



Fayette County Family YMCA
 100 Civic Dr
 Washington CH, Ohio 43160
 740-335-0477

FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

YMCA Summer of Wonder 2025 Kindergarten – 6th Grade

YMCA Summer Camp Registration and Permission Forms

Due no later than May 16th. Late Registrations will be placed on a waitlist.

Office Use Only	
Full Pay	_____
Scholar	_____
ODJFS	_____

Child's Name _____ Date of Birth _____ Age _____

Grade Last Completed (Must have completed Kindergarten to attend) _____

IEP? _____ Yes _____ No (If yes, a copy of current IEP is required)

Parent/Guardian Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Are there any custodial issues we need to be aware of? _____ Yes _____ No (If yes, a copy of court documents is required)

Child's Anticipated Schedule: Arrival Time _____ Pick-Up Time _____ Days: M T W TH F

Child's T-Shirt Size (T-Shirt is for week 3) _____

Camp Fees

Summer Camp fee is \$150 for Member and \$200 for Non-Member.
 There is a one-time \$15 registration fee per family due at registration.

Fees are based on weeks registered for, not on attendance. Refunds or Credits will not be given if your child does not attend a week they have been registered for. Please note that all families must set up an automatic withdraw from a debit/credit card or bank account for payment of fees. Cash payments are not accepted. Your payment schedule will be set up as a weekly automatic payment. For families who have two or more children enrolled in the Summer Camp program, a 15% sibling discount will be given to the second child.

Summer Camp Scholarships are available for those families who have been denied through the Ohio Department of Job and Family Services.



The Washington Court House Fire Department and the Fayette County Family YMCA present...

SAFETY TOWN



June 9th - June 12th
Available to all YMCA Summer Camp Participants



Safety Town Is coming to the Fayette County Family YMCA June 9th-12th

Children will travel to 4 different stations each day learning about ways to stay safe.

Daily lessons will be given by the following
Community Helpers:

EMS-Poisons

Fire Department-Sound Off Program

Health Department- Drugs vs. Candy

Police Department-Pedestrian Safety, Traffic Safety, Bicycle Safety

Local Schools-Bus Safety

YMCA-Pool/Water Safety



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES



Fayette County
Health Department



YMCA Summer Camp 2025 Registration Application

Weekly Themes and Activities

Initial to Register	Dates	Weekly Theme	Big Activity Day**	\$150 Member \$200 Non-Member
	5/26-5/31*	We Are Family	Color War	
	6/2-6/6	Fun and Fitness	Buckeye Game Truck & Nerf Wars	
	6/9-6/13	Safety Town	DIY	
	6/16-6/20	Bug's Life	DIY	
	6/23-6/27	Creative Campers	DIY	
	6/30-7/4*	Party in the USA	First Responders	
	7/7-7/11	Old McDonald	Cincinnati Museum-Fantastic Flora	
CLOSED	7/14-7/18	CLOSED	CLOSED due to YMCA building maintenance	
	7/21-7/25	Christmas Around the World	DIY	
	7/28-8/1	Luau	Foam Party/Water Tag	
	8/4-8/8	Under the Big Top	Carnival Games	
Total Amount for Camp				
\$15 Registration Fee (per family)				\$15.00
Total Due at Registration =				\$15.00

*We will be CLOSED Memorial Day (5/26/25), Independence Day (7/4/25), Building Maintenance (7/14-7/18) and (1) Professional Development Day (7/3/25).

**All activities are subject to change or cancellation. Parents and/or guardians will be notified of any changes.

Photo Release

I give permission for my child's photo to be shared in the following ways (please initial the ways in which your child's photo may be shared):

Please Initial

_____ My child's photo may be shared in the classroom or center newsletter.

_____ My child's photo may be shared to the YMCA Facebook page, Instagram, Website, Local Newspaper, as well as affiliated guest speakers (all are open to the public).

_____ No, I do not want my child's photo to be taken or shared.

Parent / Guardian Printed Name _____

Parent / Guardian Signature _____

Date _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD:

Child's Name _____

Parent/Guardian

Relationship

Parent/Guardian

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

PHOTO ID WILL BE REQUIRED BY ANY AUTHORIZED PICK-UP PERSON.

