the YMCA

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LEARN GROW THRIVE

Education & Leadership

2023-2024 Preschool Packet

September 5th, 2023 -May 17th, 2024

Grace Cominsky
Youth Enrichment Director

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RIVERFRONT YMCA
544 BROAD BLVD
CUYAHOGA FALLS, OH 44221
(330) 923-9622

akronymca.org

The Y strives to make programs and membership available to all. Financial assistance may be available to those who qualify.

YMCA Preschool

Enrollment Packet

Admission Date (first day attending) _____/_____/_____

Child's Name _____

Child's Birthdate _____/_____/_____ Age_____

Child's Nickname _____

_____ Male _____ Female

How you would like your child's name to appear on name tag/learn to write

_____

Parent/Guardian Name

_____ Parent Date of Birth

_____

Parent/Guardian Name

_____ Parent Date of Birth

_____

Street Address

_____

_____

City _____ State _____ Zip

_____ Home Phone (_____) _____-_____

Parent e-mail address (will be used for important information only)

_____

Authorized Persons to Pick Up Child

Persons authorized to pick up my child:

Parent/Guardian _____

Relationship_____

Phone: Home _____ Work _____ Cell

_____

Description

_____

_____

Parent/Guardian _____ Relationship

_____

Phone: Home _____ Work _____ Cell

_____

Description _____-

_____

Name _____ Relationship

_____

Phone: Home _____ Work _____ Cell

_____

Description

_____

_____

Name _____ Relationship

_____

Phone: Home _____ Work _____ Cell

_____

Description _____--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.

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? (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?

What are your child's sleep habits? (Difficult to wake up, uses a comfort item to fall asleep, etc.)

Does your child need assistance when using the toilet? If so, how?

What time(s), and for how long, does your child usually nap?

What might you and/or your child be anxious about as he/she starts in this program?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

Class Attending (Please check the class you wish to enroll your child)

_____ T, TH morning
- Swim Class
- 8:30- 11:30
- 3 and 4 year olds

_____ M,T,W,TH,F morning
- Swim Class
- 9:00-12:15
- 4 and 5 year olds

_____ M, T, W, TH, F morning
- Swim/Gymnastics Combo
- 9:00-12:00
- Child MUST be entering Kindergarten the Following school year

--Please note that a class may be cancelled due to low enrollment. If this occurs, you will be notified and we will work with you to choose a different class.

Monthly Rates

Class	YMCA Member Monthly Rate	Program Member Monthly Rate
2 days/week	$125	$145
5 days/week	$195	$225
Registration fee	$40	$40

Payment Information

Monthly Payment Amount: _____

Please draft payment on the _____ day of the month (must choose a date between the 1st and the 15th)

Account: ☐ Use account on file ending in _____ (verify at front desk)

☐ Provide account info at front desk

$40 Registration fee:

☐ Check is attached

☐ Cash is attached

☐ Draft from account ending in _____ on _____/_____/_____ (date)

Person responsible for tuition: _____

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

If yes, what is his/her name? _____

Child's Name _____

Please read carefully and respond to the following permission forms:

Photograph Consent

I give my permission to have my child _____to be in photographs, slides or videotapes for promotion of the YMCA, as well as photos on the class website.
I do not give permission for my child _____ to be photographed for promotion of the YMCA.

Parent/Guardian Signature _____ Date _____

Child Drop-Off Policy/Pick-Up Policy

*When you enroll your child(ren) at any YMCA Preschool, it is to be understood that our policy is for you to bring your child(ren) into the Center each morning and let one of the staff members know that your child(ren) has arrived.
*We are not legally responsible for your child(ren) when they are dropped off outside the building. We are especially concerned about this with bad weather.
*As a parent or guardian, I am aware that the YMCA staff is not responsible for my child unless I bring my child(ren) into the classroom when arriving each morning.
*I understand that state law requires me to sign my child in and out each day.
*I also understand that state law requires that I notify staff that my child is leaving for the day.

Parent/Guardian Signature _____ Date _____

Permission for Swimming

As part of our curriculum, and for our Swim combo and Swim Gym Combo, we include swimming in our program.
I give permission for my child _____ to swim throughout the 2023-2024 school year for his or her class in water 18 inches or more in depth.

