

Lake County YMCA Before & After School Program

Registration and Policy Instructions

1. The attached forms **MUST** be completed with EVERY LINE filled in at the time of registration. Your child **CANNOT** begin the program until these forms are complete and on site with the YMCA at the school your child attends.
2. A non-refundable registration fee of \$25.00 MUST accompany your registration form if you have not attended our program last year.
3. ~~Payments are due in advance~~ on the Friday before the week that care is being given. A \$10.00 late fee will be charged if the payment is not received on time. This will be added to your account. You may set up automatic payments to be withdrawn from your checking account or to be put on a credit card.
4. If your child care will be paid through the Department of Job and Family Services, please mark the proper line on the registration form. You must also supply a copy of your **Authorization letter** with your application. If you do not have this or you have not been approved, you will have to pay until we receive it. You **MUST** have your swipe card when you are dropping off or picking up. Without this card, we have the right to refuse to service your child for the day. We are no longer allowed to back bill for missed swipes. If you miss a swipe, you will be charged \$5.39 per hour for the time we did not get reimbursed for.
5. All questions regarding the Before & After School program should be directed to the Site Administrators or to Sherry Kantz, Child Care Director at 440-352-3303 Ext. 120



REGISTRATION

CHILD'S INFO	Name _____		Birth Date _____	
	Age _____			
	Home Address _____		Home Phone _____	
	City/Zip _____		Registration Fee _____	Amount Paid _____
MOTHER'S INFO	Name _____		Date of Birth ____/____/____	
	Home Address (if different from child's) _____		Work Phone _____	
	Email Address _____		Home Phone (if different from child's) _____	
FATHER'S INFO	Name _____		Date of Birth ____/____/____	
	Home Address (if different from child's) _____		Work Phone _____	
	Email Address _____		Home Phone (if different from child's) _____	
CHILD'S SCHOOL	Please check the school your child will attend this fall.			
	Chestnut [<input type="checkbox"/>] Maple [<input type="checkbox"/>] Elm(at Maple) [<input type="checkbox"/>]			
CHILD'S SCHEDULE	I would like my child to start on _____ (date). My child's schedule will be			
	Monday [<input type="checkbox"/>] Tuesday [<input type="checkbox"/>] Wednesday [<input type="checkbox"/>] Thursday [<input type="checkbox"/>] Friday [<input type="checkbox"/>] Before School [<input type="checkbox"/>] After School [<input type="checkbox"/>] Both Before and After School [<input type="checkbox"/>]			
PAYMENT INFO	_____ My childcare tuition will be paid by the Department of Job and Family Services <i>Must provide a copy of DHS approval letter prior to child's first day.</i>			
	_____ I will be paying the childcare tuition myself.			
Financial Assistance is available based on need.				

LAKE COUNTY Y MISSION STATEMENT
 The Y is a membership organization dedicated to improving the quality of life in our community. The Y's programs, services and leadership build healthy spirit, mind and body by putting Christian principles into practice. The Y is open to all.

Y ANNUAL GIVING CAMPAIGN
 Please consider a contribution to the Y. Contributions help the Y provide membership and program assistance to people in need.
 Y Annual Giving Contribution \$ _____



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 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 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

<u>Give Permission to Transport</u>	OR	<u>Do Not Give Permission to Transport</u>
Center or Type A Home Name	Do not sign both	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.



Lake County YMCA School-Age Child Care

PROGRAM BEHAVIOR CONTRACT

Dear Parent,

The YMCA believes in partnership with families in all of our childcare setting. We want our programs to be safe and healthy environments for all students. To help us accomplish our goals, we are using a participatory Discipline Plan.

PROGRAM RULES:

1. Speak for yourself...not for anyone else.
2. Listen to others...and they will listen to you.
3. Use "put-ups"...not "put downs".
4. Take charge of yourself...YOU ARE RESPONSIBLE FOR YOU.
5. Show respect...every person is important.
6. Follow your Teacher's directions...He/She is in charge.
7. Do unto others as you would have them do unto you.

If the program rules outlined above are not followed, the staff will choose the appropriate means of discipline, behavior modification, re-direction, time-out, etc. Children are encouraged to think through their own personal conflicts and find positive resolutions. Children who consistently violate the rules, or children who are disrespectful of people and property will be given an inappropriate behavior report and will be suspended from the program.