Parent/Guardian Signature

Date

Help Us Get to Know Your Child:

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

- Describe your child's personality.

- 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?

- What would you like your child to achieve/develop during the summer program?

YMCA Summer Camp 2025 Registration Application

Parental Agreement:

1. I agree to pay an enrollment fee of \$15.00 for the Summer Program. This fee is non-refundable and is required at the time of registration. A three-week withdrawal notice is required.
2. I understand that I will not receive any adjustment for weeks not attended that I registered for. Tuition is billed for a weekly rate. No fee adjustments will be made for holidays.
3. I agree to pay the weekly rate of \$ 150.00 for members and \$200.00 for non-members for my child care services.
4. I understand that a 15% discount off the regular tuition fee will be given for each additional child I might enroll into the program. The discount will be subtracted from the lowest regular tuition rate of the children I have enrolled.
5. I am aware of the Centers hours of operation (6:00am-5:30pm). My child may not be dropped off and left unattended before the center opens. The child must be picked up by closing time. If my child is not picked up within 15 minutes of closing, 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 contact Child Protective Services. I am aware that a late fee of \$1 per minute may also be applied and would need to be paid before the child returns to the program. Hours are subject to change based on staffing.
6. I am aware of the Summer Camp hours of operation (9:00am-4:00pm). My child must be dropped off by 9:00am, unless prior approval by the Youth Development Director for a later drop off has been made.
7. I understand that the 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 are mandated reporters of suspected child abuse and neglect and have the right to contact Child Protective Services as they deem necessary.
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 without the use of medication.
10. I understand that expenses for obtaining any necessary medical treatment for my child are my responsibility.
11. I understand that it is my responsibility to read and understand the information and policies in the Parent Handbook.
12. I understand that any attempts to solve a particular problem will include an evaluation, warning, and parent conference per the YMCA Disciplinary Policy.
13. 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.
14. I understand that 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 center to continue enrollment.

Signature of Parent/Guardian

Date

YMCA Summer Camp 2025 Registration Application

Summer Camp 2025 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.
2. Children will respect and follow the directions of Camp Counselors and Administration. This includes participating in all scheduled activities.
3. Children will 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. *The YMCA follows a zero-tolerance policy and your child will be sent home for fighting on the first offense.*
5. All Summer Camp Participants must stay within the designated boundaries of their group as outlined by the Camp Counselors. Summer Camp Participants must ask a Camp Counselor before leaving the designated area.

Discipline Policies for the 2025 Summer Program

Violations of the Program Rules will result in the following Actions:

First Offense:

A verbal warning from the Camp Counselor, or at the Youth Development Director's discretion, a suspension may be warranted.

Second Offense:

A written warning from the Camp Counselor, or at the Youth Development Director's discretion, a suspension may be warranted.

Third Offense:

A second written warning will be issued, plus a meeting/phone call between the participant, his/her parent or guardian, the Camp Counselor, and the Youth Development Director; or at the Youth Development Director's discretion, a suspension may be warranted.

Final Action:

Suspension from Summer Camp for a period of time deemed appropriate by the Youth Development Director up to and including complete dismissal.

If any child is suspended from Summer Camp for a discipline reason the parents or guardian 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 Summer Camp as the Youth Development Director determines is necessary regardless of whether the child received previous warnings.

The success of the program and the safety of all participants are contingent on each individual respecting and following the rules listed above. We hope each child will have a positive and fun experience during Summer Camp. We are committed to working together with you and your child to ensure this happens.

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 Summer Camp a safe program for everyone.

Parent / Guardian Signature

Date

Shoe Policy Statement

I _____, understand that my child is required to wear closed toe shoes while attending the YMCA SACC/Summer Program(s) and that I will receive a phone call to bring appropriate shoes if my child is not wearing closed toe shoes.

Approved Closed Toe Shoes:



Non-Approved Shoes:



Parent Signature _____ Date _____

Sunscreen Permission

_____ (Please initial) I understand that it is my responsibility to apply sunscreen prior to my child's arrival at the Fayette County Family YMCA Summer Camp.

