



2022-2023



**REGISTRATION PACKET**  
*School Age Child Care*  
**Before & After School**  
*Located in **Perry Local Schools***

This completed registration packet, the registration fee, and payment for the child's first week must be received before a child may attend the program. Register at the YMCA a minimum of 48 hours prior to child's start.

Sites

**Genoa** Elementary, **Lohr** Elementary & **Watson** Elementary.

Knapp students register for the Genoa site and must contact the bus garage.

Pfeiffer students register for the site in their home elementary and also contact the bus garage.

Available for grades Kindergarten through 6<sup>th</sup>

**Before School 6:30** AM to start of school

**After School** school dismissal to **6:00** PM

**Registration Check List:**

- Allow 48 hour for the YMCA to process your registration
- YMCA Forms (5 pages)
- Ohio Child Enrollment and Health Information (4 pages)
  - JFS form 01236 "Child Medical/Physical Care Plan for Child Care" may be downloaded from [WestStarkY.org/care](http://WestStarkY.org/care) or picked up at the YMCA.
- Photo of child (headshot)
- Administration of Medication Form - available upon request
- Parents of Knapp/Pfeiffer students should contact the bus garage at 330-477-1300

**DO SEND THE FOLLOWING DAILY:**

- Gym shoes (sandals or open toed shoes are not appropriate)

**Snack will be provided daily**

**PLEASE DO NOT SEND:**

- Valuables
- Cell phones
- Electronic games
- Music players
- Trading cards
- Toys

(On special days we may allow some of these items. You will be notified ahead of time.)

**[WestStarkY.org/care](http://WestStarkY.org/care)**

For information related to your child's program site.

YMCA of Western Stark County

Visit us on the web at [www.WestStarkY.org](http://www.WestStarkY.org)

MASSILLON FAMILY YMCA

131 Tremont Ave SE

Massillon, OH 44646

P 330 837 5116 F 330 837 5119



Child Information

Child's Name \_\_\_\_\_ Child's Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Child's Nickname \_\_\_\_\_ Gender Female Male

Home Phone \_\_\_\_\_ Child's Shirt Size: (circle) YS YM YL AS AM AL XL

Grade (2022-2023) \_\_\_\_\_

Site Attending: Genoa Lohr Watson Bussing to/from: Knapp Pfeiffer ONA

Parent/ Guardian Information

If there is 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. Everyone picking up a child (including parents) must provide a photo I.D. upon request.

Name \_\_\_\_\_

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

D.O.B. \_\_\_\_\_

Home \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

Child Lives With \_\_\_\_\_

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 government issued identification before releasing your child.

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

United Way Information

Child's Race: (please mark one) Asian /Pacific Islander African American/Black Alaska Native Hispanic/Latino Native American Caucasian/White Other \_\_\_\_\_

Family Size: 1 2 3 4 5 6 7 8

Household Income: (please mark one) \$0 to \$19,999 \$20,000 to \$29,999 \$30,000 to \$44,999 \$45,000 to \$54,999 \$55,000 to \$64,999 \$65,000 and over

JFS: Do you receive assistance from the Department of Jobs and Family Services for Child Care? NO YES

YMCA USE Date: \_\_\_\_\_ Paid Reg.: Yes No MSR: \_\_\_\_\_ Paid Wk 1: Yes No Reg. Daxko: Yes No Contacted Site Dir.: Yes No

Place Forms in Child Care Billing mailbox



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

**Please Read Carefully and Respond to the Following Policies & Permissions**

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

When you enroll your child in any YMCA child care program, it is to be understood our policy is for you to **bring your child into the program area each day, 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's supervision when he / she is dropped off outside of the building. As a parent or guardian, I am aware the YMCA staff is not responsible for my child's supervision unless I bring my child into the program area and sign him/her in upon arrival each day. I understand state law requires me to **sign my child in and out** each day. I also understand state law requires I **notify staff my child is leaving** for the day.

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

**Photograph Consent**

I grant permission for my child to be video taped and/or photographed while participating in programs and activities of the YMCA. It is my understanding that video taping and photographs will be used for educational, training and promotional purposes only. I may revoke this permission at any time by sending a letter to the YMCA.

