

JOIN the Y and SAVE on Day Camp

A YMCA youth membership is just \$19/month and saves you \$10/week on Day Camp—adding up to \$50+ in summer savings. Plus, youth members get discounts on swim and gymnastics lessons at the Y.

A West Stark YMCA family membership is \$60/month but saves you \$20/week, making it pay for itself. With multiple children, the savings add up even more! Your family membership also includes discounts on swim and gymnastics lessons, access to Open Swim, Basketball, and Racquetball, and the ability to visit YMCAs across the USA this summer.



**FIND FRIENDS.
FIND YOUR FUN.
FIND YOUR Y.**

SUMMER DAY CAMP 2025

At Y day camp, your kids will make new friends and have tons of fun as they explore new adventures each day.

DAY CAMP
Monday, 6/2
to Friday, 8/15

With care available after

» **FIND YOUR Y AT
TOWPATH TRAIL YMCA
1226 MARKET ST NE
ENROLL TODAY**

For a better us.®

(330) 879-0800 jsmer@WestStarkY.org
WestStarkY.org/camps

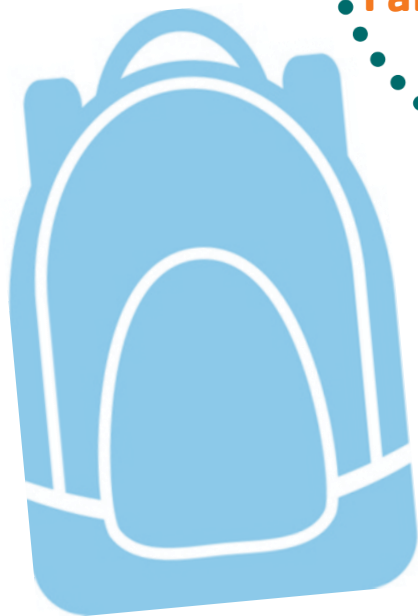
TOWPATH TRAIL YMCA

1226 MARKET ST NE,
NAVARRE

Monday—Friday
6:00am—6:00pm

330-879-0800

WestStarkY.org/camps



**Campers
entering GRADES
1st - 5th**
Regular \$160
**Youth Membership
\$150**
**Family Membership
\$140**

PRESCHOOL
Ages 3 to 5

5 days/ week
Mon-Fri

Regular \$155
**Family Membership
\$145**



WHAT TO BRING

Proper Clothing

Children will be active and may get dirty. Please dress your child appropriately and leave an extra set of clothes in their bag. Camp Shirts must be worn on trip days!

Swimsuit and Towel

Campers will swim or participate in water activities almost daily. Please provide each day.

Closed- Toed Shoes

Please have your child wear closed toed shoes every day. Sandals or flip flops can be sent for water activities only.

Sunscreen Applied Before the Child Arrives

Camp staff will re-apply sunscreen throughout the day.

SUMMER UNPLUGGED

Our Summer Programs allows campers to focus on the development of friendship, accomplishment and belonging. In order to do this, we are **UNPLUGGED**, which means please leave the following things at home and we will provide the fun!

Cell Phones

Personal Gaming Devices

Toys and Trading Cards

Cameras and Valuables

Money (unless otherwise instructed for special occasions)

***WE ARE NOT RESPONSIBLE FOR LOST
OR STOLEN ITEMS**

* Please make sure all items your child brings are visibly labeled with their name.

**Child Information**

Child's Name _____ Child's Birth Date ____/____/____ Age ____

Child's Nickname _____ Gender ☐Female ☐Male

Home Phone _____

Child's Prior Day Care or Preschool: _____

Grade next school year (2025-2026) _____

T-Shirt Size (circle one): YXS (2-4) YS (6-8) YM (10-12) YL (14-16) AS AM AL

Would you like to purchase an additional camp shirt for \$8. ☐Yes ☐No**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. _____

Cell _____

Cell _____

Work _____

Work _____

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.

a) Name _____

b) Name _____

Relationship _____

Relationship _____

Phone # _____

Phone # _____

c) Name _____

d) Name _____

Relationship _____

Relationship _____

Phone # _____

Phone # _____

United Way InformationChild'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: _____	MSR: _____	Reg. Daxko: <input type="radio"/> Yes
	Paid Reg.: <input type="radio"/> Yes	Contacted Billing: <input type="radio"/> Yes
Paid Wk 1: <input type="radio"/> Yes		

Confirm address & phone correct in Daxko.
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 _____

Class Pet

I give permission for my child to participate in activities that involve the classroom pet(s).

