



LIGHTS... CAMERA... SUMMER!!!

YMCA OF CENTRAL STARK COUNTY

SUMMER DAY CAMP 2023

At the YMCA of Central Stark County's Summer Day Camp we make a positive impact on our campers and families by nurturing the potential in each and every child. We strive to partner with families to provide growth and positive youth development by:

- Helping campers to develop new friendships
- Exposing campers to new skills and activities
- Fostering positive interactions with people who may be different than ourselves
- Building self-esteem, confidence and independence
- Social emotional learning and character development skill practice
- Providing a safe place where every camper feels as though they belong
- Hiring staff who act as positive role-models through their words and actions



SUMMER DAY CAMP DETAILS

- May 31 - August 09, 2023 (dates vary by location)
- Kids entering Kindergarten through Grade 8
- Day Camp Hours, Monday - Friday: 6:30am-6:00pm (camp activities begin at 9am!)
- \$170/week for Y Members/ \$190/week for Program Participants

We believe that children should spend the summer building memories, not high scores. Our programming gets kids disconnected from technology and reconnected with laughter, fun, and being outdoors!

FACEBOOK & BLOOMZ

Follow our Facebook Page "YMCA of Central Stark County Summer Day Camp" for weekly camp pictures! Join your camp's Bloomz for weekly information & reminders (see camp for Bloomz code)!



CAMPS



PATHFINDERS

Say goodbye to preschool! Pathfinders (sometimes referred to as "K-Camp") is designed specifically for children entering kindergarten in the fall! Pathfinders will get to know their future classmates as they use teamwork and play to overcome obstacles and strengthen their skills as we help them down the path of self-discovery. Our youngest campers spend their days learning, playing, and seeing firsthand what it means to be a kindergartener! (Available at Jackson High School, Timken Commons, Louisville Middle School, and North Canton YMCA Child Development Center.)



EXPLORERS

Our Explorers are children entering 1st and 2nd grade. No longer the youngest campers on site, Explorers look ahead to grow while learning what it takes to be leaders. Explorers are independent, creative, active campers who are always on the go! Our camp counselors encourage inquiry and exploration as they navigate through the uncharted weeks of summer!



TRAILBLAZERS

Trailblazers are made up of campers entering 3rd through 5th grade. Trailblazers take the next big step, earning more independence, more opportunities, and "bigger, better" activities! Armed with confidence, creativity, and a passion for choosing their own path, Trailblazers delight in getting to work with their camp counselors to map out their perfect summer!



RANGERS

Rangers are campers that are entering grades 6 through 8. As the elders of camp, they are challenged to take their leadership skills to the next level. Rangers are young adults and are treated as such. Teaming up with our Teen and Family Department, our camp counselors plan the most engaging and advanced activities that campers will forget they aren't on their phones!



What should I bring to camp?

- Packed lunch & water bottle (lunch is provided at our Alliance, GlenOak, & Timken locations)
- Proper Clothing (Campers will be active & may get dirty!)
- Sunscreen applied before camper arrives (we will re-apply sunscreen throughout the day)
- Closed-Toed Shoes (sandals & flip-flops can be sent for water activities only)
- Swimsuit & Towel for YMCA swim days & outdoor water activities
- Camp T-shirt (your camper will need their provided camp t-shirt for field trip days)

FINANCIAL ASSISTANCE

Individuals and families may apply for financial assistance for membership or programs, such as Summer Day Camp. The process is confidential. Application forms and information about the program are available at each YMCA of Central Stark County location or online at ymcastark.org. Child Care assistance is also available through Ohio Department of Jobs and Family Services.

FOR MORE INFORMATION

Scan the QR Code or visit us at ymcastark.org/summer to learn more!

YMCA OF CENTRAL STARK COUNTY • ymcastark.org
4700 Dressler Rd. NW • Canton, OH 44718



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SUMMER DAY CAMP 2023

How do I register?

Step One: Go to Website

www.ymcastark.org

Click "Program Registration"

Step Two: Logging In

- Use the email that is on file with the YMCA and your password to login
 - If you are logging in for your first time, click "forget password"
 - If your child has never attended anything at the Y, you will need to create an account
- If you are unable to login or it states you are not 18 years or older email ccbusiness@ymcastark.org for assistance.