Check one of the following:

_____ I give the Fayette County Family YMCA Summer Camp staff permission to **reapply** sunscreen later in the day. *Banana Boat Sport Ultra Sunscreen SPF 50 will be provided by the center.*

_____ I have supplied _____ sunscreen and labeled it _____ (name of the sunscreen and SPF) with my child's name. I give permission for my child to carry it on their person (in their bag) and for my child or Fayette County Family YMCA Summer Camp staff to **reapply** it later in the day. I understand that aerosol cans are not permitted.

_____ Print Child's Name _____ Parent's Signature _____ Date _____

NOTE: This permission form is valid for 6 months following the date it is signed.

Automatic Payment Form

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (childcare/camp fees) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date which may result in a **\$25.00 service charge from a third party vendor in addition to any processing fee my bank may charge.**

It is my complete understanding that if I wish to withdraw my child from School Age Child Care at the Fayette County Family YMCA or Summer Camp, **I must notify the Fayette County Family YMCA in writing 2 weeks prior. I understand that should my banking or credit card information change, I must notify the Fayette County Family YMCA as soon as possible.**

The Fayette County Family YMCA reserves the right to deny care for those accounts with outstanding balances.

Childcare fees will be drafted on the Tuesday of the current weeks' care unless indicated below

Parent preferred day of the week to draft:

Mon___ Tue___ Wed___ Thu___ Fri___

Date of 1st Draft: _____

Choose to utilize the EFT option for weekly payment (direct debit) from my ___Checking account ___Savings account

Bank Name		Name on the Account	
Routing/Transit Number		Account Number	
Authorized Signature		Date	

I choose to utilize the Credit Card Payment option for weekly payment (automatic direct charge to credit card)

Credit Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Name on Card	
Account Number		Expiration Date and CCV	
Authorized Signature		Date	
Address associated with card			

Child's Name _____

Child's Name _____

Child's Name _____

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 <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 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		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
<p>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.</p>
<p>Does your child have any food, medication or environmental allergies? <i>(check all that apply)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - <i>check all that apply</i> <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> Environmental Please list and explain: </p>
<p>Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed. </p>
<p>Does your child have a developmental delay or special health or medical condition? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain </p>
<p>Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed. </p>
<p>Is your child currently using any medication or medical food? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain </p>
<p>If yes, does this medication or medical food need to be administered at the child care program/home?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> 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. </p>
<p>Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? <i>(check one)</i></p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - please explain </p>
<p>Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?</p> <p> <input type="checkbox"/> No <input type="checkbox"/> Yes - written instructions from the child's health care provider must be on file. <input type="checkbox"/> N/A - program does not provide meals or snacks to the child. </p>

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

Give <u>Permission</u> to Transport		OR Do not sign both	<u>Do Not Give 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:	
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

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.

Ohio Department of Job and Family Services
**PERMISSION TO PARTICIPATE IN WATER AND SWIMMING ACTIVITIES
 FOR CHILD CARE**

Written parental permission is required for the water activities your child will be engaging in when: <i>(check all that apply for this activity)</i>	
<input type="checkbox"/> Water is directly accessible to child (no water activities planned) <input checked="" type="checkbox"/> Child swimming or playing in water 18 inches or more in depth <input type="checkbox"/> 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. <i>(The program is to meet the minimum ratio requirements outlined in rule).</i>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Swim Site Fayette County Family YMCA	
Date(s) 5/26/2025-8/8/2025	
Departure/Arrival Times from Program NA	
Mode of Transportation <i>(parents driving, provider vehicle, public transportation, school bus, etc.)</i> NA	
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 <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer	
Parent's Signature	Date

Ohio Department of Job and Family Services
ROUTINE TRIP PERMISSION FOR CHILD CARE

Routine Trip Information	
Routine Trip Destination(s) YMCA Back Fields, Creek Trails & the Reservoir	
Date of Permission <i>(valid for one year)</i> 5/26/2025	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(if yes, a swimming permission slip is required)</i>	
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