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

**Liability**

I, the undersigned parent/guardian, do hereby accept all responsibility for, and assume the risk of any injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participation in a YMCA of Western Stark County program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA, the various branches and subdivisions expressly including but not limited to the Board of Trustees of the YMCA, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of the release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns.

The YMCA of Western Stark County is not responsible for misplaced or stolen items.

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

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

**YMCA of Western Stark County pool**

Date(s)

**School Days Off, August 15, 2022 to August 15, 2023**

Departure/Arrival Times from Program

**On-site**

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

**On-site, walking within YMCA**

**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

YMCA Lifeguard(s) will also be present



**SPECIALIZED NEEDS:**

YES  NO Does your child have any specialized needs or receive any accommodations during the school year? If yes, please explain:

Parents or guardians are required to inform the YMCA in writing, prior to a child’s acceptance in a YMCA program, of any special circumstances which may affect the child’s ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions. Upon being informed of such circumstances, the Child Care Director or other camp staff may require a conference with the parent(s)/guardian to discuss accommodations.

**MEDICAL TREATMENT POLICIES:**

Children requiring medications, including food supplements and topical products, must have proper medical forms on file, including a Medical/Physical Care Plan (JFS 01236) and the Administration of Medication form (JFS 01217). Only one condition per form is permitted. Medications will be secured with a staff member and administered only by trained staff. Children will not be permitted to begin programming until the above forms are completed and any medication needed is on site. Medication must be in its original container with the prescription label attached.

**COVID-19 POLICIES:**

I agree to inform the staff at my site location if my child or anyone in their household is exposed to a confirmed case of COVID-19. If my child or anyone in our household exhibits symptoms of COVID-19 and is tested, I agree to keep my child home from childcare programming until symptoms subside and the child is cleared by a physician or provides a negative test result. If my child starts to exhibit symptoms while in care, I agree to pick up immediately upon being called. I agree to allow my child’s temperature to be taken each day upon entry to the program and at any time sickness is suspected. I will follow all guidelines and policies set forth by the YMCA regarding the COVID pandemic.

**PERMISSION TO TREAT:**

In case of medical illness or injury, I hereby give permission to YMCA of Western Stark County personnel to provide routine health care, first aid, medication or treatment as determined by medical personnel. IN CASE OF MEDICAL EMERGENCY or medical care beyond the scope of child care facilities, I understand that every effort will be made to notify my listed contacts. I authorize the YMCA of Western Stark County personnel to act on my behalf and secure emergency medical treatment and grant permission to the attending physician to secure proper treatment for the named camper.

•Parent/Guardian PRINT \_\_\_\_\_

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



**Payment Agreement and Schedule**

School Year 2022 –2023

Child's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

**Payment Schedule / Rate Plan** (place a ✓ in the ○):

place a ✓ in the ○	School Age					
	○ <u>Before AND After School</u> 4-5 days /week "full-time"	○ <u>Before School</u> "full-time" 4-5 days /week	○ <u>Before School</u> "part-time" 1-3 days /week	○ <u>After School</u> "full-time" 4-5 days /week	○ <u>After School</u> "part-time" 1-3 days /week	○ <u>School Days Off &amp; Snow Days</u> @ the YMCA
Regular Price (child non-member)	\$95 /week	\$52 /week	\$40 /week	\$52 /week	\$40 /week	\$40 /day
Youth Membership	79 /week	42 /week	32 /week	42 /week	32 /week	35 /day
Family Membership	79 /week	42 /week	32 /week	42 /week	32 /week	35 /day

**Schedule** (enter times):

<i>Full Day PS &amp; School Age only</i>	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
<b>PS Arrive</b> / <u>SA Before</u> School care					
<b>PS Depart</b> / <u>SA After</u> School care					

**Registration Fee:** The non-refundable registration fee of \$25/child (\$50 max/family) must be paid at the time of registration. Preschoolers continuing in the full day program only pay an initial registration fee.

