



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUILDING BRIGHTER FUTURES

BEFORE AND AFTER SCHOOL ENRICHMENT

2023-2024 Registration Packet

To Register:

Complete the registration packet and turn it in to the YMCA's front desk or Youth Enrichment Director. Please allow 2 business days for processing before the child starts attending. If your child has a medical condition or requires medication on site, additional paperwork may be required. A Youth Enrichment 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.

Our Dedicated Staff:

Christina Ennis, Youth Enrichment Director
Lindsay Socotch, Youth Enrichment Director
Maci Nestlerode, Assistant Child Care Director
Hayley Rayl, Executive Director

FIRESTONE PARK YMCA
350 E Wilbeth Rd
Akron, OH 44301
330-724-1255

akronymca.org

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

Mission: To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

Connect with us!



BEFORE AND AFTER SCHOOL ENRICHMENT GENERAL INFORMATION

CARE SITE	LOCATION	SITE CELL NUMBER	TIMES
BETTY JANE CLC- PM License #105577	444 Darrow Rd. Akron OH 44305	330-620-7253	2:30pm-6:00pm
FIRESTONE PARK YMCA AM Care- Firestone Park ELE, Voris, Glover, McEbright, David Hill PM Care- Firestone Park ELE, Glover, McEbright, David Hill License #102939	350 E Wilbeth Rd. Akron OH 44301	330-724-1255	6:30am-8:00am 2:30pm-6:00pm
HATTON CLC- PM License #100231	1933 Baker Ave. Akron OH 44312	330-607-5690	2:30pm-6:00pm
KING CLC- PM License #100277	805 Memorial Pkwy. Akron OH 44303	330-416-5307	2:30pm-6:00pm
RIMER CLC- PM License #107146	2370 Manchester Rd. Akron OH 44314	330-414-3141	2:30pm-6:00pm
RITZMAN CLC- AM AND PM License #107186	629 Canton Rd. Akron OH 44312	330-612-3380	7:00am-8:00am 2:30pm-6:00pm
SAM SALEM- PM License #107240	1222 W Waterloo Rd. Akron OH 44314	330-603-4154	2:30pm-6:00pm
VORIS CLC- PM License #106755	1885 Glenmount Ave. Akron OH 44301	330-414-6807	2:30pm-6:00pm
WINDEMERE CLC- PM License #100088	2283 Windemere Ave. Akron OH 44312	330-603-3821	2:30pm-6:00pm

*Location and Transportation subject to change due to low enrollment / low attendance.

BEFORE AND AFTER SCHOOL ENRICHMENT RATES

PROGRAM	MEMBER RATE	PROGRAM MEMBER RATE
Before Care	\$60.00/week	\$70.00/week
After Care	\$70.00/week	\$80.00/week
Before <u>AND</u> After Care	\$95.00/week	\$105.00/week
Registration Fee (one time per school year)	\$40.00	\$40.00
Fun Days/Snow Days	\$45.00/day (BASE Participant Rate)	\$55.00/day

FIRESTONE PARK YMCA BEFORE AND AFTER SCHOOL ENRICHMENT

Please select the weeks and/or service you need*

☐ Before Care ☐ After Care **School** _____ **Grade (in 2023-2024)** _____
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday **Anticipated Start Date** _____

*Location and transportation are subject to change due to low enrollment / low attendance.

Child's Name _____ ☐ male ☐ female
Child's Date of Birth _____ **Age** _____
Street Address _____
City _____ **State** _____ **Zip** _____

Parent/Guardian Name		Parent/Guardian Name	
Primary Number ()	<input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W	Primary Number ()	<input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W
Secondary Number ()	<input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W	Secondary Number ()	<input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W
Email		Email	
Date of Birth		Date of Birth	

Payment Information:

Please draft payment: ☐ Weekly on Fridays ☐ Other (contact YMCA director)
Account: ☐ Use account on file (ending in _____) ☐ Provide account info at registration
Do you have Publicly Funded Child Care? ☐ Yes ☐ No
Are you or another parent/guardian currently an employee of the YMCA? ☐ Yes ☐ No
If yes, what is his/her name? _____

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 ()	<input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W	Second Number ()	<input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W

Name		Relation	
Primary Number ()	<input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W	Second Number ()	<input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W

Name		Relation	
Primary Number ()	<input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W	Second Number ()	<input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W

Name		Relation	
Primary Number ()	<input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W	Second Number ()	<input type="checkbox"/> C <input type="checkbox"/> H <input type="checkbox"/> W

****If you receive publicly funded child care, all authorized persons to pick up will be required to use the mobile TAP System**

Please note: if there are any custody issues involved with your child, you must provide the center Director 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's name: _____

Date of Birth: _____

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

As part of our curriculum, and weather permitting, we routinely include outdoor walks and/or playground time. At any time you may request that your child remains inside during these routine walks. I give permission for my child _____ to accompany his/her class on routine walks to neighborhood of the program.

