



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

2026-2027

# FULLDAY PRESCHOOL, PRE-K & PRE-K PLUS

Our preschool and pre-kindergarten students enjoy a dynamic classroom environment where our students thrive and learn. Here at the YMCA our goal is to “build strong kids, strong families, and strong communities.” Our Step Up To Quality Gold rated preschool is the foundation of this principle.

**Who** our teachers are, **what** we teach and **how** we teach all are deeply rooted in the YMCA core values of caring, honesty, respect, responsibility and faith. We are a Christian organization and we take the “C” in our name seriously, not in an exclusive manner but in an inclusive way. We welcome people of all faiths in our YMCA.

We also pride ourselves on awarding scholarships to those who qualify. Through our Annual Campaign scholarships, everyone has a chance to be part of our programs. Further information is available about this program at the member service desk.

Our preschool and pre-k tuition includes swim lessons and all families enrolled in our full time child care programs receive a YMCA family membership for the duration of their enrollment.

Class sizes are limited. Your child’s spot is saved once the registration fee is paid and the enrollment packet is complete. We look forward to serving you and your children!

**Please read this information carefully and keep for your reference.  
Complete and return enrollment forms in registration packet.  
For more information about our early childhood programs, please  
contact:**

Cara Robson, Youth Enrichment Director

[carar@akronymca.org](mailto:carar@akronymca.org)

330.899.9622

PLEASE KEEP THESE PARENT INFO PAGES 😊



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## Preschool, PRE-Kindergarten, & PRE-K Plus

Our **PRESCHOOL** class is geared toward three-year-olds and young four-year-olds. Building a strong foundation for our pre-k class is the goal as our students learn alphabet recognition, simple science activities, colors, shapes, literature activities, numbers, and simple math activities. Children learn through play, and so we place a heavy emphasis on socialization and play in our preschool classroom. Our preschoolers also begin to learn fundamental school routines such as saying the pledge of allegiance, learning to follow basic directions, and participating in group activities.

Students in our **PRE-KINDERGARTEN** class must be able to enter kindergarten the following school year. The focus of this program is kindergarten readiness and includes... letter recognition (both upper and lower case), letter sound recognition, and exposure to various forms of literature, basic math concepts, art and science activities, and large and small motor skills. We strive to reinforce school routines through daily participation in circle time, group work, and individual work. Through play and games, our pre-kindergarteners also learn to follow multi-step directions and become increasingly independent.

The **PRE-KINDERGARTEN PLUS** class is for students who are older 4s and young 5s who have attended at least one year of preschool/Pre-K and are just not quite ready for Kindergarten. This group will extend the instruction covered in our Pre-K class.

ALL children must be completely potty-trained (100% independent in the bathroom)

### PRESCHOOL / PRE-K / PRE-K PLUS

- Mondays-Fridays 6:30am-6:30pm
- Two swim lessons per week
- One free swim day per week
- \$250/week
- Free Family Membership to Akron Area YMCAs

**\$40 non-refundable  
registration fee due at  
registration.**

**\*\*\*\$20 discount if  
registered before  
June 1, 2026.**



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### **Snacks/Lunch**

Students must bring his/her own healthy lunch to school each day, and a cold pack must be included in their lunch box. The YMCA will provide a morning and afternoon snack. The snack menu is posted in each classroom.

### **Curriculum**

Our program uses Creative Curriculum.

### **Vacation & Sick Days**

Full payment is required to hold your child's spot, even if he/she does not attend school. The only exceptions to this are the optional weeks: Thanksgiving week, Christmas break, Spring break, Week of 5/24, and one vacation week [to be used at your discretion]. Care is available during optional weeks, but if you choose not to attend, you will not be charged.

### **Medical Exam & Vaccination Records**

A medical form signed by a physician is required to be submitted within 30 days of admission. This is in addition to a vaccination record. This medical form must be updated every 13 months. Your child cannot attend school if we do not have this form on file.

