



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SUMMER ADVENTURE AWAITS

SUMMER DAY CAMP

2022 Day Camp Registration Packet

To Register: Complete the registration packet and turn it into the YMCA's front desk or director. Please allow 2 business days for processing before the child starts attending. If your child has a medical condition or requires medication at camp, additional paperwork will be required. A director will contact you to let you know what else is needed. All required paperwork must be completed correctly and required medication must be given to staff BEFORE the child starts attending the program.

A payment method must be provided at time of registration. If you receive Title XX, authorization must be obtained before attending, or the private pay rate will be owed.

Monday – Friday 7:00 am – 6:00 pm
Serving children who have completed
Kindergarten through 13 years old

Our Dedicated Staff:

Christina Ennis, Youth Enrichment Director
Lindsay Socotch, Youth Enrichment Director
Laura Perry, Billing
Hayley Rayl, Executive Director



Firestone Park YMCA

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



PARENT INFORMATION PAGE

Tear off and keep for your records!

DAY CAMP FEES and TITLE XX

Registration Fee: \$40 per child

Weekly Fee: \$200/week

YMCA Member Fee: \$180/week

** Child must have completed at least one full year of Kindergarten in order to attend camp.**

Voris License #: 106755

Firestone Park Y License #: 102939

BRING TO THE Y

- Camp T-Shirt
- Closed-Toed Shoes (tennis shoes)
- Water Bottle
- Backpack
- Swimsuit (one-piece)
- Towel

****Label all items with names!****

DO NOT BRING TO THE Y

- Open-Toed Shoes (ex. Flip Flops, Crocs)
- Electronics or Cell Phones
- Toys from Home
- Two-Piece Swimsuits
- Money (unless requested)
- Valuables

FINANCIAL ASSISTANCE

The Y strives to make programs available to all. Financial assistance may be available to those who qualify. Please stop into the Firestone Park Y to pick up a Financial Assistance Scholarship Application from the front desk.

CAMP TIMES

Before Care: 7:00 am - 9:00 am

Camp: 9:00 am - 4:00 pm

After Care: 4:00 pm - 6:00 pm

- Before & After Care are provided at no extra charge.

- Children need to arrive at camp by 8:45 am each day. If you miss the bus, you may transport your child to the field trip.

DATES TO REMEMBER

Day Camp held at Voris CLC:
Monday, June 6 - Friday, August 5

Day Camp held at Firestone Park Y:
Monday, August 8- Friday, August 26

Monday, June 20th- No Camp

Monday, July 4th- No Camp

PASSPORT PROGRAM

Register your child for 6 or more weeks of day camp at any Akron Area YMCA or YMCA of Central Stark location to receive 20% off one week of Overnight Adventure Camp at Camp Y-Noah! (Particular week of overnight camp is subject to availability.) To take advantage, call Camp Y-Noah at 877-GOT-CAMP or visit gotcamp.org/campynoh.

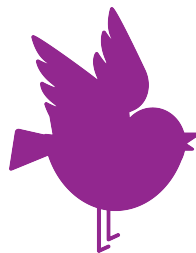
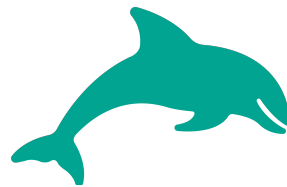
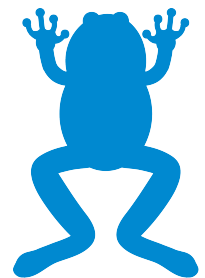
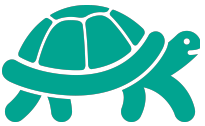
WHO TO CALL

CHRISTINA ENNIS

Youth Enrichment Director
330-724-1255 ext. 1416
christinae@akronymca.org

LINDSAY SOCOTCH

Youth Enrichment Director
330-724-1255 ext. 1419
lindsays@akronymca.org



Child's Information

Child's Name and Nick Name _____ male female

Child's Date of Birth ____/____/____ Age _____

My child will be entering ____ grade in Fall 2022 at _____ School

****Child must have completed at least one full year of Kindergarten in order to attend****

Street Address _____

City _____ State _____ Zip _____

Weeks Child Will Be Attending Summer Day Camp

- | | | |
|--|--|--|
| <input type="checkbox"/> Week 1: June 6 - June 10 | <input type="checkbox"/> Week 5: July 5 - July 8 | <input type="checkbox"/> Week 9: Aug. 1 - 5 |
| <input type="checkbox"/> Week 2: June 13 - June 17 | <input type="checkbox"/> Week 6: July 11 - July 15 | <input type="checkbox"/> Week 10: Aug. 8 - 12 |
| <input type="checkbox"/> Week 3: June 21 - June 24 | <input type="checkbox"/> Week 7: July 18 - July 22 | <input type="checkbox"/> Week 11: Aug. 15 - 19 |
| <input type="checkbox"/> Week 4: June 27 - July 1 | <input type="checkbox"/> Week 8: July 25 - July 29 | <input type="checkbox"/> Week 12: Aug. 22 - 26 |

Parent/Guardian Information

Parent Name _____ Parent Name _____

Primary Number () C H W Primary Number () C H W

Secondary Number () C H W Secondary Number () C H W

Email _____ Email _____

Date of Birth _____ Date of Birth _____

Payment Information

Please draft payment: Weekly on Fridays Other (contact Laura Perry)

Account: Use account in file (ending with ____) Provide account info at registration

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. (Do not forget to include yourselves.) Staff will require a government issued identification before releasing your child.