**Payment Policy:**

- Child care payments are due in advance of attendance for the week. This includes ODJFS weekly copayments.
- I understand that fees are a flat rate and stay the same regardless of my child's attendance. The YMCA will make exceptions due to **Holidays** that create a part-time week for **everyone**.
- I understand I will be charged continuously for the program and rate plan that I signed my child up for.
- A 1 week, written notice is required for withdrawal from the program, otherwise the account will be charged based on the schedule/rate plan you signed up for.
- I understand that if my payments fall behind I will be asked to withdraw my child until payment is made.
- Automatic payments will be set up on the Automatic Payment Plan. Weekly/Monthly/Semi-monthly payments will be set to draft prior to each week/month's start. Automatic payments may only be waived with permission from the Child Care Director or Account Receivable.
- In the event my preauthorized payment is not honored on my scheduled draft date the YMCA may charge a \$15 penalty for returned/late payments in addition to any charges assessed by your financial institution.
- It is further understood that if payment is not honored, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.
- Payments/Refunds will be applied to any overdue YMCA balances first then to current programming fees.
- All programs close at 6:00pm. A \$1 per minute per child late fee is charged after 6:00pm.
- All policies are at the discretion of management and may be changed.
- Full Day Preschool & School Age care:** By means of **advanced notice**, 2 weeks each school year and 2 weeks each summer may be used as vacation and will not be charged.
- JFS:** Copayments are due weekly, on Friday, and in advance of attendance.
- JFS:** I understand that if my authorization is not current, I will be responsible for the private pay rates.
- JFS:** I understand that my child must be checked in and out every day on the JFS Time, Attendance and Payment (TAP) system. If I do not, I understand I will be charged the difference between my copay and the private pay rates.
- JFS:** I understand that if I do not check my child in/out on the JFS TAP system I forfeit services.
- JFS:** I understand that ODJFS families **MUST** attend a minimum of 25 hours a week during the summer and 7 hours during the school year.

•Parent/Guardian Signature

Print Name

Date

Driver's License or S.S. Number of Responsible Party: \_\_\_\_\_ *required*



**Automatic Payment Plan** *(automatic payments from a bank account or credit card)*

**Participant's Information**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Site/Location: \_\_\_\_\_ Program: \_\_\_\_\_

Do you receive assistance from the Dept. of Jobs and Family Services for Child Care? **ONO** **OYES**

**Billing Information (This person MUST sign this form below)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

**Draft Authorization**

**Form of Payment**

I authorize automatic payments of my child care fees (see amount on Schedule & Payment Agreement). The drafts will occur automatically until contract is expired or terminated in writing. A minimum of 7 days' notice is required.

Credit/Debit Card

Bank Account (attach voided check/statement)

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

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

Card Type:  MasterCard  Visa  
 Discover

Account Type:  Savings  
 Checking

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

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

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

Expiration Date: \_\_\_\_ / \_\_\_\_

**Schedule of Payments**

Weekly (pick one)

- Mondays  Tuesdays  
 Wednesdays  Thursdays  
 Fridays

- Monthly (circle only **one** date)  
 Semi-monthly (circle any **two**)

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	X	X

**Agreement**

- Automatic payments are scheduled at or before each week/month starts. Monday payments are for the current week, Friday payments pay for the next week, and monthly payments are for all the Mondays on or after the day of the month chosen and each Monday until the next payment.
- In the event my preauthorized payment is not honored on my scheduled draft date the YMCA may charge a \$15 penalty for returned/late payments in addition to any charges assessed by your financial institution.
- It is further understood that if payment is not honored, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.
- Two or more returned payments may result in termination or require payment in full for the year.

**I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.**

•Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Site Use Only**

Daxko Unit ID number: \_\_\_\_\_

JFS approval through what date: \_\_\_\_\_

**Business Office Use Only**

Auto Payments Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Copy Attached OR  Written Used OR  In Daxko

Ohio Department of Job and Family Services  
**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	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 JFS 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 JFS 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 JFS 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 JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 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**

<b>Give <u>Permission</u> to Transport</b>		<b>OR</b>  <b>Do not sign both</b>	<b><u>Do Not Give Permission</u> to Transport</b>	
Program or Home Name			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 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. 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.