



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer 2023

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

330.899.9622

PETITs

- Campers entering 1st-3rd grade in the fall of 2023
- Located at the Green Primary School
- Bus departs daily at 9am
- \$200/week YMCA members
- \$220/week program members

GRANDs

- Campers entering 4th-6th grade in the fall of 2023
- Located at the Green Primary School
- Bus departs daily at 9am
- \$200/week YMCA members
- \$220/week program members

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

*******fee waived if registered prior to April 15, 2023**

PLEASE KEEP THESE PARENT INFO PAGES 😊



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Summer 2023

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.

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.

Daily Schedule

6:30 am	program opens
6:30-8:15 am	morning activities
8:15 am	bathroom break/ wash hands for snack
8:25 am	morning snack
8:45 am	pack up/ cleanup for day
9:00 am	camp bus departs for trip
12:00 pm	lunch
4:00 pm	camp bus arrives back from trip
4:05 pm	bathroom break/ wash hands for snack
4:15 pm	afternoon snack
4:30-6:30 pm	afternoon activities/outside time
6:30 pm	program closes

PLEASE KEEP THESE PARENT INFO PAGES 😊



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Summer 2023

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
- Swimming Permission [3]

Weeks I registered my child for camp:

- May 30-June 2
- June 5-9
- June 12-16
- June 19-23
- June 26-30
- July 3-7
- July 10-14
- July 17-21
- July 24-28
- July 31-August 4
- August 7-11
- August 14-18

PLEASE KEEP THESE PARENT INFO PAGES 😊

GREEN FAMILY YMCA PETIT & GRAND REGISTRATION PACKET 2023



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 1st-3rd GRADE IN THE FALL OF 2023

☐

GRAND

ENTERING 4th-6th GRADE IN THE FALL OF 2023

☐

MAY 30-June 2

☐

JUNE 26-30

☐

JULY 24-28

☐

JUNE 5-9

☐

JULY 3-7

☐

JULY 31-AUGUST 4

☐

JUNE 12-18

☐

JULY 10-14

☐

AUGUST 7-11

☐

JUNE 19-23

☐

JULY 17-21

☐

AUGUST 14-18

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, 2023

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, 2023)

- ☐ 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.

Parent/Guardian Signature

Date

Permission for Sunscreen

I give permission to allow Equate SPF 50 sunscreen to be applied to my child by the Green Family YMCA. I understand sunscreen will be applied liberally to exposed skin prior to outdoor activities. If another sunscreen is requested for use, I will contact the program director directly.

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 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 _____

2023 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.
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 understand that both custodial parents need to agree on who is listed for the authorized pick up for the child unless legal documentation is provided that states otherwise.
13. _____ 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.



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/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? _____

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	
City				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	
City				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	
City		State		City	
Telephone Number		Relationship to Child		Telephone Number	
Telephone Number		Relationship to Child		Telephone Number	
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 _____

<p align="center">Allergies, Special Health or Medical Conditions, and Medical Foods</p> <p>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.</p>

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)

Does your child have a developmental delay or special health or medical condition? (check one)

Does your child have a developmental delay or special health or medical condition? (check one)

☐ No

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)

Is your child currently using any medication or medical food? (check one)

☐ No

If yes, does this medication or medical food need to be administered at the child care program/home?
☐ No

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

☐ No

☐ No

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?
☐ No

☐ N/A - program does not provide meals or snacks to the child.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

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? ☐ 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

Give <u>Permission</u> to Transport		OR Do not sign both	Do Not Give <u>Permission</u> to Transport	
Program or Home Name			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, 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.

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

Location: Green Family YMCA

<p>Written parental permission is required for the water activities your child will be engaging in when: <i>(check all that apply for this activity)</i></p> <p><input type="checkbox"/> Water is directly accessible to child (no water activities planned) <input checked="" type="checkbox"/> Child swimming or playing in water 18 inches or more in depth <input type="checkbox"/> Infants and toddlers using wading pools</p>	
<p>The program is providing additional adults or child care staff members that exceed the licensing ratio requirements for the water/swimming activity. <i>(The program is to meet the minimum ratio requirements outlined in rule).</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Swim Site Green Family YMCA 3800 Massillon Rd, Uniontown OH 44685</p>	
<p>Date(s) 5/31/23-8/11/23</p>	
<p>Departure/Arrival Times from Program 9:00 am - 4:00 pm</p>	
<p>Mode of Transportation <i>(parents driving, provider vehicle, public transportation, school bus, etc.)</i> school bus</p>	
<p>I give permission for my child to participate in the swimming/water activity listed above.</p>	
Child's Name	Child's Date of Birth
<p>My child is a <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer</p>	
Parent's Signature	Date

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

Location: Wadsworth Grizzly Outdoor Pool

<p>Written parental permission is required for the water activities your child will be engaging in when: <i>(check all that apply for this activity)</i></p> <p><input type="checkbox"/> Water is directly accessible to child (no water activities planned) <input checked="" type="checkbox"/> Child swimming or playing in water 18 inches or more in depth <input type="checkbox"/> Infants and toddlers using wading pools</p>	
<p>The program is providing additional adults or child care staff members that exceed the licensing ratio requirements for the water/swimming activity. <i>(The program is to meet the minimum ratio requirements outlined in rule).</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Swim Site Wadsroth Grizzly Outdoor Pool 624 School Dr, Wadsworth OH 44281</p>	
<p>Date(s) 5/31/23-6/11/23</p>	
<p>Departure/Arrival Times from Program 9:00 am - 4:00 pm</p>	
<p>Mode of Transportation <i>(parents driving, provider vehicle, public transportation, school bus, etc.)</i> school bus</p>	
<p>I give permission for my child to participate in the swimming/water activity listed above.</p>	
Child's Name	Child's Date of Birth
<p>My child is a <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer</p>	
Parent's Signature	Date

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

Location: Uhrichsville Waterpark

<p>Written parental permission is required for the water activities your child will be engaging in when: <i>(check all that apply for this activity)</i></p> <p><input type="checkbox"/> Water is directly accessible to child (no water activities planned) <input checked="" type="checkbox"/> Child swimming or playing in water 18 inches or more in depth <input type="checkbox"/> Infants and toddlers using wading pools</p>	
<p>The program is providing additional adults or child care staff members that exceed the licensing ratio requirements for the water/swimming activity. <i>(The program is to meet the minimum ratio requirements outlined in rule).</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Swim Site Uhrichsville Waterpark 401 E 12th St, Uhrichsville OH 44683</p>	
<p>Date(s) 5/31/23-8/11/23</p>	
<p>Departure/Arrival Times from Program 9:00 am - 4:00 pm</p>	
<p>Mode of Transportation <i>(parents driving, provider vehicle, public transportation, school bus, etc.)</i> school bus</p>	
<p>I give permission for my child to participate in the swimming/water activity listed above.</p>	
Child's Name	Child's Date of Birth
<p>My child is a <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer</p>	
Parent's Signature	Date