

Stow & Woodridge Before and After School Enrichment General Information 2026-2027

Care Site & License #	Schools Served	Location	Times
Echo Hills YMCA BASE 106352	Echo Hills	Echo Hills Elementary 4405 Stow Rd Stow, 44224	7:00-9:00am 3:00-6:00pm
Fishcreek YMCA BASE 106353	Fishcreek	Fishcreek Elementary 5080 Fishcreek Rd Stow, 44224	7:00-9:00am 3:00-6:00pm
Highland YMCA BASE 106351	Highland Lakeview	Highland Elementary 1843 Graham Rd Stow, 44224	7:00-9:00am 3:00-6:00pm
Indian Trail YMCA BASE 100411	Indian Trail	Indian Trail 3512 Kent Rd Stow, 44224	7:00-9:00am 3:30-6:00pm
Riverview YMCA BASE 100414	Riverview	Riverview Elementary 240 North River Rd. Munroe Falls, Ohio 44262	7:00-9:00am 3:00-6:00pm
Woodland YMCA BASE 100270	Woodland	Woodland Elementary 2908 Graham Rd Stow, 44224	7:00-9:00am 3:00-6:00pm
Woodridge YMCA BASE 102536	Woodridge	Woodridge Elementary 4351 Quick Rd., Cuyahoga Falls, 44223	7:00-8:30am 3:00-6:00pm

*Your child's **completed** packet must be turned in to the YMCA at least two business days before your child can start care.

Before and After School Enrichment Fees

\$40.00 registration fee waived if enrolled before July 15th, 2026

Weekly, Flat-rate Fees (Stow and Woodridge)

- Full Time: 3 days or more of care
- Part Time: 2 days or less of care

Cancellation notification must be given no later than one week in advance.

There are no sibling discounts.

Program subject to change.

Program	Stow School District		Woodridge School District	
	Y Member Rate	Non-Member Rate	Y Member Rate	Non-Member Rate
Before Care Only	\$ 65.00	\$ 75.00	\$ 65.00	\$ 75.00
After Care Only	\$ 75.00	\$ 85.00	\$ 75.00	\$ 85.00
Before <u>AND</u> After Care	\$ 100.00	\$ 110.00	\$ 100.00	\$ 110.00
Before <u>OR</u> After Care, daily rate	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00
Before <u>AND</u> After Care, daily rate	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00
Registration Fee	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00

Before and After School Enrichment General Information 2026-2027 (cont.)

Parent Handbook – The “Riverfront YMCA Child Care Parent Handbook” is available at the following link:
<https://www.akronymca.org/locations/riverfront-ymca/and-after-school>

A paper copy will be provided upon request.

Directors – Please feel free to contact a director with questions or concerns.

Laura Davisson – Woodridge Elem.

(330) 923-9622

Laurad@akronymca.org

Grace Cominsky – Stow Schools

(330) 923-9622

Gracec@akronymca.org



Publically Funded Child Care Recipients (PFCC) – Your TAPs authorization must be for the correct location. The YMCA and each Before and after School site is considered a different location to ODJFS. Please be sure to change locations for Fun Days/Snow Days to license 301735. Please see above for each location’s Licensing Number.



To apply for Publicly Funded Child Care (PFCC), please scan the QR Code to be taken to the ODJFS website. If you are denied, the YMCA may be able to help you with the cost of child care, please contact the director of your school district.

Medications/Medical Conditions – We do not allow medications to be stored in the school nurse’s office. In order for the YMCA to provide safe care to your child, we must have additional medication stored in our care, at our Before and After school sites. We will not accept medication left in the school nurses office as we cannot guarantee access to it. Inhalers/diabetes medications may be brought with your child, however they must be kept on your child’s person, not in a backpack. Before turning in your child’s packet, please contact a director to obtain DCY01236 and/or DCY01217 if your child requires the form.

Fun Days – You may drop off your child as early as 7:00am and your child must be picked up by 6:00pm. Pre-registration is required, a form for each Fun Day must be filled out and submitted to the YMCA or BASE staff. Forms will be available two weeks prior to each Fun Day at the YMCA front desk and BASE sites – there is also a blank form on our website.

Each Fun Day costs \$50 per day per child for participants. Registration is on a first come first serve basis. Fun Day Calendar can be found at: <https://www.akronymca.org/locations/riverfront-ymca/fun-day>

Snow Days – In the event of a Snow Day, care is provided at the Riverfront YMCA from 8:30am–6:00pm. Your child must be pre-registered for Snow Days in order to attend. Snow Day sign-up slips will go out to Before and After care sites in November. If registering your child after November, please contact a Youth Enrichment Director for assistance in signing up for Snow Days.

