



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer 2026

FULLDAY & HALFDAY PRESCHOOL DAY CAMP

Our Preschool Day Camp is geared toward preschool-age children (3 to 5-year-olds) and is an extension of our preschool classes. Your child must be completely potty-trained (100% independent in the bathroom) to qualify for camp. Each camp week is themed and includes activities such as crafts, water-play, group games, camp songs, skits, outside play, and just having fun and being silly! Campers will also have pool time each week.

We offer a full-day weekly and a half-day mini-week monthly option for preschoolers (3-5yo). Full-day care is available Monday-Friday, 6:30 am-6:30 pm, and half-day Tues/Wed/Thurs 9:00 am-1:00 pm.

Registration is on a weekly (full-day) /monthly (half-day) basis, and a \$10 non-refundable deposit is required for each week/month you register your child. Once paid, the deposit amount is deducted from the weekly tuition. The non-refundable one-time registration fee of \$40 and deposits are due at registration.

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

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

Cara Robson, Youth Enrichment Director carar@akronymca.org 330.899.9622

HALF DAY INFORMATION

- T/W/TH
- 9:00 AM-1:00 PM
- \$250/month June 6/2-6/25,
July 7/7-7/30

FULL DAY INFORMATION

- M-F
- 6:30am-6:30pm
- \$250/week

The Non-Refundable \$40 registration fee and weekly deposits are due at registration.

******registration fee waived if registered prior to April 15, 2026**

PLEASE KEEP THESE PARENT INFO PAGES 😊



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SNACKS/LUNCH

Campers must bring his/her own healthy lunch to camp each day, and a cold pack must be included in their lunch box.

The YMCA will provide a morning snack for half-day campers and a morning and afternoon snack for full-day 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 Cara Robson or stop at the front desk to provide payment information.

MEDICAL EXAM AND VACCINATION RECORDS

A medical form signed by a physician or certified nurse practitioner is required to be submitted within 30 days of admission. This must also include a vaccination record. This medical form must be updated every 13 months. Your child cannot attend camp if we do not have this form on file.

Approximate Daily Schedule

Full-Day

6:30-8:30	Arrival	3:45-5:00	Outside / Gym Time/ Group Games
8:30-9:00	Centers	5:00-6:30	Free Play & Pick-Up
9:00-9:15	Clean up & Stretching/Yoga		
9:15-9:30	Snack		
9:30-10:15	Morning Meeting & Lesson		
10:15-10:45	Outside play		
10:45-11:30	Large and Small Group Activities		
12:00-1:00	Lunch		
1:00-3:00	Quiet Time		
3:00-3:45	Wake up/Snack		

Half-Day

9:00-9:30	Arrival/Centers
9:30-10:00	Snack
10:00-10:45	Morning Meeting and Lessons
10:45-11:30	Large and Small Group Activities
11:30-12:00	Lunch
12:00-1:00	Outside/MPR/Group Games

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REGISTRATION PROCESS

1. Read through the Parent Information Pages.
2. Complete all forms in the registration packet.
3. Return the completed registration packet to the Green Family YMCA. Be sure to keep all pages marked "Please Keep These Parent Info Pages" for future reference.
4. Pay registration fee and deposits, and provide payment information for auto draft payments at the front desk.
5. You will receive an email once your child's registration has been processed, confirming enrollment.
6. Sign up for an Entrance Meeting in May to finalize paperwork and review YMCA policies and procedures. In late April/early May you will receive an email with a link to Sign Up Genius to register for a time.

