

YMCA SCHOOL AGE CHILD CARE REGISTRATION APPLICATION
2025 – 2026 School Year

Child's Name _____ Age _____ Date of Birth _____ Grade _____

Parent's Name _____ Date of Birth _____

Address _____ City/State _____ Zip _____

Home Phone _____ Cell Phone _____ Work _____

Email _____

Are you a current member of our YMCA? _____

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

Does your child have special needs? Yes _____ No _____

Does your child have an IEP or 504 Plan? *Yes _____ No _____

****Must provide the YMCA with the most current copy of your child's IEP or 504 Plan with this packet.
Please allow 72 hours to assess your child's IEP or 504 Plan before enrollment.***

Are there any custody agreements that we need to be aware of?

Yes _____ No _____

If yes, please attach a certified copy of your custody agreement.

Please name your child's legal guardian(s).

My Child is fully immunized: _____ Yes _____ No

****The Fayette County Family YMCA reserves the right to refuse care to any child that is not current on all required immunizations. If your child is not fully immunized, we will not enroll your child.***

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 _____

Preferred Language: _____

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School Information:

School your child attends: _____

My Child (please circle an option) will / will not need transportation for school. If so:

___ From YMCA to School - AM

___ From School to YMCA - PM

Transportation is provided to/from Miami Trace Elementary/Middle Schools, Belle Air Intermediate and Cherry Hill Primary by the bussing from the respective schools.

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

- If someone else will be picking up your child from SACC.
- If your child was picked up early from school.
- If your child will be out sick.
- If your child will be out for an extended period (Vacations).

Please sign here to acknowledge your understanding of the above policy.

_____ Date _____

Enrollment:

Child's first date of attendance _____

___ Full Time (Before and After School) Time of Drop Off _____ Pick Up _____

___ Before School Only Time of Drop Off _____

___ After School Only Time of Pick Up _____

Photo Release:

Your child may be photographed/video recorded during various classroom activities. We would like to share these photos on our YMCA social media outlets and with our local newspaper.

___ I give permission

___ I DO NOT give permission

Parent/Guardian Signature _____

Date _____

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The Child Care Staff would appreciate your cooperation in filling out this form. This will help the staff get to know your child and your family. It will help us build relationships and common goals for our program.

1. List your child's favorite toys/games:

2. Does your child have any particular fears?

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

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

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

6. Describe your child's personality.

7. Is your child easy or hard to manage?

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

9. What things tend to upset your child?

10. How might your child react to a stressful situation?

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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

Parent/Guardian Signature

Date

PHOTO ID WILL BE REQUIRED FOR PICK UP OF ANY CHILD IN THE YMCA PROGRAM.

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Parental Agreement

1. I agree to pay an enrollment fee of **\$50** for the 2025-2026 school year program (SACC). I understand that this fee is non-refundable and due at the time of registration.
2. I understand that a two-week withdrawal notice is required when withdrawing my child from the YMCA program. I understand that if I do not provide a notice, I will be charged the weekly tuition.
3. 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 fees are made for holidays.
4. I understand that I will be provided with two weeks "vacation" rates. I understand that I will be charged a half-price rate. I understand that once the two weeks have been used, I will be charged the regular rate for any additional weeks off.
5. I agree to pay the weekly rate for child care services.
6. 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 child I enroll.
7. I understand the hours of operation for the center are 6:00am-5:30pm. I understand that 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 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.
8. I understand that on School Days Out/Holiday Breaks 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.
9. I understand that for School Days Out/Holiday Breaks my child must be signed up to attend. I understand that failure to sign my child up will result in being denied care for that day.
10. I understand that the 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.
11. I understand that the YMCA reserves the right to make changes in its program, policies, and fees after notice has been given to parents.
12. 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.
13. 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.
14. I understand that expenses obtaining any necessary medical treatment for my child are my responsibility.
15. I am aware that it is my responsibility to read and understand the information and policies in the parent handbook.
16. I understand that the YMCA is not responsible for anything that may happen as a result of false information.
17. I understand that any attempts to solve a particular problem will include an evaluation, parent conference, and attempts to solve the problem.
18. 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.
19. 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 program.