Early Release – There is no After Care for Early Release days.

Delayed Start Days (Stow Only – No before care)

Stow: 10/7/2026 1/13/2027 2/3/2027 4/7/2027

School Year Start and End Dates

Stow: 8/18/2026–5/27/2027

Woodridge: 8/19/2026–5/26/2027

Program and dates subject to change.

Riverfront YMCA Stow & Woodridge Before and After School Enrichment 2026-2027

Please check all types of care you will need

☐ Before Care

☐ After Care

Anticipated Start Date: _____

☐ Full Time

☐ Part Time

If Part Time, what day/s? _____

Registration Fee:

A non-refundable \$40 registration fee is due at time of registration.

Payment: ☐ Draft from debit/credit card on file (ending in____)

Payment Information:

Please draft payment: ☐ Weekly on Fridays ☐ Other (contact Director)

Account: ☐ Account on file (ending in ____) ☐ FLEX (contact Director)

Person Responsible for tuition: _____

Do you have Publicly Funded Child Care (PFCC) (formerly known as Title XX)? ☐ Yes ☐ No

Child's Name and Nick Name _____ ☐ male ☐ female

Child's Birth date _____ Age _____

Street Address _____

City _____ State _____ Zip _____

School Child Attends _____ Grade _____

YMCA Member? ☐ yes ☐ no

Parent Name _____

Primary Number () ☐ C ☐ H ☐ W

Secondary Number () ☐ C ☐ H ☐ W

Email _____

Birth date _____

YMCA Employee? ☐ yes ☐ no

Parent Name _____

Primary Number () ☐ C ☐ H ☐ W

Secondary Number () ☐ C ☐ H ☐ W

Email _____

Birth date _____

YMCA Employee? ☐ 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 _____

Primary Number () ☐ C ☐ H ☐ W

Relation _____

Secondary Number () ☐ C ☐ H ☐ W

Name _____

Primary Number () ☐ C ☐ H ☐ W

Relation _____

Secondary Number () ☐ C ☐ H ☐ W

Name _____

Primary Number () ☐ C ☐ H ☐ W

Relation _____

Secondary Number () ☐ C ☐ H ☐ W

Name _____

Primary Number () ☐ C ☐ H ☐ W

Relation _____

Secondary Number () ☐ C ☐ H ☐ W

Please note: if there are any custody issues involved with your child, you must provide the center directors with full court papers including 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 publically funded child care, all authorized persons to pick up will be required to use the mobile TAPs system.****

Child's name _____

2026-2027 Center Policies Agreement

Please read the policies carefully and initial all lines.

_____ 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 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 membership until balance is paid.

_____ I understand that there will be a \$10 fee assessed for any and every returned payment.

_____ 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.

_____ 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 (6:00 pm).

_____ I understand that staff will contact Summit/Medina 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 understand my child must be fully potty trained to attend this program.

_____ I have read the YMCA BASE/Day Camp Registration Packet and Parent Handbook (which can be found on our website at <https://www.akronymca.org/locations/riverfront-ymca/and-after-school>) and agree to all terms therein for my child(ren) to receive childcare. I understand that I forfeit the privilege of childcare if all policies are not followed.

FOR PUBLICALLY FUNDED CHILD CARE RECIPIENTS ONLY

_____ I understand that my Publically Funded Child Care co-pay is due every Friday via auto draft prior to care.

_____ I understand that if my Publically Funded Child Care 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 using a mobile device daily. I understand there is a back date 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 date.

Parent/Guardian Signature _____ Date _____

Permissions

Photograph Consent

☐ I give my child _____ permission to be in photographs, slides, or videotapes for promotion of the Akron Area YMCA.

☐ I do not give my child _____ permission to be in photographs, slides, or videotapes for promotion of the Akron Area YMCA.

Parent/Guardian signature: _____ Date: _____

Program Waiver

I understand that there is a risk of serious injury associated with the use of the YMCA facilities, participation in YMCA programs and use of exercise and other equipment. As a condition of my membership I agree to assume the risk of injury arising from my use of the facilities, programs, equipment, and for all other matters at all YMCA locations or programs whenever occurring. On behalf of myself and my heirs, administrators and agents and contractors harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program or use any YMCA facility or equipment without signing this agreement.