Parent/Guardian Signature _____ Date _____

Permission for Gymnastics

I give permission for my child, _____, to participate in the gymnastics portion of his/her YMCA preschool class.

Parent/Guardian Signature _____
Date_____

Child's name _____

2023-2024 Center Policies Agreement

Please read the policies carefully and **initial** in each box.

☐ I understand there is a **$40.00 nonrefundable registration fee** per child due upon registration.

☐ I understand that preschool tuition is due by the 15th day of the month **via auto draft**. I can choose any day between the 1st and the 15th of the month for the tuition to be drafted from my account.

☐ I understand that if my preschool tuition falls two weeks behind I will be asked to withdraw my child until payment is made.

☐ I understand that 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 membership until balance is paid.

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

☐ I understand that state licensing requires a **Child's Medical Statement**, which must be signed by a physician, to be on file with the YMCA Preschool within 30 days of the first day of school.

☐ I understand that staff will contact Summit County Children Services if my child remains at the Center 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 if I withdraw my child from the preschool program, I will be responsible for the current month's tuition. If my child attends one or more days during the month, I am responsible to pay that month's tuition in-full. The director must be notified of the child's withdrawal.

☐ 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 have read the YMCA Preschool Registration Packet and agree to all terms therein for my child to receive child care.

☐ I understand that I forfeit the privilege of preschool at the Center if all policies are not followed.

☐ **I understand that my child must be fully potty trained and able to use the restroom by his or herself without assistance.**

Parent/Guardian Signature _____ Date _____ _____

Want to access and manage your account online?
Call the YMCA and ask for Natalie to get started!

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 ☐ Same as Child's	Home Telephone Number ☐ 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. ☐ Yes ☐ No

If you answered yes, please indicate which information 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 #2	Relationship to Child
Home Address ☐ Same as Child's	Home Telephone Number ☐ 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. ☐ Yes ☐ No

If you answered yes, please indicate which information 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 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? ☐ 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 *Permission* to Transport			**Do Not Give *Permission* 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.		**OR** **Do not sign both**	**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

Written parental permission is required for the water activities your child will be engaging in when:
(check all that apply for this activity)

- ☐ Water is directly accessible to child (no water activities planned)
- ☐ Child swimming or playing in water 18 inches or more in depth
- ☐ Infants and toddlers using wading pools

The program is providing additional adults or child care staff members that exceed the licensing ratio requirements for the water/swimming activity.
(The program is to meet the minimum ratio requirements outlined in rule).

☑ Yes ☐ No

Swim Site
Riverfront YMCA

Date(s)
9/5/23-5/17/24

Departure/Arrival Times from Program
N/A-Pool on site

Mode of Transportation *(parents driving, provider vehicle, public transportation, school bus, etc.)*
N/A-Pool on site

I give permission for my child to participate in the swimming/water activity listed above.

Child's Name	Child's Date of Birth

My child is a ☐ Swimmer ☐ Non swimmer

Parent's Signature	Date

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 MEDICAL STATEMENT FOR CHILD CARE

Child's Name *(print or type)*	Date of Birth

Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):

Section A- EXAMINATION

√ The above named child has been examined.

√ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).

√ The above named child does not have allergies OR is allergic to the following (*please list in space below)*:

Check below, if applicable:

☐ Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.

Optional: Measurements and Recommended Assessments/Screenings

Height _____ Vision _____ ☐ Yes ☐ No Lead _____ ☐ Yes ☐ No

Weight _____ Hearing _____ ☐ Yes ☐ No Hemoglobin _____ ☐ Yes ☐ No

BMI _____ Dental _____ ☐ Yes ☐ No Other: _____

Notes:

Signature of Examining Health Care Practitioner	Date of Examination
Name of Examining Health Care Practitioner	Telephone Number
Street Address	City, State and Zip Code

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

IMMUNIZATION (*Complete ONLY ONE SECTION below)*

Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:

Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.

Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER: ☐ The above named child has been immunized against the diseases listed above. *If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):*	**Initials of Examining Health Care Practitioner**
	Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): ☐ I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):	**Signature of Parent**
	Date