Name _____ Relation _____

Primary Number () C H W Second Number () C H W

Name _____ Relation _____

Primary Number () C H W Second Number () C H W

Name _____ Relation _____

Primary Number () C H W Second Number () C H W

Name _____ Relation _____

Primary Number () C H W Second Number () C H W

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.

Child's Name _____

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

Weather permitting, I give permission for my child _____ to accompany his/her class/group on routine walks to Voris CLC, Firestone Park Community Center, Firestone Park Library, in the neighborhood of Firestone Park, and to visits to the MetroParks.

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 that our policy is for you to bring your child into the center each morning, sign them in using the Kindersmart app or tablet (for those receiving publicly funded child care), 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 that state law requires me to notify staff that my child is leaving for the day.

Parent/Guardian Signature _____ Date _____

=====

Permission for Routine Field Trips

I give permission for my child _____ to accompany his/her group on routine field trips throughout the week from 9:00am - 4:00pm June 6, 2022 - August 19, 2022. Transportation is provided by school buses or Y mini buses.

Parent/Guardian Signature _____ Date _____

Child's Name _____

Permission for Clearwater Park Activities

I give permission for my child _____ to accompany his/her group to Clearwater Park, located at 12712 Hoover Ave NW, Uniontown, Ohio as a part of day camp activities. Please note, while at Clearwater Park, children will have access to water eighteen inches or more in depth. Children will not be permitted to swim in lakes, rivers, ponds or creeks.

Parent/Guardian Signature _____ Date _____

=====

Permission to Participate in Swimming Activities

I give permission for my child _____ Date of Birth ___/___/_____ to participate in the following water activities at the following locations on the dates and times listed.

I am aware that my child will be near and/or have access to waters exceeding eighteen inches in depth. I also understand the center will always provide at least a 1:35 lifeguard to child ratio, and 1:18 counselor to camper ratio during all water and swimming activities.

Swim Site	Kohl Family YMCA Pool (477 East Market Street, Akron OH 44304) Wadsworth YMCA Pool (623 School Drive, Wadsworth, OH 44281)
Dates	June 6, 2022 - August 19, 2022
Departure/Arrival Times from Center	9:00 am - 4:00 pm
My child is a:	<input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer

Parent/Guardian Signature _____ Date _____

Child's Name _____

2022 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 \$15.00 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 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 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.

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 a mobile device 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's Name _____

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:

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? (moved from crib to bed, 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.) _____

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her? _____

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 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 #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 <u>at least one person</u> 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 JFS 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 JFS 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 JFS 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 JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 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

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> 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:	
<input type="checkbox"/> I agree with the program's schedule	<input type="checkbox"/> I do not agree, please check my child's diaper every ____ hours.

Emergency Transportation Authorization

<u>Give <i>Permission</i> to Transport</u>	OR	<u>Do Not Give <i>Permission</i> to Transport</u>
Program or Home Name Firestone Park YMCA	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. <input type="checkbox"/> Yes <input type="checkbox"/> 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, 5101:2-13-15, and 5101:2-14-04. 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.



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

CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2021-2022

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. Form must be completed annually and valid for only 12 months.

CENTER NAME			CHECK IF A FOSTER CHILD (The legal responsibility of a welfare agency or court)	PART 2 – LIST EACH CHILD'S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.		
PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER				Check type of benefit:	<input type="checkbox"/> FOOD ASSISTANCE (SNAP) or <input type="checkbox"/> OHIO WORKS FIRST (OWF)	
* NAME OF ENROLLED CHILD(REN)	AGE	BIRTH DATE		CASE NO.	_____	
1.				CASE NO.	_____	
2.				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	<input type="checkbox"/>	\$ amount / how often	\$ amount / how often	\$ amount / how often	\$ amount / how often
1.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Check if applicable) <input type="checkbox"/> 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).

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> 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 2021

THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.		Application Certified/Categorized as:	
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		<input type="checkbox"/> FREE, based on <input type="checkbox"/> Food Assistance/OWF Case No. <input type="checkbox"/> Household size and income <input type="checkbox"/> Foster Child	
Total Household Size: _____		<input type="checkbox"/> REDUCED, based on Household size and income	
Total Household Income: \$ _____	Per: <input type="checkbox"/> week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> month <input type="checkbox"/> year	<input type="checkbox"/> PAID, based on <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete <input type="checkbox"/> Invalid case number or information	
Signature of Sponsor / Center Representative	Date Sponsor Certified/Categorized Form	Effective Date (From the first of month of date signed)	Expiration Date (Valid until last day of month in which form was signed one year earlier)

Ohio Department of Education - Office of Integrated Student Supports
CHILD AND ADULT CARE FOOD PROGRAM
ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside School Hours, Youth Development & After School at Risk

Instructions to Complete		
<ul style="list-style-type: none"> • All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center. • List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care. • If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart. • If the child comes before and after school, list the hours in care for both the morning and afternoon. • CACFP Federal regulations 226.15(e) (2) require that an enrollment form be completed annually and signed by the child's parent or guardian. 		
CENTER NAME		
CHILD'S NAME <small>(please print)</small>	AGE	BIRTHDATE <small>month / day / year</small>

CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE AND THE MEALS RECEIVED WHILE IN CARE											
Check (✓) Days Child Normally in Care	List hours child normally in care				Check (✓) meals child normally receives while in care						
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
<input type="checkbox"/> Yes, the schedule listed above may frequently vary due to changes in parents/guardians schedule.											

SIGNATURE OF PARENT/GUARDIAN	DATE	DAY PHONE NUMBER
MAILING ADDRESS:		
STREET /APT.	CITY	ZIP CODE

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