Parent/Guardian signature: _____ Date: _____

Child Drop-Off/Pick-Up Policy

When you enroll your child in any YMCA Before and After School Enrichment program, it is to be understood our policy is for you to bring your child into the center each morning, sign and list the arrival time on the sign in 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 state law requires me to sign my child in and out each day as well as notify staff that my child is leaving.

Parent/Guardian signature: _____ Date: _____

FUN DAYS

Permission to Participate in Swimming Activities - *Fun Days*

I give permission for my child _____ to participate in swimming activities near water two feet or more in depth – or water activities in water two feet or more in depth.

The center will be providing two (2) additional adults above the required staff/child ratio.

Swim Site	Riverfront YMCA Swimming Pool
Date(s)	Fun Days (August 2026-May 2027)
Departure/Arrival Times from Center	On site, 9:00-3:00pm
Mode of Transportation	Walking in building to indoor pool facility
My child is a	☐ Swimmer ☐ Non Swimmer

Parent/Guardian Signature _____ Date _____

Permission for routine walks - *Required for Fun Days*

Weather permitting, I give permission for my child _____ to accompany their group on routine walks to DeWitt Playground. The playground is located at 425 Falls Ave., Cuyahoga Falls, OH 44221

Child/Family Information Form

In an effort to understand your child and to meet their 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	
☐	☐	Food Assistance	☐	☐	Help meeting the developmental needs of your child
☐	☐	Housing	☐	☐	Family Counseling
☐	☐	Nutrition	☐	☐	Parenting Education or Information
☐	☐	Health/Immunizations	☐	☐	Dental
☐	☐	Other:	☐	☐	Other:

Staff Use:

Referrals Made (date) _____ (to where) _____

Follow up (date) _____ (comments) _____

CHILD ENROLLMENT FORM FOR EARLY CARE AND EDUCATION PROGRAMS

Parents: Complete this form or an electronic version in its entirety prior to the child's first day of attendance, review annually, and update as needed. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.

Child's Name		Date of Birth		First Day at Program	
Address					
City		State		Zip Code	
Parent #1 Name		Parent #1 Phone Number			
Parent #1 Address ☐ Same as Child's		City		State	Zip Code
Parent #1 Email Address (if applicable)		Parent #1 Cell Phone (if applicable)			
Parent #1 Work/School Name (if applicable)		Parent #1 Work/School Phone Number (if applicable)			
Check here if Not Applicable ☐	Parent #2 Name		Parent #2 Phone Number		
Parent #2 Address ☐ Same as Child's		City		State	Zip Code
Parent #2 Email Address (if applicable)		Parent #2 Cell Phone (if applicable)			
Parent #2 Work/School Name (if applicable)		Parent #2 Work/School Phone Number (if applicable)			
Primary Emergency Contact #1 Name (cannot be parent/guardian)		Check here if Not Applicable ☐	Optional Emergency Contact #2 Name (cannot be parent/guardian)		
Primary Emergency Contact #1 Phone Number		Optional Emergency Contact #2 Phone Number			
Primary Emergency Contact #1 Other number or email address for emergency contact (if applicable)		Optional Emergency Contact #2 Other number or email address for emergency contact (if applicable)			
My child may be released to this emergency contact ☐ Yes ☐ No		Optional My child may be released to this emergency contact ☐ Yes ☐ No			
Does your child have a chronic health condition or diagnosis that requires the program to: observe or monitor symptoms, administer medication, serve medical foods, perform medical procedures, avoid specific foods/environmental conditions/activities, or allow a school age child to carry and administer their own medication? ☐ Yes (complete or provide a Health Care Plan, documentation from a licensed physician, or an electronic equivalent) ☐ No					

Child's Name		Date of Birth	
Information on my child's development: (personal, behavior, patterns, habits, and individual needs, etc.)			
☐ N/A			
The following accommodation(s) may be helpful to most effectively meet my child's needs while at the program:			
☐ N/A			
My child will receive specialized/individual services at the program:			
☐ Yes ☐ No			
Name of service provider(s) and frequency			
☐ N/A			
Emergency Transportation Authorization			
☐ The program 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.			
☐ The program 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:			
SIGNATURE			
This form should be reviewed 12 months from the date the parent acknowledges accuracy and receipt of policies and procedures.			
Parent Acknowledgement of Accuracy and Receipt of Policies and Procedures			
By signing this form, I attest that the information is accurate and that I have reviewed and received a copy of the program's policies and procedures (parent handbook).			
Parent Signature		Date	
Program Acknowledgement of Completion			
By signing this form, I attest that I have reviewed for completeness and that this form has been signed by the parent/guardian. This form is to be completed prior to the child receiving care.			
Program Administrator/Designee Signature		Date	
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

