taken if the following symptoms occur	
Activities/foods/environmental conditions to avoid, if applicable	
Medical procedures to be followed and expected benefit of treatment, if applicable	
Are any medications required? ☐ Yes ☐ No *(If yes, complete JFS 01217 "Request for Administration of Medication")* If yes, what medications?	
In an emergency does this child require additional assistance (more than other children of the same age or in the same group) to evacuate? ☐ Yes ☐ No	
In the event that the child care program must be evacuated, are there medications or supplies that must be taken with this child? ☐ Yes ☐ No	
Training Instructions *(Trainer must be a parent or certified professional)*	
Signature of Trainer	Date

Signature of trained providers, substitutes or child care staff members who have been made aware of the condition.
(There must always be a trained caregiver present when the child is present)

Signature	Date	I have been ☐ Informed	I have been ☐ Trained
Signature	Date	I have been ☐ Informed	I have been ☐ Trained
Signature	Date	I have been ☐ Informed	I have been ☐ Trained
Signature	Date	I have been ☐ Informed	I have been ☐ Trained

(Only trained providers, substitutes or child care staff members shall be permitted to perform medical procedures listed above.)

Additional services (educational/therapeutic) child is receiving		
Who provides the above services?		
Name	Phone Number	May we contact? ☐ Yes ☐ No
Name	Phone Number	May we contact? ☐ Yes ☐ No

I give my permission for the staff listed above to perform the procedures in my child's Medical/Physical Care Plan.

Parent Signature	Date
Administrator/Provider Signature	Date

Note: A separate plan must be written for each condition that requires different actions to be taken

Ohio Department of Job and Family Services

REQUEST FOR ADMINISTRATION OF MEDICATION FOR CHILD CARE

Box 1	The following section must always be completed by the parent/guardian.

Check all that apply and complete all of the information.

☐ Prescription Medication ☐ Nonprescription Medication ☐ Food Supplement

☐ Topical Product or Lotion ☐ Refrigeration Required ☐ Modified Diet

Name of Child	Date of Birth	Weight

Name of Medication	Exact Dosage

To be administered at the following times	For the following period of time

☐ 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

Box 2	The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant.

1. The medication contains codeine or aspirin.
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).
3. It is a sample medication without a prescription label.
4. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period.
5. The topical product or lotion and the physician's instructions exceed the manufacturer's instructions or use.

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.

Box 3	The following section must be completed by the center, family child care provider or in-home aide for the child listed on page one of this form. All medication must be documented when administered.

Date	Time	Dosage	Signature of Designated Person Administering Medication

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.