We have read and discussed the Discipline Plan printed in the Parent Handbook. We have read and understand the Program Rules listed above. We agree as a family to comply with the rules and understand if _____ cannot follow the rules, he/she will be suspended and possible dismissed from the program.

PRINTED Parent/Guardian

Signed Parent/Guardian

Date



**ELECTRONIC FUNDS(EFT)
OR
CREDIT CARD AUTHORIZATIONS**

Dear Parents,

The YMCA's membership software allows members to make automatic weekly payments for Child Care. This feature saves you the hassle of remembering to pay each Friday.

If you are interested in having your weekly payments automatically withdrawn from a checking account or credit card, please fill out this form and return it to Sherry Kantz. We will notify you of when your first automatic payment will be taken out.

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 Child Care 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.

() I choose to utilize the EFT option for weekly payment direct debit from my ()Checking ()Savings

Bank Name _____ Name on 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 ()Visa ()MC ()Discover Card Holder Name _____

Account Number _____ Expiration Date _____

Authorized Signature _____ Date _____

Please sign below as well:

I authorize the YMCA to withdraw funds from my (Checking, Savings, or Credit Card) account ending in ___ _ _ for weekly Child Care payments. I will notify the YMCA at least 2 weeks in advance if I want to cancel automatic payments for any reason.

Signature _____ Date _____

Printed Name _____ Child's Name _____



**LAKE COUNTY YMCA PHOTO
AND VIDEO/AUDIO RECORDING RELEASE**

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the Lake County YMCA, I hereby give my permission and consent, now and for all time, to the Lake County YMCA the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with the Lake County YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Lake County YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at the Lake County YMCA I authorize, according to this Release, shall belong to the Lake County YMCA, YMCA of the USA and third parties collaborating with the Lake County YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Lake County YMCA;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Lake County YMCA will not be subject to any obligation of confidentiality and may be shared with and used by the Lake County YMCA, YMCA of the USA and third parties collaborating with the Lake County YMCA and/or YMCA of the USA;
- The Lake County YMCA, YMCA of the USA and third parties collaborating with the Lake County YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Lake County YMCA; and
- The Lake County YMCA, YMCA of the USA and third parties collaborating with the Lake County YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Lake County YMCA for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge the Lake County YMCA, YMCA of the USA and third parties collaborating with the Lake County YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Lake County YMCA as described herein.

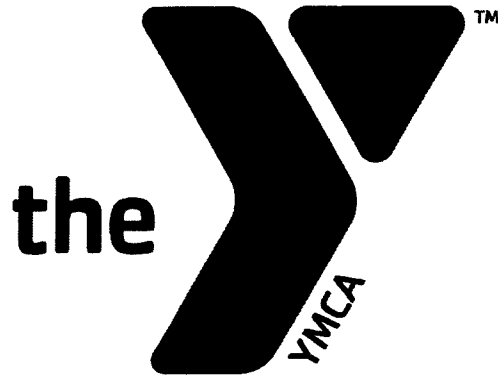
Signature: _____ Printed Name: _____

Age: _____ Address: _____

I am the Mother/Father/Legal Guardian of _____ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Date: _____



**Lake County YMCA Painesville School Age Child Care
2015/16 Fees
Effective August 1, 2015**

	program member/member
AM Only-	
Part Time: 1-3 Days per wk, or dropped off after 7:40.....	\$26.00/\$31.00
Full Time: 4-5 Days per wk.....	\$32.00/\$37.00
PM Only-	
Part Time: 1-3 Days per wk, or picked up before 4:00.....	\$40.00/\$45.00
Full Time: 4-5 Days per week.....	\$47.00/\$52.00
Both AM/PM-	
Part Time: 1-3 Days per week.....	\$65.00/\$75.00
Full Time: 4-5 Days per week.....	\$80.00/\$90.00

There is a \$25.00 non-refundable registration fee due upon enrollment.

A 10% sibling discount applies when two or more children are enrolled from the same family.

Payments will be automatically withdrawn from your checking account or drafted on a credit card when you fill out the appropriate form.