



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

100 Civic Drive
Washington C.H., Ohio 43160
(740)335-0477

Dear Family:

Thank you for your interest in our School Age Program.

Please note our fee schedule below:

• <u>Full Time School Year</u> (am & pm)	Member	\$75
	Non-Member	\$85
○ School Day Out – Per Day		\$5

• <u>Part Time</u> (Either am or pm)	Member	\$40
	Non-Member	\$50
○ School Day Out – Per Day	Member	\$12
	Non-Member	\$14

Drop-In Rate (Daily)	Member	\$35
	Non-Member	\$45
• Registration for All		\$50 **

** Waived if child was enrolled in SACC program for the 2014-2015 (including camp)

We have additional rates for families with more than one child enrolled in our Child Care Programs, families who receive assistance through ODJFS, and children whose families are employed by Sugar Creek Packing Company. Please call Kaleena Wiseman at (740) 333-3959 or Amy Oakley at (740) 335-0477 with any questions you may have.

Sincerely,

Amy Oakley
School Age Child Care Director

YMCA SCHOOL AGE CHILD CARE REGISTRATION APPLICATION

_____ Full Pay
_____ ODJFS
_____ Sugar Creek

Child's Name _____ Age _____ Date of Birth _____

Parent's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Work _____ Cell _____

Email _____

Are you a Current member of our YMCA? _____

If so, type of membership: Family _____ Single _____ Youth _____

Does your child have any special needs? Yes _____ No _____

Does your child have an IEP? Yes _____ No _____

If yes to either, please list or attach any needed paperwork (IEP)

Are there any custody issues we need to be aware of?

Yes _____ No _____

If yes, please explain. Documentation is mandatory for enrollment.

Please name your child's legal guardian(s)

Child's first date of attendance _____

Registration to last until: (Please check one)

Continual _____ School Year Only _____ Calendar Year _____

Withdrawal Date _____

YMCA SCHOOL AGE CHILD CARE REGISTRATION APPLICATION

Enrollment: (Please check one)

- Full Time (Before & After school)
- Before School – Only
- After – Only

School your child attends: _____

My child(ren) _____

Will / Will Not need transportation for school. If so:

- From YMCA to School – AM
- From School to YMCA – PM

Transportation is provided to Miami Trace Middle School and Elementary, Belle Aire Intermediate and Cherry Hill Primary by the busing from the respective schools.

Transportation to and from Washington Court House Middle School will be provided by the YMCA vans.

It is your responsibility to provide transportation information to the SACC Program (740) 335-0477 for the following reasons:

- If your child will need transported to KWOL
- If someone else will be picking up your child from SACC
- If your child was picked up from school by a parent
- If your child will be out sick
- If your child will be out for an extended period of time (vacations)

Please sign here to acknowledge your understanding of the above:

Due to Registration Requirements and Compliance Standards, we are required to keep a record of racial and ethnic percentages. Please check the appropriate box below:

- Caucasian
- American Indian
- African American
- Asian/Pacific Islander
- Hispanic
- Other _____

YMCA SCHOOL AGE CHILD CARE REGISTRATION APPLICATION

The Child Care Staff would deeply appreciate your cooperation in filling out this form. This will enable us to get to know you and relate to your child. It also helps build relationships and common goals for our program.

List your child's favorite toys/games:

Does your child have any particular fears?

What advice can you offer our staff in working with your child?

Briefly describe the method(s) you utilize in disciplining.

How would you describe your child's behavior in school?

Describe your child's personality?

Is your child easy or hard to manage?

Describe your child's relationship with peers. What role does your child assume?

What things tend to upset your child?

How might your child react to a stressful situation?

YMCA SCHOOL AGE CHILD CARE REGISTRATION APPLICATION

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD:

Child's Name: _____

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Name Relationship

Parent/Guardian Signature Date

PHOTO ID WILL BE REQUIRED IF THE PERSON PICKING UP MY CHILD IS NOT IMMEDIATELY RECOGNIZED BY STAFF.

