



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer 2026

YMCA

SCHOOL AGE DAY CAMP

Campers in our school age camps experience a new adventure every day. Camp begins at the Green Elementary 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. The one-time registration fee of \$40 and the non-refundable deposits are due at the time of registration.

Please read this information carefully and keep for your reference. Complete and return enrollments forms in the registration packet.

For more information about our day camp program, please contact:

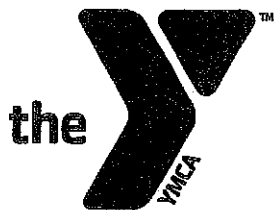
Mady Ossman, BASE and Day Camp Director

madyo@akronymca.org

330.899.9622

Quick Info

- Camp is for students entering 1st-6th grade in the fall of 2026
- Located at the Green Elementary School
- Bus departs daily at 9 am, returns 4 pm
- \$210/week YMCA members
- \$230/week program members
- \$40 non-refundable registration fee waived is registered prior to April 15, 2026



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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 Mady Ossman 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



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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. Please sign both field trip permission forms, your child's group will be determined closer to the start of summer.

Registration forms checklist:

- Camp selection Page
- Payment Information
- Photo Consent
- Authorized Pick-Up
- Center Policies Agreement
- Enrollment & Health information pages
- Family Information sheet
- Swimming Permission [2]
- Field Trip Permission [2]

Weeks I registered my child for camp:

- June 1-5
- June 8-12
- June 15-19
- June 22-26
- June 29- July 3
- July 6-10
- July 13-17
- July 20-24
- July 27-31
- August 3-7
- August 10-14

PLEASE KEEP THESE PARENT INFO PAGES ☺

REFRIGERATOR GUIDE - PETIT FIELD TRIPS

WEEK 1: JUNE 1-5 TBD	WEEK 2: JUNE 8-12 Monday: Fort Island Park Tuesday: Cinemark Wednesday: SOAR Park Thursday: Akron Zoo  Friday: Green Family YMCA	WEEK 3: JUNE 15-19 Monday: SKIP Park Tuesday: Splash Pad Wednesday: HOPE Park Thursday: Top Golf  Friday: Green Family YMCA
WEEK 4: JUNE 22-26 Monday: Jackson Bog Tuesday: Cinemark Wednesday: Metzgar Park Thursday: Uhrichsville Water Park  Friday: Green Family YMCA	WEEK 5: JUNE 29-JULY 3 Monday: Kidstation Playground Tuesday: Destination Playground Wednesday: North Canton Skate Center  Thursday: Fred Greenwood Friday: Green Family YMCA	WEEK 6: JULY 6-10 Monday: Croghan Park Tuesday: Cinemark Wednesday: Metzgar Park Thursday: Sky Zone  Friday: Green Family YMCA
WEEK 7: JULY 13-17 Monday: Veteran's Park Tuesday: Lakewood Park Wednesday: Ravenna Community Park Thursday: Uhrichsville Water Park  Friday: Green Family YMCA	WEEK 8: JULY 20-24 Monday: Fort Island Park Tuesday: Cinemark Wednesday: SOAR Park Thursday: Swings N Things  Friday: Green Family YMCA	WEEK 9: JULY 27-31 Monday: SKIP Park Tuesday: Broadview Heights Splash Pad Wednesday: HOPE Park Thursday: Alien Vacation Mini Golf  Friday: Green Family YMCA
WEEK 10: AUGUST 3-7 Monday: Destination Playground Tuesday: Cinemark Wednesday: Metzgar Park Thursday: Uhrichsville Water Park  Friday: Green Family YMCA	WEEK 11: AUGUST 10-14 Monday: Kid Station Playground Tuesday: Lakewood Splash Pad Wednesday: Ravenna Community Park Thursday: Raptor Hollow  Friday: Green Family YMCA	CAMP T-SHIRT DAYS! Campers must wear their camp t-shirt on THURSDAY field trips (marked with a ).

Daily Checklist Reminder

- Packed Lunch
- Reusable water bottle
- Extra change of clothes

Bring them EVERYday!

It's an **UNPLUGGED**
SUMMER!
(no toys from home!)

