



# 2026-2027 BEFORE AND AFTER SCHOOL ENRICHMENT

AT LEDGEVIEW  
NORTHFIELD  
RUSHWOOD  
AND LEE EATON



.....  
**FOR YOUR INFORMATION  
PLEASE CONTACT US :**

[oliviak@akronymca.org](mailto:oliviak@akronymca.org)  
[sarahb@akronymca.org](mailto:sarahb@akronymca.org)  
or call at (330)467-8366



Register by  
6/1/2026  
to waive the  
registration fee!



# PARENT INFORMATION

## DATES TO REMEMBER

**Child Care Begins:**  
Thursday, Aug. 20th, 2026

**Child Care Ends:**  
Tuesday, June 1st, 2027

## CHILD CARE AT THE Y

Non-school day care will be located at the Longwood Branch YMCA at 8761 Shepard Rd., Macedonia from 6:30am-6:00pm.

Please send you child with a **nut-free** lunch.

Snow Days will be on a **2-hour delay** located at the Longwood Branch YMCA at 8761 Shepard Rd., Macedonia from 8:30am-6:00pm.

## MEDICATION INFO

The forms "Child Medical/Physical Care Plan" and "Request for Administration of Medication" needs to be completed for children with medical needs, such as asthma or allergies.

We **DO NOT** allow medications to be stored in the school's nurses office. YMCA staff must have additional medication, located at our Before and After School site.

## SPECIAL NEEDS

The Longwood YMCA Before and After Care is open to children of all abilities. If your child has special needs, please speak with the Youth Enrichment Director to arrange appropriate accommodations.

## WHO TO CALL

**OLIVIA KENT**  
Youth Enrichment Director  
330-467-8366 ext 1802  
oliviak@akronymca.org

**SARAH BATTEN**  
Youth Enrichment Director  
330-467-8366 ext 1803  
sarahb@akronymca.org

## DO NOT BRING

- **Nuts of Any Kind** (Nut-Free Facility)
- **Open-Toed** Shoes (ex. Flip Flops, Crocs)
- Toys from Home
- Money / Valuables
- Electronics from home (tablets, gaming devices, cell phones)

## FINANCIAL ASSISTANCE

Please contact our Administrative Team to inquire

## PLEASE NOTE

Children must be pre-registered for all child care programs.

Three or more days constitutes a full week and corresponding weekly fees will be charged accordingly.

**\*PLEASE KEEP THIS PAGE FOR YOUR REFERENCE\***

# CHILD CARE INFORMATION

CARE SITE	LOCATION	TIMES
Lee Eaton Elementary License #2190020099	115 Ledge Road Northfield, OH 44067	School dismissal - 6:00 pm (only after care available)
Ledgeview Elementary License #2190020126	9130 Shepard Road Macedonia, OH 44056	6:30 am - bell School dismissal - 6:00 pm
Northfield Elementary License #2190020129	9370 Olde 8 Road Northfield, OH 44067	6:30 am - bell School dismissal - 6:00 pm
Rushwood Elementary License #2190020127	8200 Rushwood Lane Sagamore Hills, OH 44067	6:30 am - bell School dismissal - 6:00 pm
Longwood Branch YMCA (for all non-school & snow days) License #103894	8761 Shepard Road Macedonia, OH 44056	Fun Day: 6:30 am - 6:00 pm Snow Day: 8:30 am - 6:00 pm

## 2026-2027 RATES

<b>Before Care Only</b>	\$60/week or \$30/day (if attendance is 2 days or less per week)
<b>After Care Only</b>	\$85/week or \$30/day (if attendance is 2 days or less per week)
<b>Before AND After Care</b>	\$110/week or \$40/day (if attendance is 2 days or less per week)
<b>Fun/Snow Days</b>	\$50/day
<b>*If you are a member at a YMCA membership branch, ask about our membership rates*</b>	

## 2026-2027 FUN DAYS

<b>SEPTEMBER</b>	21st
<b>OCTOBER</b>	9th
<b>NOVEMBER</b>	3rd, 25th, 30th
<b>DECEMBER</b>	21st, 22nd, 23rd, 28th, 29th, 30th
<b>JANUARY</b>	15th, 18th
<b>FEBRUARY</b>	12th, 15th
<b>MARCH</b>	25th, 29th, 30th, 31st
<b>APRIL</b>	1st, 2nd, 19th

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# CHILD CARE SELECTION

Child's Name: \_\_\_\_\_

Admission/Start Date: \_\_\_\_\_

## PLEASE SELECT YOUR CHILD'S SCHOOL

<input type="checkbox"/> Lee Eaton	<input type="checkbox"/> Ledgeview	<input type="checkbox"/> Northfield	<input type="checkbox"/> Rushwood
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## BEFORE & AFTER CARE

Please indicate which days you will need Before and After Care below.

<b>Before Care Only</b>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<b>After Care Only</b>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<b>Before AND After Care</b>	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

### **PLEASE NOTE:**

Enrollment for three or more days constitute a full week and corresponding weekly fees will be charged accordingly.

Any changes to your child's enrollment must be submitted prior to the Thursday before attendance; payments are pulled early Friday and may not be refundable.

If there are any changes to your child's enrollment, please contact a member of the Longwood Branch YMCA administrative office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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# Before and After School Registration 2026-2027

## Child's Information

Child's Name and Nick Name \_\_\_\_\_  male  female  other

Child's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Grade in September \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does child live with both parents?  Yes  No; If no, please indicate which parent has custody of child. (Custody papers must be provided if there is an issue.)