Concerns for my child (ex. student allergies, other medical sensitivities, sanitation practices, etc.): _____

● Parent/Guardian Signature _____ Date _____

Sunscreen/Repellent

I, the undersigned parent/guardian, do hereby give the YMCA of Western Stark County staff permission to apply sunscreen (I.C. Industrial Sunscreen) and bug/mosquito repellent (Off) on my child while in their care. If any special sunscreen is needed due to allergies that will need to be provided by the parent/guardian.

● 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 _____

Child's Name _____

Specialized Needs

OY ON 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_____

Behavior Guidance/Management Policy

The YMCA's goal is to set guidelines to develop a feeling of self-worth and competence for each child that results in social and emotional growth. The Y has developed a set of expectations that are developmentally appropriate for their group of children. YMCA rules are expected to be followed both in and outside of the Y building and at all times the child is in the program. Our disciplinary steps are based on the understanding of the individual child's needs and stage of development as well as each individual situation. It is our desire to help each child develop self-control, and respect for the rights of others. Please provide staff as much information as possible about your child at the beginning of care and throughout their time in the program to help inform this process.

At no time will any form of corporal punishment or shaming be used. Children are never deprived of food as a form of discipline. The entire group is not punished for the actions of one or a few. Children are not restricted from activities for extended periods of time.

Behavior Guidance / Management Report		Write up # _____
Name: _____	Date: _____	
Type of Behavior Issue: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Refusing to follow rules <input type="checkbox"/> Destroying property <input type="checkbox"/> Disrespect toward child <input type="checkbox"/> Disrespect toward staff <input type="checkbox"/> Fighting (automatic send home) <input type="checkbox"/> Disruptive behavior <input type="checkbox"/> Inappropriate language </div> <div style="width: 45%;"> <input type="checkbox"/> Leaving room/area/building without permission <input type="checkbox"/> Not following directions <input type="checkbox"/> Teasing, bullying <input type="checkbox"/> Endangering the health and safety of self, and other children/staff <input type="checkbox"/> Other _____ </div> </div>		
Comments _____ _____ _____		
Parent/Guardian _____	Signature Staff _____	Date _____
Child's Signature _____	Branch _____	Director Signature / Contacted _____

YMCA of Western Stark County Behavior Guidance / Management Policy	
First Report:	A staff member will speak to the child/parent/guardian, and the report will be sent home.
Second Report:	Depending on the severity of the incident, the parent/guardian will be called and the child will be suspended from the program for the next day.
Third Report:	Depending on the severity of the incident, the parent/guardian will be called, and the child will be suspended the next 3 days.
Fourth Report:	The parent/guardian will be called to pick up the child and the child will be suspended for a week.
Fifth Report:	The child will be removed from the program and services will no longer be provided.

Please initial each statement and sign below:

_____ I understand that in a crisis situation, my child may be physically held to prevent bodily harm to self and/or others, or destruction of property. Physical holding shall be utilized for the minimum frequency and duration possible and shall not be used as punishment convenience for staff or as a means for compliance with behavioral expectation.

_____ I understand that YMCA staff may contact me at a provided number in the case of behavior or illness and I must be able to act in accordance with the agreed upon action within a reasonable amount of time.

_____ I understand that the YMCA of Western Stark County partners with the Child & Adolescent Behavioral Health. C & A staff may be present at the child's center/site, observe the class/group, & may assist YMCA staff with behavior management techniques.

_____ Abusive language or actions, physical violence, illegal acts or endangerment of any Y staff or participants by parents/family members of enrolled child may result in immediate dismissal of the child from programming.

_____ I have read and understand the above Behavior Guidance/Management Policy.

•Parent/Guardian Signature

Print Name

Date



Payment Agreement and Schedule

Summer 2025

Child's Name: _____ Start Date: _____

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

place a ✓ in the ○	○ Day Camp 3-5 days /week "full-time"	○ Full Day Preschool 4-5 days /week "full-time"
Regular Price (child non-member)	\$160 /week	\$155 /week
Individual Membership	150 /week	\$150 /week
Family Membership	140 /week	145 /week

YMCA Day Camp

Starts Monday, June 2nd

Finishes Friday, August 15th

Most of the remaining day of summer break, leading up to school start, we will offer care.

Camps will be **closed 6/19 & 7/4**

Schedule (enter times):

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Arrive					
Depart					

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

Payment (All policies are at the discretion of management and may be changed.)