REGISTRATION FORMS CHECKLIST

- Class selection Page
- Payment Information
- Photo Consent
- Sunscreen Permission
- Authorized Pick-Up
- Family Information Sheet
- Enrollment & Health information pages
- Center Policies Agreement
- Swim Permission
- Routine Field Trip Permission

Full Day: 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–July 31
- August 3-7
- August 10-14
- August 17-21

Half Day: MONTHS I REGISTERED MY FOR CAMP

- JUNE
- JULY

PLEASE KEEP THESE PARENT INFO PAGES 😊

GREEN FAMILY YMCA PRESCHOOL DAY CAMP REGISTRATION PACKET 2026



CHILD'S NAME _____

CHILD'S BIRTHDAY _____

Please indicate when you would like to send your child to camp. Select Half Day or Full Day, and the month(s)/week(s) they will be attending.

HALF DAY - \$250/month
TUES/WED/THUR 9:00AM - 1:00 PM

June 6/2 - 6/25 July 7/7-7/30

FULL DAY - \$250/week
MONDAYS-FRIDAYS 6:30 AM-6:30 PM

- | | | |
|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> JUNE 1-5 | <input type="checkbox"/> JUNE 29-July 3 | <input type="checkbox"/> AUGUST 3-7 |
| <input type="checkbox"/> JUNE 8-12 | <input type="checkbox"/> JULY 6-10 | <input type="checkbox"/> AUGUST 10-14 |
| <input type="checkbox"/> JUNE 15-19 | <input type="checkbox"/> JULY 13-17 | <input type="checkbox"/> AUGUST 17-21 |
| <input type="checkbox"/> JUNE 22-26 | <input type="checkbox"/> JULY 20-24 | (GLS starts this week) |
| | <input type="checkbox"/> JULY 27- July 31 | |

Payment Information

I understand that all day camp payments, deposits, and registration fees are required to be made through automatic draft. \$250 wkly (FD) or monthly (HD) will be withdrawn the Friday before the Monday of scheduled attendance. Please use the 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 the 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) and \$10 per week/month deposits

- Check is attached
- Draft from account ending in # ____

I authorize the Green Family YMCA to automatically draft from the above account for my 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 videos 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.

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.

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.

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 6:45pm [full day] and 1:15pm [half day].

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's name _____ **Preschool Camp 2026 Center Policies Agreement**

Please read the policies carefully and initial all lines.

1. _____ I understand the \$40 registration fee (after April 15, 2026) and \$10 weekly/monthly deposits (per child) are non-refundable.
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 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.

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
ROUTINE TRIP PERMISSION FOR CHILD CARE

Routine Trip Information	
Routine Trip Destination(s) playground, ymca/summa campus, gym, multi purpose room, aquatics center	
Date of Permission <i>(valid for one year)</i>	
Mode of Transportation <i>(walking, school bus, public transportation, parent vehicles, provider vehicle and driver)</i> walking	
During this trip children will have access to water that is 18 inches or more in depth. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? (if yes, a swimming permission slip is required) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Information	
Child's Name	
My child is <input type="checkbox"/> not over 4 years and/or 40 lbs <input type="checkbox"/> over 4 years and 40 lbs <input type="checkbox"/> 8 years and/or over 4' 9"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

Ohio Department of Children and Youth
**PERMISSION TO PARTICIPATE IN WATER AND SWIMMING ACTIVITIES
 FOR CHILD CARE**

Written parental permission is required for the water activities your child will be engaging in when:
(check all that apply for this activity)

- Water is directly accessible to child (no water activities planned)
- Child swimming or playing in water 18 inches or more in depth
- Infants and toddlers using wading pools

The program is providing additional adults or child care staff members that exceed the licensing ratio requirements for the water/swimming activity.
(The program is to meet the minimum ratio requirements outlined in rule).

- Yes No

Swim Site

Green Family YMCA

Date(s)

6/1/26 - 6/1/27

Departure/Arrival Times from Program

not departing

Mode of Transportation *(parents driving, provider vehicle, public transportation, school bus, etc.)*

walking - not leaving center

I give permission for my child to participate in the swimming/water activity listed above.

Child's Name

Child's Date of Birth

My child is a

Swimmer

Non swimmer

Parent's Signature

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?					
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	Do Not Give Permission 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

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.