## Parent/Guardian Information

Parent Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Primary Number \_\_\_\_\_

Primary Number \_\_\_\_\_

Secondary Number \_\_\_\_\_

Secondary Number \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Person responsible for tuition \_\_\_\_\_

Do you have Publicly Funded Child Care?  Yes  No

Are you or another parent/guardian currently an employee of the YMCA?  Yes  No

## Authorized Persons to Pick Up Child

Your child will only be released to a parent/guardian or persons listed in this section.  
Staff will require a government issued identification before releasing your child.

Name \_\_\_\_\_ Relation \_\_\_\_\_

Primary Number \_\_\_\_\_ Second Number \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Primary Number \_\_\_\_\_ Second Number \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Primary Number \_\_\_\_\_ Second Number \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Primary Number \_\_\_\_\_ Second Number \_\_\_\_\_

Please note: if there are any custody issues involved with your child, you must provide the center directors with full court papers indicating who has permission to pick up the child. The program may not deny a parent access to his/her child without proper documentation.

\*\*If you receive publicly funded child care, all authorized persons to pick up will be required to use the mobile TAP System.

**Child's Name** \_\_\_\_\_

### **Photograph Consent**

I give my permission for my child \_\_\_\_\_ to be in photographs, slides, DVD's, and/or videos for the promotion of the Akron Area YMCA.

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

### **Permission for Routine Walks**

As part of our curriculum, the Y routinely includes outdoor walks and/or playground time. Weather permitting, I give permission for my child \_\_\_\_\_ to accompany his/her class/group on routine walks outdoors and on the grounds of the program.

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

### **Child Drop-Off/Pick-Up Policy**

When you enroll your child in any YMCA Child Care Program, it is to be understood that our policy is for you to bring your child into the center each morning, sign the attendance sheet, and let one of the staff members know your child has arrived. Please note: we are not legally responsible for your child when he/she is dropped off without completing the above procedure.

I understand that state law requires me to sign my child in and out each day, as well as notify staff that my child is leaving for the day.

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

Child's Name \_\_\_\_\_

## 2026-2027 Center Policies Agreement

Please read the policies carefully and initial in each box.

- I understand there is a \$40 non-refundable registration fee per child.
- Weekly tuition is due on Fridays prior to the week of service via auto draft.
- I understand that if my childcare payments fall one week behind I will be asked to withdraw my child until payment is made.
- Outstanding balances of \$100.00 or more that are past 30 days in arrears will be turned over to collections.
- 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 memberships until balance is paid.
- I understand that there will be a \$10.00 fee assessed for any and every returned payment.
- CANCELLATION POLICY:** Written 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.
- I understand that late pick up fees in the amount of \$1.00 for every 1 minute per family will be imposed if my child(ren) is picked up after the center's designated closing time (6:00 pm).
- I understand that staff will contact Summit County Children Services if my child remains at the center longer than one hour after closing and all attempts to reach me, the child's other parent, and authorized persons have been made, without success.
- 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.
- 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.
- I have read the YMCA Child Care Registration Packet in full and agree to all terms therein for my child(ren) to receive childcare. I also understand that I forfeit the privilege of childcare if all policies are not followed.

### FOR PUBLICLY FUNDED CHILD CARE RECIPIENTS ONLY

- I understand that my Publicly Funded Child Care co-pay is due every Friday via auto draft prior to care.
- I understand that if my Publicly Funded Child Care authorization is not current and/or for the correct location, I will be responsible for private pay rates.
- I understand that I must tap using a mobile device daily. I understand there is a back date period if daily taps are missed. If I miss the back date 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 date.

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

Child's Name \_\_\_\_\_

## 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:

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	
		Food Assistance			Help meeting the developmental needs of your child
		Housing			Family Counseling
		Nutrition			Parenting Education of Information
		Health/Immunizations			Dental
		Other:			

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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 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		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
<b>Allergies, Special Health or Medical Conditions, and Medical Foods</b>
Fill in this section accurately and completely. Please note that if your child has a <b>current</b> 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? ( <i>check all that apply</i> ) <input type="checkbox"/> No <input type="checkbox"/> Yes - <i>check all that apply</i> <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> 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? ( <i>check one</i> ) <input type="checkbox"/> No <input type="checkbox"/> 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? ( <i>check one</i> ) <input type="checkbox"/> No <input type="checkbox"/> 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? ( <i>check one</i> ) <input type="checkbox"/> No <input type="checkbox"/> 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? ( <i>check one</i> ) <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain
If yes, does this medication or medical food need to be administered at the child care program/home? <input type="checkbox"/> No <input type="checkbox"/> 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? ( <i>check one</i> ) <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain
Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group? <input type="checkbox"/> No <input type="checkbox"/> Yes - written instructions from the child's health care provider must be on file. <input type="checkbox"/> 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**

<b>Give <u>Permission</u> to Transport</b>	<b>OR</b>  <b>Do not sign both</b>	<b>Do Not Give <u>Permission</u> to Transport</b>
Program or Home Name <p style="text-align: center;">Longwood Branch 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>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.  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.

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FOR SOCIAL RESPONSIBILITY

# AUTOMATIC DRAFT FORM

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Program:  Before/After Care  Fun/Snow Days  Preschool  Summer Camp

I elect to pay my weekly/monthly child care fees with either a...

**Bank Account** (please attach a voided check)

Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Choose One:  Checking  Savings

**Debit/Credit Card** (Choose:  Visa  MasterCard  Discover)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC CODE: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_

- I authorize Akron Area YMCA to automatically draft from the above account for my weekly/monthly child care fees.
- I understand that this automatic draft will begin on Friday prior to the week of service. Preschool program fees will auto draft on the 1st of each month.
- I understand that this automatic draft will be terminated at the end of the current program enrollment, or upon giving the Akron Area YMCA 7-day written notice of my child's termination.
- I understand that the YMCA is not responsible for any NSF fees incurred for not maintaining the required funds in my account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date