Please initial each and sign below

Initial

Payments & Fees		Initial
1) Child care payments are <u>due in advance</u> of attendance for the week. This includes ODJFS weekly copayments. 2) I understand that fees are a flat rate and stay the <u>same regardless of my child's attendance</u> . The YMCA will make exceptions due to Holidays that create a part-time week for everyone . 3) I understand I will be <u>charged continuously</u> for the program and rate plan that I signed my child up for. 4) Full Day Preschool & School School care: By means of advanced notice , 2 weeks (Mon-Fri) each school year and 2 weeks (Mon-Fri) each summer may be used as <u>vacation</u> and will not be charged.		
Withdrawal from the Program		
5) A <u>1 week, written notice</u> is required for <u>withdrawal</u> from the program, otherwise the account will be charged based on the schedule/rate plan you signed up for. 6) I understand that if my <u>payments fall behind</u> I will be asked to withdraw my child until payment is made.		
Auto payments, Refunds, Additional Fees		
7) Automatic payments will be set up on the <u>Automatic Payment Plan</u> . Weekly/Monthly payments will be set to draft <u>prior</u> to each week/month's start. Automatic payments may only be waived with permission from the Child Care Director or Account Receivable. 8) It is further understood that if payment is not honored, then the YMCA, at its discretion, may <u>resubmit</u> the amount due for payment on a future date. 9) In the event my preauthorized payment is not honored on my scheduled draft date the YMCA may charge a \$15 <u>penalty for returned/late payments</u> in addition to any charges assessed by your financial institution.		
10) Payments/Refunds will be applied to any overdue <u>YMCA balances first</u> then to current programming fees.		
11) All programs close at 6:00pm. A <u>\$1 per minute per child late fee</u> is charged after 6:00pm.		
12) I understand pre-registration is required for each School Day Off and that I must call off prior to 9:00 am if my child(ren) will not be attending. In the event my child does not attend and was not called off for a registered day I will be charged a fee. No Show Fee will not exceed the full day fee per child.		
JFS		
13) Copayments are due weekly, on Friday, and in <u>advance</u> of attendance. 14) I understand that if my <u>authorization</u> is not current, I will be responsible for the private pay rates. 15) I understand that my child <u>must be checked in and out every day</u> on the JFS Time, Attendance and Payment (TAP) system. If I do not, I understand I will be <u>charged the difference</u> between my copay and the private pay rates.		

•Guardian/Responsible Party Signature

Print Name

Date

Social Security 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

OR

☐ Monthly (circle only **one** date)

☐ Wednesdays ☐ Thursdays

☐ Semi-monthly (circle any **two**)

☐ Fridays

same date(s) each month

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

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

PERMISSION TO PARTICIPATE IN SWIMMING ACTIVITIES

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

TOWPATH TRAIL YMCA

Date(s)

Monday through Friday, 6/2/2025 to 8/22/2025

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

Lifeguard(s) will be present.

"Day Camp" ends 8/15/25. Potential School Day Off programs week of 8/18.

Routine Trip Information

Routine Trip Destination(s)

Towpath Trail YMCA Pool (1226 Market St NE, Navarre, OH)

Date of Permission (valid for one year)

6/2/2025

Mode of Transportation (walking, school bus, public transportation, parent vehicles, provider vehicle and driver)

Walking within YMCA

During this trip children will have access to water that is 18 inches or more in depth.

- ☒ Yes ☐ No

Are water activities planned in water that is 18 inches or more in depth? ☒ Yes ☐ No
(if yes, a swimming permission slip is required)

Child's Information

Child's Name

My child is

- ☐ not over 4 years and/or 40 lbs ☐ over 4 years and 40 lbs ☐ 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



Routine Trip Information	
Routine Trip Destination(s) North Market Street Park (1226 Market St NE, Navarre, OH)	
Date of Permission (<i>valid for one year</i>) 6/2/2025	
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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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

Routine Trip Information	
Routine Trip Destination(s) Barry Askren Library (1200 Market St NE, Navarre, OH)	
Date of Permission (<i>valid for one year</i>) 6/2/2025	
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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 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?					
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 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:)

Our current programs require all children to be toilet trained.

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 <u>Permission</u> to Transport
Program or Home Name		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:
<div style="display: flex; justify-content: space-between;"> Parent's Signature Date </div>		<div style="display: flex; justify-content: space-between;"> Parent's Signature Date </div>

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.