YMCA SCHOOL AGE CHILD CARE REGISTRATION APPLICATION

Parental Agreement

1. I agree to pay an enrollment fee for the school year program (SACC). This fee is non-refundable. An enrollment fee of \$50 is required before attendance can begin. **Ohio Department of Job and Family Services pay \$25.** A three-week withdrawal notice is required.
2. I understand that my child's tuition fees are based on enrollment, not attendance, and that there is no adjustment for non-attendance. No adjustment for fees is made for holidays. Summer program is charged by weeks enrolled.
3. I agree to pay the weekly rate of \$_____ for child care services
4. I understand that a 15% discount off the regular tuition fee will be given for each additional child I may enroll at the child care center. The discount will be subtracted from the lowest regular tuition rate of any children I may enroll.
5. I am aware of the hours the center is in operation. My child may not be dropped off and left unattended before the center opens. The child must be picked up by the closing time. If my child has not been picked up within 30 minutes, I am aware that the person listed as my child's emergency contact on the authorization form will be notified to pick up my child. If they are unreachable, I understand that the center will need to contact Human Services.
6. YMCA will not assume responsibility for the children before they have arrived at the center or after they have left the center while they are on school transportation to and from school.
7. I understand that YMCA reserves the right to make changes in its program, policies, and fees after notice has been given to parents.
8. I understand that staff will report any suspicion of child abuse as required.
9. I agree to cooperate with the center by seeing that my child is in good state of health every day before he/she attends the center.
10. I understand that expenses obtaining any necessary medical treatment for my child are my responsibility.
11. I am aware that it is my responsibility to read and understand the information and policies in the parent handbook.
12. I understand that YMCA is not responsible for anything that may happen as a result of false information.
13. I understand that any attempts to solve a particular problem will include an evaluation, parent conference, and many attempts to solve the problem.

YMCA SCHOOL AGE CHILD CARE REGISTRATION APPLICATION

14. I understand that I am bound to the terms of my child's enrollment and this contract until I give a 3-week notice of any desired changes to the director in writing.
15. I agree to cooperate with the center with any governmental laws, rules, and regulations that may affect the operation of this licensed child care center.
16. The YMCA reserves the right to terminate a child's enrollment if the administration determines that it is not in the best interest of the child or the school to continue enrollment.
17. The Fayette Count Family YMCA requests consent to release photographs, slides, moving pictures, and audio/visual tapes of children enrolled in our program for the purpose of YMCA records, public relations and/or advertising, videos, voice or text material, and either with or without my child's name or photo accompanying quotation.

Signature of Parent/Guardian

Date

Signature of Administrator

Date

YMCA SCHOOL AGE CHILD CARE REGISTRATION APPLICATION

SACC Participant Rules:

These rules and regulations are necessary so that we may enhance the enjoyment and safety of all participants. *The staff reserves the right to add to or modify the rules as needed to create a positive and safe program for all participants.*

1. Children will use appropriate behavior and language at **ALL TIMES** and will use materials and supplies in a safe and appropriate manner.
2. Respect and follow the directions of SACC Staff. This includes participating in all scheduled activities.
3. Respect the property of the Fayette County Family YMCA, all YMCA Staff, and fellow campers.
4. Absolutely no bullying, fighting, or disruptive behavior will be tolerated. Please be sure to read the discipline procedure to your child so they are aware of the consequences.
5. All SACC participants must stay within the designated boundaries of group as outlined by SACC personnel. SACC participants must ask a staff member before leaving the designated area. Any participant found out of the designated area will be written up.
6. Have Fun!

Discipline Policy:

Violations of the camp rules will result in the following action:

FIRST OFFENSE:

A verbal warning from the SACC Teacher, or at the SACC Director's discretion, an ejection may be warranted.

SECOND OFFENSE:

A written warning from the SACC Teacher, or at the SACC Director's discretion, an ejection may be warranted.

THIRD OFFENSE:

A second written warning will be issued, plus a meeting/phone call between the participant, his/her parents, the SACC Teacher, and the SACC Director; or at the SACC Director's discretion, an ejection may be warranted.

FINAL ACTION:

Dismissal from SACC for a period of time deemed appropriate by the SACC Director.

YMCA SCHOOL AGE CHILD CARE REGISTRATION APPLICATION

* If any child is dismissed from SACC for a discipline reason the parents will be notified immediately. No refunds or credits will be issued by the Fayette County Family YMCA.

* We reserve the right to dismiss a child from camp as we see needed regardless of whether they've had previous warnings or not.