REFRIGERATOR GUIDE - GRAND FIELD TRIPS

WEEK 1: JUNE 1-5 TBD	WEEK 2: JUNE 8-12 Monday: SKIP Park Tuesday: Fred Greenwood Wednesday: Cleveland Zoo  Thursday: SOAR Park Friday: Green Family YMCA	WEEK 3: JUNE 15-19 Monday: Fort Island Tuesday: Cinemark Wednesday: Top Golf  Thursday: HOPE Park Friday: Green Family YMCA
WEEK 4: JUNE 22-26 Monday: Kid Station Playground Tuesday: Destination Playground Wednesday: Uhrichsville Water Park  Thursday: Metzgar Park Friday: Green Family YMCA	WEEK 5: JUNE 29-JULY 3 Monday: Jackson Bog Tuesday: Cinemark Wednesday: North Canton Skate Center  Thursday: Fred Greenwood Friday: Green Family YMCA	WEEK 6: JULY 6-10 Monday: Veteran's Park Tuesday: Lakewood Wednesday: Sky Zone  Thursday: Metzgar Friday: Green Family YMCA
WEEK 7: JULY 13-17 Monday: Croghan Park Tuesday: Cinemark Wednesday: Uhrichsville Water Park  Thursday: Ravenna Community Park Friday: Green Family YMCA	WEEK 8: JULY 20-24 Monday: Park Tuesday: Broadview Heights Plash Pad Wednesday: Swings N Things  Thursday: SOAR Park Friday: Green Family YMCA	WEEK 9: JULY 27-31 Monday: Fort Island Park Tuesday: Cinemark Wednesday: Alien Vacation Mini Golf  Thursday: HOPE Park Friday: Green Family YMCA
WEEK 10: AUGUST 3-7 Monday: Kid Station Playground Tuesday: Lakewood Park Wednesday: Uhrichsville Water Park  Thursday: Metzgar Park Friday: Green Family YMCA	WEEK 11: AUGUST 10-14 Monday: Destination Playground Tuesday: Cinemark Wednesday: Raptor Hollow  Thursday: Ravenna Community Park Friday: Green Family YMCA	CAMP T-SHIRT DAYS! Campers must wear their camp t-shirt on WEDNESDAY field trips (marked with a ).

Daily Checklist Reminder

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(no toys from home!)

**GREEN FAMILY YMCA
SUMMER
DAY CAMP
REGISTRATION PACKET 2026**



CHILD'S NAME _____

CHILD'S BIRTHDAY _____

26/27 GRADE LEVEL _____

Please check the box next to the weeks your child will be attending.

- | | | |
|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> JUNE 1-5 | <input type="checkbox"/> JUNE 29- JULY 3 | <input type="checkbox"/> JULY 27-31 |
| <input type="checkbox"/> JUNE 8-12 | <input type="checkbox"/> JULY 6-10 | <input type="checkbox"/> AUG 3-7 |
| <input type="checkbox"/> JUNE 15-19 | <input type="checkbox"/> JULY 13-17 | <input type="checkbox"/> AUG 10-14 |
| <input type="checkbox"/> JUNE 22-26 | <input type="checkbox"/> JULY 20-24 | |

T-Shirt Size ☐ CHILD S ☐ CHILD M ☐ CHILD L ☐
 ☐ ADULT S ☐ ADULT M ☐ ADULT L ☐ ADULT XL ☐

*Shirt size can only be guaranteed if registered prior to April 1, 2026

**GREEN FAMILY YMCA
SUMMER
DAY CAMP
REGISTRATION PACKET 2026**



End of Summer Fun Days

Fun Days will be provided at the end of summer before BASE starts. Each Fun Day is \$50, there is a \$10 deposit required for each Fun Day due at registration. Registration is limited.

CHILD'S NAME _____

Please check the box next to the Fun Day that your child will be attending.

☐ August 17th

☐ August 18th

☐ August 19th

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, 2026)

- ☐ 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:

(C) _____

(W) _____

Name: _____

Relationship: _____

Phone Numbers:

(C) _____

(W) _____

Name: _____

Relationship: _____

Phone Numbers:

(C) _____

(W) _____

Name: _____

Relationship: _____

Phone Numbers:

(C) _____

(W) _____

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 MADY OSSMAN REGARDING OUR POLICY.

Child's name _____

2026 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 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 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.

Ohio Department of Children and Youth
**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 <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.					
Name			Name		
City		State		City	
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

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 DCY 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 DCY 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 DCY 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 DCY 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a DCY 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 <u>Permission</u> to Transport		OR Do not sign both	<u>Do Not Give Permission</u> to Transport	
Program or Home Name Green Family YMCA			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 5180:2-12-15, 5180:2-13-15, and 5180:2-14-04.

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? (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.) _____

What causes your child to feel angry or frustrated? _____

What methods do you use to respond to your child's negative behavior? _____

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? _____

Would you like information or referrals for any of the following?

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Food Assistance	<input type="checkbox"/>	<input type="checkbox"/>	Help meeting the needs of your special need child
<input type="checkbox"/>	<input type="checkbox"/>	Housing	<input type="checkbox"/>	<input type="checkbox"/>	Family Counseling
<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	Parenting Education or Information
<input type="checkbox"/>	<input type="checkbox"/>	Health/Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	Dental
<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	Other:

Staff Use:

Referrals Made (date) _____ (to where) _____

Follow up (date) _____ (comments) _____