Signature of Parent/Guardian

Date

Signature of Administrator

Date



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

June 2025

For Families receiving Publicly Funded Child Care:

If you are receiving childcare benefits from The Department of Job and Family Services (Title 20) you are responsible for the following:

1. Signing your child(ren) in and out daily on the TAP system tablet. This is your form of payment for benefits.
2. If you miss a tap and you receive a slip from the Center, you have one week to complete the missed tap. If not completed it will result in suspension from the program until the missed tap is made current.
3. You must keep TAPs current. **Parents are responsible for payment for TAPs not completed in the allotted amount of time to receive ODJFS payment.** Up to \$90 per week for member and \$100 per week for non-member.
4. Co-Pays are due each week on Tuesday unless otherwise directed on the Automatic Payment Form. If payment is returned, a bank return charge of \$25 for credit card and \$35 for EFT may be charged by a third-party vendor and/or the YMCA for recovery of fees.
5. Any returned payments must be paid within one week to maintain enrollment. Unpaid returns will result in suspension of care until payment is made in full.
6. **Maintaining at least 7 hours of attendance per week per child enrolled.**

The Center is Responsible for the following:

1. Submitting all completed TAPs to ODJFS each week.
2. Monitoring attendance for the required 7 hour minimum.
3. Providing parents / guardians with any missed taps each Monday for timely completion.
4. Notification by invoice if payment has not been submitted.

By signing below the Center and you agree to the above statements and understand that you will be financially responsible for any missed swipes for ODJFS.

Parent/ Guardian Signature

Date

Child Care Director 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 <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		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

Ohio Department of Children and Youth
FAMILY NEEDS SURVEY FOR STEP UP TO QUALITY (SUTQ)

<i>We want to support any needs you or your family may have. THE INFORMATION YOU PROVIDE ON THIS FORM IS CONFIDENTIAL</i> Please circle Y (YES) or N (NO) to best describe your current situation for each topic. If you circle Y for an item, please briefly list the CONCERN if this is an area of need for your child or family. Our goal is to provide resources to support you and your family, based on your answers.			
Child's/Children's Name(s):	Caretaker's Name: _____ Date Completed: _____		
TOPICS			
Child Development and Education- Does anyone in your family have any need for resources or support in the areas listed below?			
Y	N	Information on child growth and development.	Briefly List CONCERN
Y	N	Guiding and supporting a child's behavior.	
Y	N	Medical or disabilities or possible conditions for any child or adult in the family.	
Y	N	Obtaining toys or activities to use to help any child in your home.	
Y	N	Preparing your child for kindergarten.	
Child and Family Health- Does anyone in your family have any need for resources or support in the areas listed below?			
Y	N	Health insurance and/or access to regular medical care, dental care, or medications.	
Y	N	Medical or health supplies or supports that anyone in your family needs.	
Y	N	Accessing immunizations.	
Y	N	Finding a pediatrician, general practitioner, dentist, therapist, psychologist, optometrist, or other specialty practitioner.	
Y	N	Concerns with depression, anger, anxiety, or mental health needs.	
Y	N	Concerns with alcohol, drug, or addiction problems.	
Financial and Household Supports- Does anyone in your family have any need for resources or support in the areas listed below?			
Y	N	Help paying for child care.	
Y	N	Help finding housing or safe housing.	
Y	N	Help paying your mortgage or rent.	
Y	N	Help with food expenses.	
Y	N	Finding household items such as furniture, clothing, or school supplies.	
Y	N	Access to transportation or transportation expenses.	
Y	N	Attending school (such as a GED, Certifications, or college degrees)	
Y	N	Help finding work or job training	

Are there other needs you or your family have that are not listed above:		
Parent Signature		Date:
Administrator or Designee Signature:		Date:

For Staff Use:

Bronze Rating Level	Silver Rating Level	Gold Rating Level
Resources provided to the family:	Resources provided to the family:	Resources provided to the family:
Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:
	Referrals provided to the family:	Referrals provided to the family:
	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:
		Follow-up provided to the family:
		Administrator or Designee Signature & Date:

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 _____