The success of the program and the safety of all participants are contingent on each individual respecting and obeying the rules listed above. We hope each child will have a positive, fun experience during camp. We are committed to working together with you and your child to ensure this happens. We appreciate your time, respect, and support on these rules and regulations.

I have read the rules, regulations, and discipline procedures written above to my child. My child understands that they must follow the rules to help make camp a safe program for everyone and agrees to follow the policies.

Parent Signature: _____ Date: _____

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

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 Center	
Home Address				City	
State	Zip Code	Home Telephone Number			
Parent/Guardian Name			Relationship to Child		
Home Address		Home Telephone Number			
City		State	Zip		
Email Address (if applicable)		Cell Phone			
Parent's Work/School Telephone Number		Parent's Work/School Name			
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) 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?					
Parent/Guardian Name			Relationship to Child		
Home Address		Home Telephone Number			
City		State	Zip		
Email Address (if applicable)		Cell Phone			
Parent's Work/School Telephone Number		Parent's Work/School Name			
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) 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?					
Emergency Contacts: Parents <u>cannot be listed</u> 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 within one hour of the center/home, 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 Food Supplements

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 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or type A 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 child for symptoms, take action if a reaction occurs, or give emergency medication to your child? *(check one)*

- No
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Does your child have a 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 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? *(check one)*

- No
 Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
 N/A - program does not administer any medications.

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 the JFS 01217 "Request for Administration of Medication."
 N/A - child does not attend a full time program.

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.
List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

Diapering Statement

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> 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 center/type A home's policy or another:
<input type="checkbox"/> I agree with the program's schedule <input type="checkbox"/> 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
Center or Type A Home Name		Center or Type A Home Name
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature Date		Parent's Signature Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the center's or type A 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. After the child is attending the program the administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form in the section below to indicate when the form was last reviewed.

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 centers and type A homes to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37. This form must be on file at the center or type A home on or before the child's first day of attendance and thereafter while the child is enrolled.

Ohio Department of Job and Family Services
REQUEST FOR ADMINISTRATION OF MEDICATION
Child Care Centers and Type A Homes

This form is valid for no longer than twelve (12) months. One form must be used for each medication.

Box 1 - The following section must always be completed by the parent/guardian.

<u>Check all that apply:</u>	
<input type="checkbox"/> Prescription medication	<input type="checkbox"/> Topical product or lotion
<input type="checkbox"/> Nonprescription medication	<input type="checkbox"/> Food supplement
<input type="checkbox"/> Refrigeration required	<input type="checkbox"/> Modified diet
<u>Complete all of the following information:</u>	
Name of child: _____	Date of birth: _____ Weight: _____
Name of medication: _____	Exact dosage: _____
To be administered at the following times _____	
For the following period of time: _____	
Parent/Guardian signature: _____	Date: _____

Box 2 - The following section must be completed by a licensed physician, a licensed dentist or an advance practice nurse when:

1. A physician's instruction is needed for a nonprescription medication (e.g. child is underage or underweight per the label instructions); or
2. It is a sample medication without a prescription label; or
3. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period or is a topical product or lotion that is being used for a skin ailment and is to be applied longer than fourteen consecutive days; or
4. The child is on a modified diet (an entire food group is eliminated) or food supplement; or
5. The medication contains codeine or aspirin.

_____ is under my care and should receive _____		
(name of child)		(name of medication, vitamin, diet)
as follows: _____		
(include dosage and instructions)		
Possible side effects to watch for are: _____		
Expiration date: _____ (May not exceed 12 months from the date of this request for medications or food supplements)		
Signature of physician, dentist or advance practice nurse	Date of signature	Phone number

This form must be used by child care centers and type A homes to meet the requirement of OAC rules 5101:2-12-31 and 5101:2-13-31

Ohio Department of Job and Family Services
**CHILD CARE PLAN FOR HEALTH CONDITIONS OR MEDICAL PROCEDURES
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

If care is provided for a child who has an ongoing health condition that requires child specific care or may require a medical procedure, the parent/guardian shall complete this form. The center staff shall implement the plan. This requirement does not include short term illnesses, unless the child care staff member needs to perform a medical procedure for the child. A separate plan must be written for each condition that requires different actions to be taken.

