



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2026-2027

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 the Primary school and the Elementary 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.

In the 2026-2027 school year, the YMCA will have two BASE sites. We will have a site at the Primary school and at the Elementary school. 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:

Mady Ossman-Child Care Director
Green Family YMCA
madyo@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
 - PM Care – Free play, Snack, Educational Lesson, Gym Time, Outside Time and Homework Time
 - Before **OR** After Care
 - \$75/week
 - Before **AND** After Care
 - \$95/week
 - \$40 non-refundable registration fee per child
- *waived if registered by June 1, 2026

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 \$50/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 after care at both 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.

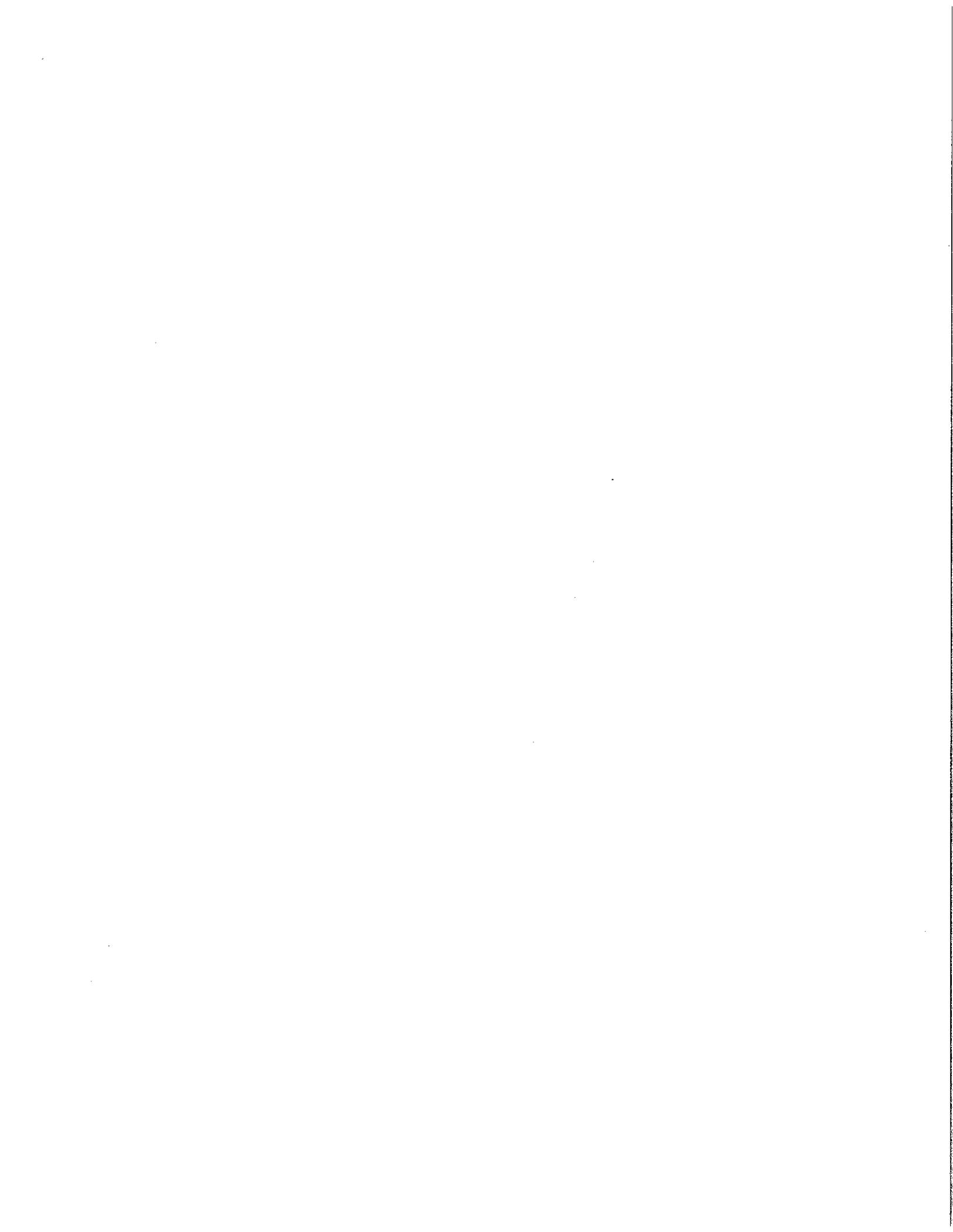
Registration Process

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:

GREEN PRIMARY SCHOOL

- MORNINGS ONLY**
- AFTERNOONS ONLY**
- BOTH MORNINGS AND AFTERNOONS**

GREEN ELEMENTARY SCHOOL

- MORNINGS ONLY**
- AFTERNOONS ONLY**
- BOTH MORNINGS AND AFTERNOONS**

CHILD'S NAME _____

CHILD'S BIRTHDAY _____ **GRADE** _____

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, 2026)

- 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

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:

(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 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 MADY OSSMAN REGARDING OUR POLICY.

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) _____

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 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 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'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.