



2023-2024



REGISTRATION PACKET

School Age Child Care

***Before & After School
Servicing Massillon City Schools***

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

★Before & After School Programs in **Gorrell Elementary**, in **Whittier Elementary** & at the Massillon YMCA for **Massillon Intermediate** School
6:00 AM to 6:00 PM

★**School Day Off Programs** at the **Massillon YMCA**
School Age Care available for grades Kindergarten through 6th
List of dates available at WestStarkY.org/care

Registration Check List:

- Allow 48 hours for the YMCA to process your registration
- YMCA Forms (6 pages)
- Ohio Child Enrollment and Health Information (4 pages)
 - JFS form 01236 “Child Medical/Physical Care Plan for Child Care” may be downloaded from WestStarkY.org/care or picked up at the YMCA.
- Photo of child (headshot)
- Administration of Medication Form - available upon request

DO SEND THE FOLLOWING DAILY:

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

Snack will be provided daily

PLEASE DO NOT SEND:

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

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

WestStarkY.org/care

For information related to your child’s program site.

MASSILLON FAMILY YMCA

131 Tremont Ave SE
Massillon, OH 44646
P 330 837 5116 F 330 837 5119



Child Information

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

Child's Nickname _____ Gender Female Male

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

Grade (2023-2024) _____ Child's Prior Day Care or Preschool: _____

Site Attending: Gorrell Elem. Whittier Elem. M. Intermediate at YMCA School Days Off at YMCA

Parent/ Guardian Information

If there is custody issues involved with your child, you must provide the center directors with full court papers indicating who has permission to pick up the child. The program may not deny a parent access to his/her child without proper documentation. Everyone picking up a child (including parents) must provide a photo I.D. upon request.

Name _____ Name _____

D.O.B. _____ D.O.B. _____

Home _____ Home _____

Work _____ Work _____

Cell _____ Cell _____

Child Lives With _____

Authorized Persons to Pick Up Child

Your child will only be released to a parent/guardian or persons listed in this section. Staff will require government issued identification before releasing your child.

Name _____ Name _____

Relationship _____ Relationship _____

Phone # _____ Phone # _____

Name _____ Name _____

Relationship _____ Relationship _____

Phone # _____ Phone # _____

United Way Information

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

Family Size: 1 2 3 4 5 6 7 8

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

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

YMCA USE	MSR:	Reg. Daxko:
Date:	Paid Wk 1:	<input type="radio"/> Yes
Paid Reg.:	<input type="radio"/> Yes	Contacted Billing: <input type="radio"/> Yes

Confirm address & phone correct in Daxko. Place Forms in **Massillon 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 _____

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 _____



Payment Agreement and Schedule

School Year 2023 –2024

Child's Name: _____ Start Date: _____

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

place a ✓ in the ○	School Age					
	○ BOTH Before AND After School 4-5 days /week	AM ○ Before School "full-time" 4-5 days /week	AM ○ Before School "part-time" 1-3 days /week	PM ○ After School "full-time" 4-5 days /week	PM ○ After School "part-time" 1-3 days /week	○ School Days Off & Snow Days @ Massillon YMCA
Regular Price (child non-member)	\$97 /week	\$52 /week	\$40 /week	\$52 /week	\$40 /week	\$35 /day
Individual Membership	81 /week	43 /week	33 /week	43 /week	33 /week	30 /day
Family Membership	81 /week	43 /week	33 /week	43 /week	33 /week	30 /day

Schedule (enter times):

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Arrive / SA Before School care					
Depart / SA After School care					

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

Payment Policy:

- Child care payments are due in advance of attendance for the week. This includes ODJFS weekly copayments.
- I understand that fees are a flat rate and stay the same regardless of my child's attendance. The YMCA will make exceptions due to **Holidays that create a part-time week for everyone**.
- I understand I will be **charged continuously** for the program and rate plan that I signed my child up for.
- A 1 week, written notice is required for withdrawal from the program, otherwise the account will be charged based on the schedule/rate plan you signed up for.
- I understand that if my payments fall behind I will be asked to withdraw my child until payment is made.
- Automatic payments will be set up on the Automatic Payment Plan. Weekly/Monthly/Semi-monthly payments will be set to draft prior to each week/month's start. Automatic payments may only be waived with permission from the Child Care Director or Account Receivable.
- In the event my preauthorized payment is not honored on my scheduled draft date the YMCA may charge a \$15 penalty for returned/late payments in addition to any charges assessed by your financial institution.
- It is further understood that if payment is not honored, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.
- Payments/Refunds will be applied to any overdue YMCA balances first then to current programming fees.
- All programs close at 6:00pm. A \$1 per minute per child late fee is charged after 6:00pm.
- All policies are at the discretion of management and may be changed.
- Full Day Preschool & School Age care:** By means of **advanced notice**, 2 weeks each school year and 2 weeks each summer may be used as vacation and will not be charged.
- JFS:** Copayments are due weekly, on Friday, and in advance of attendance.
- JFS:** I understand that if my authorization is not current, I will be responsible for the private pay rates.
- JFS:** I understand that my child must be checked in and out every day on the JFS Time, Attendance and Payment (TAP) system. If I do not, I understand I will be charged the difference between my copay and the private pay rates.
- JFS:** I understand that if I do not check my child in/out on the JFS TAP system I forfeit services.
- JFS:** I understand that ODJFS families MUST attend a minimum of 25 hours a week during the summer and 7 hours during the school year.
- I understand pre-registration is required for each School Day Off and in the event my child does not attend I will be charged a meal fee, not to exceed \$5 per child per day.

•Parent/Guardian Signature

Print Name

Date

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



Automatic Payment Plan *(required)*

Participant's Information

Child's Last Name: _____ First Name: _____

Site/Location: _____ Program: _____

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

Billing Information (This person MUST sign this form below)

Last Name: _____ First Name: _____

Phone: _____ Second Phone: _____

Draft Authorization

Form of Payment

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

Credit/Debit Card

Bank Account (attach voided check/statement)

Name on Account: _____

Name on Account: _____

Card Type: MasterCard Visa
 Discover

Account Type: Savings
 Checking

Routing Number: _____

Account Number: _____

Account Number: _____

Expiration Date: ____ / ____ / ____

Schedule of Payments

Weekly (pick one)

- Mondays Tuesdays
 Wednesdays Thursdays
 Fridays

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

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

Agreement

- Automatic payments are scheduled at or before each week/month starts. 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 ACTIVITES

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
MASSILLON FAMILY YMCA

Date(s)
Monday through Friday, August 15, 2023 to August 15, 2024

Departure/Arrival Times from Program
On-site

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

I give permission for my child to participate in the swimming/water activity listed above.

Child's Name	Child's Date of Birth

My child is a Swimmer Non swimmer

Parent's Signature	Date

YMCA Lifeguard(s) will be present.

Routine Trip Information

Routine Trip Destination(s)
Walking trips within 2 blocks of the Massillon YMCA

Date of Permission (valid for one year)
08/15/2023

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

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?
 (if yes, a swimming permission slip is required) Yes No

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

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		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
<p style="text-align: center;">Allergies, Special Health or Medical Conditions, and Medical Foods</p> <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
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.