Child's Name	Date of Birth
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Describe the health condition.

Describe the medical procedure to be completed and expected benefits of treatment, or N/A, no medical procedure required.

List activities/foods/environmental conditions to avoid or N/A, nothing to avoid.

Symptoms to watch for and actions to be taken if the symptoms are observed.

Is any medication required? Yes No
 (If yes, complete JFS 01217 "Request for Administration of Medication", in addition to this form.)

In an emergency does this child require additional assistance (more than other children of the same age or in the same group) to evacuate? Yes No If yes, please describe:

In the event that the child care program must be evacuated, are there medications or supplies that must be taken with this child? Yes No If yes, please describe:

Signature of Trainer (Trainer must be a parent/guardian or certified professional)	Date
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Signature of child care staff members who have been informed about the child's condition so they can care for the child according to this care plan or trained to perform the medical procedure.
There must always be a trained staff member present when the child is present.

Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

I give my permission for the staff listed above to perform the procedures in my child's care plan as described above.

Parent's Signature	Date
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Administrator's Signature	Date
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This form may be used for children with health conditions as defined in Rules 5101: 2-12-38 and 5101: 2-13-38.

Ohio Department of Job and Family Services
PERMISSION TO PARTICIPATE IN SWIMMING ACTIVITIES
CHILD CARE CENTERS AND TYPE A HOMES

Licensing rules 5101:2-12-17 and 5101:2-13-17 require parental permission for the water activities your child will be engaging in: (check all that apply for this activity)

- Before the child swims in water two feet or more in depth.
- Before the child participates in activities *near* water two feet or more in depth - no water activities planned.
- Before infants and toddlers use wading pools.
- Before school children participate in swimming activities in lakes, rivers, ponds, creeks, or other similar bodies of water.

(Check one)

- The center will be providing _____ additional adults above the required staff /child ratios.
- The center will NOT be providing additional adults above the required staff /child ratios. (Required ratio is: 1:18)

I give permission for my child to participate in the following swimming/water activities:

Swim site	Fayette County Family YMCA
Date(s)	2016-17 School Year
Departure/Arrival Times from Center	
Mode of Transportation (parent's driving, provider vehicle, public transportation, school bus, etc.)	On Site
Child's Name and Date of Birth	

My child is a: Swimmer Non swimmer

Parent Signature

Date

This is a sample form provided by ODJFS.

Ohio Department of Job and Family Services
PERMISSION TO PARTICIPATE IN SWIMMING ACTIVITIES
CHILD CARE CENTERS AND TYPE A HOMES

Licensing rules 5101:2-12-17 and 5101:2-13-17 require parental permission for the water activities your child will be engaging in: (check all that apply for this activity)

- Before the child swims in water two feet or more in depth.
- Before the child participates in activities *near* water two feet or more in depth - no water activities planned.
- Before infants and toddlers use wading pools.
- Before school children participate in swimming activities in lakes, rivers, ponds, creeks, or other similar bodies of water.

(Check one)

- The center will be providing _____ additional adults above the required staff /child ratios.
- The center will NOT be providing additional adults above the required staff /child ratios. (Required ratio is: _____)

I give permission for my child to participate in the following swimming/water activities:

Swim site	Walk and/or fish at reservoir
Date(s)	2016-17 School Year
Departure/Arrival Times from Center	
Mode of Transportation <small>(parent's driving, provider vehicle, public transportation, school bus, etc.)</small>	Walking
Child's Name and Date of Birth	

My child is a: Swimmer Non swimmer

Parent Signature

Date

This is a sample form provided by ODJFS.

Dear Parents:

Please sign the consent form below and turn it in to Miss Amy if you would like your child to be able to participate in our Run, Jump, & Play youth group exercise class.

This class is held on Tuesdays from 4:30 – 5:30 PM.

With this consent, we will be able to take your child from the SACC room to the gymnasium for class and return them back to SACC after class has been completed.

Without this consent form, your child **will not** be able to attend Run, Jump, and Play.

Thank You!

Dustin Dunn – Class Instructor

Amy Oakley – School Age Child Care Director

My child _____ has permission to attend and participate in the Run, Jump, & Play class offered at the Fayette County Family YMCA.

Parent Signature

Date