### **Green Schools Closings**

When Green Local Schools are closed for vacations, holidays or emergencies, the YMCA will provide care as normal. **When the Green Local Schools are closed for a weather/snow day we have a delayed start of 8:30 AM.**

### **Swim**

Swimming lessons are a unique benefit of our programs. Students will have two 45-minute swim lesson each week and one free play day in the rec pool.



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## First day of School

August 24, 2026

### Registration Process

1. Read through the Parent Information Pages.
2. Fully complete all forms in the registration packet.
3. Return completed registration packet to the Green Family YMCA.
  - Pay registration fee and provide account or credit card information for auto draft. Be sure to tell the front desk staff the card is to be used for child care payments.
4. Keep all forms marked "Please Keep These Parent Info Pages" for future reference.
5. You will receive an email once your child's registration has been processed, confirming enrollment.
6. In late summer, you will receive a request to set up an entrance meeting with the preschool director, Cara Robson, through Sign-Up Genius. At this meeting, we will review center policies and procedures and cover any questions you may have.

**This meeting is required prior to your child's first day of class.**

### 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  
PRESCHOOL & PRE-K  
REGISTRATION PACKET**

**2026-2027**



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

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

- PRESCHOOL— 3 year olds and young 4 year olds.
- PRE-KINDERGARTEN – 4 year olds and young 5 year olds.
- PRE-KINDERGARTEN PLUS – older 4 year olds and 5 year olds who are not quite ready for kindergarten. Must have attended one year of preschool/PreK previously.

Children in all classes must be **completely** potty trained. This means they are 100% independent in the bathroom.

The Director will confirm that the class selection is age appropriate. Placement in a specific group is not guaranteed.

## **Payment Information**

I understand that all preschool payments, deposits and registration fees are required to be made through automatic draft. \$250 weekly will be withdrawn the Friday before the Monday of scheduled attendance. 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: (\$20 discount if registering 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 preschool fees. I understand that this automatic draft will begin the Friday before my child's first week of preschool. I understand that this automatic draft will be terminated at the end of the preschool 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 page, Instagram and website. Children's names will not be used.

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Parent/Guardian Signature

Date

## **Permission for Sunscreen**

I give permission to allow Equate SPF 50 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.

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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 included on this list. Preschool 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.

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.

Non-Member Authorized Pick-Ups are required to stop at the front desk and have their ID run through our Raptor system the first time they pick up. The safety of your children is our priority!

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Numbers:

(C) \_\_\_\_\_

(W) \_\_\_\_\_

Is this person an Akron Area YMCA Member? Y / N

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Numbers:

(C) \_\_\_\_\_

(W) \_\_\_\_\_

Is this person an Akron Area YMCA Member? Y / N

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Numbers:

(C) \_\_\_\_\_

(W) \_\_\_\_\_

Is this person an Akron Area YMCA Member? Y / N

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Numbers:

(C) \_\_\_\_\_

(W) \_\_\_\_\_

Is this person an Akron Area YMCA Member? Y / N

## **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 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 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 6:30pm.**

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 CARA ROBSON 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 Developmental Needs of Your 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)

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?					
<b>Emergency Contacts:</b> Parents <b>cannot be listed</b> 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 <b>if you cannot be reached</b> . 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		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
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**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**

<b>Give <u>Permission</u> to Transport</b>	<b>OR</b>	<b><u>Do Not Give Permission</u> to Transport</b>
Program or Home Name <p style="text-align: center; font-weight: bold;">Green Family YMCA</p>		Program or Home Name
<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.	<b>Do not sign both</b>	<b>does not have permission</b> 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

**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 \_\_\_\_\_ **2026/27 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 (\$20 if registering before 6/1/26).
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 an outstanding balance at any facility within the Akron Area YMCA Association, I am unable to register for any programs or membership until the balance is paid.
6. \_\_\_ I understand that there will be a \$10 fee assessed for any and every returned payment.
7. \_\_\_ CANCELLATION POLICY: I understand written notification must be given. Notification must be given no later than one week in advance. Otherwise, I understand that I will be responsible for paying 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
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 YMCA Preschool 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 PUBLICLY FUNDED CHILD CARE 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.