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 our policy is for you to bring your child into the center each day, sign in using the Kindersmart app or TAPS tablet (if receiving Title XX), and let one of the staff members know your child has arrived. We also require you to sign out your child using the Kindersmart app or TAPS tablet upon your child's departure. 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 arriving / departing for the day.

Parent/Guardian Signature _____ Date _____

(ONLY FOR CHILDREN TRANSPORTED)

Permission for Routine Trips

I give permission for my child _____ to be transported via YMCA mini bus on all dates Akron Public School District is in session to the YMCA BASE program destination listed below.

Routine Trip Destination:

BEFORE CARE

☐ Firestone Park Elementary ☐ David Hill CLC ☐ Glover CLC ☐ McEbright CLC ☐ Voris CLC

AFTER CARE

☐ Firestone Park YMCA

My child is

☐ not over 4 years and/or 40lbs ☐ over 4 years and 40lbs ☐ 8 years and/or over 4'9"

During this trip children will **NOT** have access to water that is 18 inches or more in depth and water activities are **NOT** planned in water that is 18 inches or more in depth.

I grant permission for my child to participate in the routine trips described above.

Parent/Guardian Signature _____ Date _____

Child's name _____

2023-2024 Center Policies Agreement

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

- ☐ 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 state licensing requires that all forms in this registration packet must be completely filled out and turned in prior to my child's (ren's) admission to the program.
- ☐ I understand that I am required to disclose all medical, physical, or behavioral issues that pertain to my child (ren) at the time of enrollment, and supplement that information on an ongoing basis.
- ☐ I have read the YMCA BASE/Day Camp Registration Packet and Parent Handbook and agree to all terms therein for child (ren) to receive childcare. I 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** _____

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

Give <u>Permission</u> to Transport	OR	Do Not Give <u>Permission</u> to Transport
Program or Home Name <div style="text-align: right; padding-right: 20px;">Firestone Park YMCA</div> 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.	Do not sign both	Program or Home Name 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.

Child/Family Information Form

Child's Name: _____ Age: _____

School child will be attending in the fall: _____

Who is in the child's immediate family? _____

Who lives at home with your child? _____

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.) _____

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: _____



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 ☐

Parent/Guardian Consent Form – Release of Student Records



The Akron Area YMCA is partnering with the Akron Public Schools and Summit Education Initiative to promote the success and academic achievement of students in Summit County. Summit Education Initiative (SEI) is a nonprofit organization located in Akron, Ohio, dedicated to increasing educational attainment in Summit County, Ohio. In this work, SEI provides secure data access between Akron Public Schools and Akron Area YMCA.

The Family Education Rights and Privacy Act (FERPA) protects students and parents by prohibiting most third parties from accessing student records, information, or data without clear permission from a parent or guardian if the student is under 18.

This form requests your consent to allow Akron Area YMCA to share the name, grade level, date of birth, student ID number and school of your child with SEI. Additionally, you are consenting to allow SEI to provide Akron Area YMCA access to your child's Akron Public Schools data, including test scores, grades, attendance records, and results of student surveys. Your consent allows data to be shared in two directions: from Akron Area YMCA to Akron Public Schools; and from Akron Public Schools to Akron Area YMCA. SEI is acting on behalf of both parties to match the information provided by Akron Area YMCA with your child's school information, and to conduct research to determine the effectiveness of programs on student success and achievement.

Accessing or sharing records, information, or data will be done to promote and support your student's academic success and achievement, and to evaluate services being offered. **No records, information, or data will be used for any other purpose, and will not be shared with any party other than those listed in this release.**

PARENT/GUARDIAN CONSENT

INITIAL HERE

I give consent for Summit Education Initiative to provide secure sharing of my child's personally-identifiable information between Akron Area YMCA and the Akron Public Schools. I understand the following information will be shared:

- Student Name, grade level and date of birth, student ID number
- School district name and school building name
- Course grades and Grade Point Average
- National and state test results
- Attendance records (classroom and school absence totals, both excused and unexcused)
- Results of surveys administered at the building and/or district level

I understand that my child's information will only be shared between Summit Education Initiative, Akron Area YMCA and the Akron Public Schools, and that this consent may be terminated at any time by my written request as the parent/guardian listed below. It is also my understanding that this consent will last until my child is 18 years old, unless it is revoked by me in writing, or unless my child is no longer affiliated with Akron Area YMCA or registered as a student in Akron Public Schools. As a parent or guardian, I have the right to revoke consent at any time. I also have the right to obtain copies of any information about my child that is shared because of this form.

Parent/Guardian Name (print)

Date of Consent

Parent/Guardian Signature

Child's Name

Child's School District

Date of Birth (MM/DD/YYYY)

Child's School Building

Child's School Student Number