HEALTH CARE PLAN DOCUMENTATION & PERMISSION TO ADMINISTER MEDICATION FOR EARLY CARE AND EDUCATION PROGRAMS

Parents: Complete this form or an electronic version in its entirety prior to the child's first day of attendance and update annually and as needed when a child has a special chronic health condition that may require the program to perform a medical procedure or administer medication. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.

HEALTH CARE PLAN DOCUMENTATION

Child's Name

Date of Birth

If the child does not have a special chronic health condition or diagnosis check here: ☐

Skip to page 2 to give permission to administer medication/medical food.

Complete a new form or provide separate documentation for each condition that requires different actions to be taken.

☐ **Check here if additional information/documentation is attached from a licensed dentist, licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN).** This documentation may serve as a substitute for page 1.

Special Chronic Health Condition

What are the signs, symptoms, or situations which require staff to take action, perform a medical procedure and/or administer medication or medical food?

What are the activities, foods, conditions, etc. to avoid? ☐ Not Applicable

What are the instructions to care for the child or perform a medical procedure?

If the child's health condition does not improve or side effects to medication appear, trained staff will do one or more of the following:

☐ Call 9-1-1

☐ Call Parent

☐ Other:

Additional Information and/or what is needed if the child care program must be evacuated:

If the special health condition does not require administering medication/medical food: STOP HERE AND SKIP TO PAGE 3

Page 1 is completed to provide instructions for performing a medical procedure.

PERMISSION TO ADMINISTER MEDICATION

Instructions from a licensed dentist, licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) are required for administering:

- Medical foods.
- Prescription medications, including samples.
- Non-prescription medicines containing aspirin.
- Topical preventative products and lotions or non-prescription medications, when the instructions for use exceed or do not match the manufacturer's instructions or are not stored in original container.

Child's Name

Date of Birth

Weight (if needed to determine dosage)

What are the instructions to administer medication or medical food?

☐ **Not Applicable: Instructions are not required if the prescription medication is stored in the original container with prescription label that includes the child's full name, exact dosage, and directions for use.**

What actions are to be taken if the medication or medical food is not available?

Name of Medication/Medical Food

Name of Medication/Medical Food

Name of Medication/Medical Food

Dosage of Medication/Medical Food

Dosage of Medication/Medical Food

Dosage of Medication/Medical Food

Time of Medication/Medical Food Administration

Time of Medication/Medical Food Administration

Time of Medication/Medical Food Administration

☐ Administer because symptoms are present

☐ Administer because symptoms are present

☐ Administer because symptoms are present

SIGNATURE PAGE

Child's Name

PARENT/GUARDIAN

By signing this form I attest that: (check all that apply)

- ☐ I have provided information for care or implementing a medical procedure
- ☐ I have trained staff and have given permission to perform the procedure
- ☐ I have trained staff and have given permission to administer medication to my child

Parent Signature

Date of Signature

LICENSED PHYSICIAN, PHYSICIAN ASSISTANT, ADVANCED PRACTICE REGISTERED NURSE, LICENSED DENTIST

Health Care Professional's signature is only required in this box if their instructions have been provided on this form, prescribed medication does not have a prescription label, or as directed by the manufacturer's instructions.

Physician Signature

Date of Signature

CERTIFIED PROFESSIONAL TRAINER

(A signature from a Certified Professional Trainer is not required if the parent/guardian has provided instructions for care, training, or administering medication)

If a Certified Professional Trainer provided instructions, my signature indicates that:

- ☐ I have provided instructions for care and/or training for the medical procedure.
- ☐ I have provided instructions for administering medication.

Certified Professionals Name (please print)

Phone Number

Certified Professionals Signature

Date of Signature

PROGRAM STAFF

Signatures of all individuals who have received instructions for care, have been trained in performing the procedure for this child and/or administering medication. Additional names and signatures can be attached on a separate sheet.

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

Printed Name

Signature

Date

DOCUMENTATION OF ADMINISTRATION OF MEDICATION OR MEDICAL FOOD

[illegible]