



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

2024-2025

# GREEN FAMILY YMCA BEFORE & AFTER SCHOOL ENRICHMENT

Welcome to the Green Family YMCA's Before and After School Enrichment program! We are excited to collaborate with Green Local Schools in offering our outstanding programs for students at Greenwood ELC, the Primary School, and the Intermediate School. As with any quality child care center, our program is licensed by the State of Ohio so you can be sure you are getting the best care possible. With the support and partnership of Green Local Schools, there is nowhere better for your children to spend their time.

Before and After School Enrichment (BASE) is an incredible opportunity for your children to be involved in activities with their peers. In our program, your child will be challenged to be active and thoughtful citizens. Students in our care understand and practice the YMCA character values, work on homework and literacy activities, and have loads of fun in a safe environment. We provide snacks, outside play time and gym time, as well as homework/quiet time.

Our staff meet all state licensing requirements, including passing background checks, and completing certifications in CPR, first aid, child abuse recognition, and communicable disease prevention. With a vast wealth of experience our staff is well rounded while still having the focused experienced to care for your children.

The YMCA has three BASE sites. We have a site at Greenwood ELC, Primary, and Intermediate. We look forward to having your children with us this school year! Please read and complete this packet fully. If you have any questions or concerns, please contact:

**Sarah Sebrell-Child Care Director**  
**Green Family YMCA**  
[sarahs@akronymca.org](mailto:sarahs@akronymca.org)  
330.899.9622

PLEASE KEEP THESE PARENT INFO PAGES 😊



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#### BEFORE CARE

When your child is enrolled in our **BEFORE CARE**, you are able to drop-off your child beginning at 6:30 am each morning. Students in before care at one of the school buildings will be released by a child care staff member, to class, at the beginning of the official school day. It is the parents' responsibility to let the transportation department know of your child's transportation needs.

#### AFTER CARE

When your child is enrolled in our **AFTER CARE**, they will be released from class and report directly to the designated area where a child care staff member will meet them. It is the parents' responsibility to let the transportation department know of your child's transportation needs. All children must be picked up by 6:30 pm at the closure of the program.

#### BASE at the Green Schools

- Drop-Off/Pick-Up at child's school
  - AM Care – Free play & Snack [snack at Greenwood and Primary Only]
  - PM Care – Free play, Snack, Educational Lesson, Gym Time, Outside Time and Homework Time
  - Before **OR** After Care
    - \$60/week
  - Before **AND** After Care
    - \$80/week
  - \$30 non-refundable registration fee per child
- \*waived if registered by June 1, 2024

#### Registration

Upon registration, your child is expected on the first day of school. We cannot hold spots longer than one week without payment. If you do not attend our program during the first week and do not notify the YMCA, your spot will be forfeited to a child on the waiting list.



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### Green Schools Closings

When Green Local Schools are closed for vacations, holidays or emergencies, the YMCA will host **Fun Days** for all **Before and After School Enrichment** students. Students must be registered in advance and the cost of a Fun Day is \$45/day. It is automatically drafted unless paid in advance. Parents must call the YMCA to register for a **SNOW DAY FUN DAY**. **START TIME FOR SNOW DAY CARE IS DELAYED TO 8:30 AM TO ENSURE THE SAFETY OF OUR STAFF.**

### Snacks

The Green Family YMCA will provide a snack during before care at Greenwood, and Primary. We also provide snack during after care at all three sites. Our snacks meet the USDA requirements, and a daily calendar is present at each site. Please let the staff know in advance if your child is not permitted to have any type of foods due to allergies or religious beliefs so we can accommodate.

### Vacation & Sick Days

Full payment is required to hold your child's spot even if he/she does not attend the program. The only exceptions to this are the two weeks of Christmas break and Spring Break. Care is available during break weeks, but if you choose not to attend, you will not be charged.

### 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.
5. Be sure to keep all forms marked "Please Keep These Parent Info Pages" for future reference.

### Registration forms checklist:

- Class selection Page
- Payment Information
- Photo Consent
- Authorized Pick-Up
- Family Information sheet
- Enrollment & Health Information pages
- Center Policies Agreement

PLEASE KEEP THESE PARENT INFO PAGES 😊



**GREEN FAMILY YMCA  
B.A.S.E.  
REGISTRATION PACKET**



Choose your site and Morning, Afternoon or BOTH:

- GREENWOOD Early Learning Center**
- MORNINGS ONLY
  - AFTERNOONS ONLY
  - BOTH MORNINGS AND AFTERNOONS

- GREEN PRIMARY SCHOOL**
- MORNINGS ONLY
  - AFTERNOONS ONLY
  - BOTH MORNINGS AND AFTERNOONS

- GREEN INTERMEDIATE SCHOOL**
- MORNINGS ONLY
  - AFTERNOONS ONLY
  - BOTH MORNINGS AND AFTERNOONS

**CHILD'S NAME** \_\_\_\_\_

**CHILD'S BIRTHDAY** \_\_\_\_\_

**GRADE** \_\_\_\_\_

## 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 let people know about this ahead of time so they bring a picture ID and are not offended. 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 Child Care program, understand that our policy is for you to bring your child to the classroom 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 classroom. 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 classroom when arriving each morning. I understand that state law requires me to sign-in and sign-out my child each day. 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.

## Payment Information

**I understand that all B.A.S.E. tuition and registration fees are required to be made through automatic draft. Please use information provided below to pay for my child's tuition:**

- Continue to use current account on file ending in # \_\_\_\_\_
- I will provide account info to front desk. I understand my child's spot is not saved until this information has been provided.

Registration fee: (waived if registered before June 1, 2024)

- Check is attached
- Draft from account ending in # \_\_\_\_\_

I authorize the Green Family YMCA to automatically draft from the above account for my child's B.A.S.E. tuition. I understand that this automatic draft will begin the Friday before my child's first week of school. I understand that this automatic draft will be terminated at the end of the 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 Akron Area 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 social media pages and website. Children's names will not be used.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Child's name \_\_\_\_\_

## 2024 Center Policies Agreement

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

1. \_\_\_\_\_ I understand there is a \$30 non-refundable registration fee per child.
2. \_\_\_\_\_ Weekly tuition is due on Fridays prior to the week of service via auto draft or on the first day of the month for monthly programs.
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 center's designated closing time (6:30 pm).
9. \_\_\_\_\_ 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.
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 have read the YMCA BASE 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 swipe my Title XX card daily. I understand there is a two-week back swipe period if daily swipes are missed. If I miss the back swipe 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 swipe.



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?					
<b>Emergency Contacts: Parents <u>cannot be listed</u> 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.</b>					
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
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**Diapering Statement**

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to <i>Emergency Transportation Authorization</i> 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>	<b>OR</b>	<u>Do Not Give <i>Permission</i> to Transport</u>
Program or Home Name Green Family YMCA	<b>Do not sign both</b>	<del>Program or Home Name</del>
<b>has permission</b> 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.		<del>does not have permission</del> 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 _____		<del>Parent's Signature _____ Date _____</del>

**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

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?