Step Three: Registration for Day Camp

- Click the "Register for Day Camp" button
 - Make sure your child's name is selected in the "shopping for" box and the Childcare Branch is selected on the left hand side (You may have to choose "filter" to find the branches if you are on your phone.)
- Select the camp location and with the correct group you would like your child to attend
 - *Pathfinders-Entering Kindergarten**
 - *Explorers-Entering 1st and 2nd grade**
 - *Trailblazers-Entering 3rd-4th grade**
 - *Rangers-Entering 5th-8th grade**
 - Select the weeks you would like your child to attend and add to cart
 - Click on the cart and proceed to checkout
 - On the right hand side there will be links to online forms that you will need to complete before you can checkout completely. (If you do not complete your registration within 2 weeks, you will lose your registration spot)
 - If you receive assistance through Ohio Jobs and Family Services, please put "YMCAODJFS" in the promo code box and complete the online form labeled "ODJFS Policies".
 - If you receive a discount of any sort, please proceed, but contact your Childcare Director or Business office at ccbusiness@ymcastark.org (234-215-3566) in order for your discount to be applied.
- ***Your account will not be charged until the Friday before of your child's first week of camp***
 - You will be able to check-out. However, additional forms found in "My Requirements" must be completed and reuploaded. (Please see following page for directions).
 - You will receive an e-mail from your Childcare Director confirming your registration when it is complete.

Viewing and Completing Your Requirements

1. Log into your account
2. Click "My Requirements"
3. You can search requirements by member name or your entire family
4. Requirement names display
5. Click on the clipboard to access the requirement
6. Complete the fields for the requirement (Please note there may be attachments requiring your attention.)
7. If you have attachments to complete they will be displayed under the heading "Downloadable Files". A brief description will help provide further instructions.
8. Save your work.

YMCA of Central Stark County

Current Due \$0.00 Give

Shop by type

Text Search - What products are you looking for?

1. My Account

2. My Requirements

3. My Requirements

4. Member: (All) Product Type: (All) Requirement Status: (All)

5. Timeframe: Last 30 Days From Date: 01/21/2023 To Date: 12/31/9999

6. Display results

7. YMCA of Central Stark County Training
4700 Dressler Rd NW
Canton OH 44718

| Name | For | View | Dates | Branch | Requirement Status | Due Date |
|--------|------------------|------|---------------------|--------|--------------------|-----------|
| Sample | Summer Camp Form | | 02/20/23 - 05/12/23 | | Incomplete | 2/20/2023 |

YMCA of Central Stark County

Current Due \$0.00 Give Home Log Out

Shop by type

Text Search - What products are you looking for?

8. My Account

9. Back to requirements

10. Downloadable Files:

11. Downloadable files available with this requirement provided by the YMCA

| File Name | Description |
|---|---|
| JF 9-01234 Child Enrollment Information PDF | Please download, complete, and submit this form prior to camp |

12. Emergency Contact

13. Member

14. Emergency Contact First Name *

15. Emergency Contact Last Name *

16. Emergency Contact Relationship *

17. Emergency Contact Phone *

18. 000-000-0000

19. Back Next >> Save and return to Requirements Cancel

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 | | 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 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

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 2 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 | Do Not Give <u>Permission</u> to Transport | |
|---|------|-----------------------------------|---|------|
| Program or Home Name YMCA of Central Stark County | | | 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.



Student Goal Worksheet

Child's Name: _____

Date: _____ Parent Signature: _____

**This form is only required for Campers at the Alliance Area YMCA and the North Canton YMCA Child Development Center*

Goal for my Body:

Action Step 1:

Action Step 2:

Action Step 3:

Goal Accomplished

Goal for my Mind:

Action Step 1:

Action Step 2:

Action Step 3:

Goal Accomplished

Goal for Social Responsibility:

Action Step 1:

Action Step 2:

Action Step 3:

Goal Accomplished

Goal for my Character:

Action Step 1:

Action Step 2:

Action Step 3:

Goal Accomplished

These people will help me reach my goals:

This is how I will feel when I reach my goal (draw or write it):

My parent's goal for me:

Goal Accomplished

Pathfinders ONLY

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

| | |
|---|---|
| Child's Name (<i>print or type</i>) | Date of Birth |
| Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner): | |
| Section A - EXAMINATION | |
| √ The above named child has been examined. | |
| √ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care). | |
| √ The above named child does not have allergies OR is allergic to the following (<i>please list in space below</i>): | |
| | |
| <i>Check below, if applicable:</i> | |
| <input type="checkbox"/> Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form. | |
| Optional: Measurements and Recommended Assessments/Screenings | |
| Height _____ | Vision _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Weight _____ | Hearing _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| BMI _____ | Dental _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Lead _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Hemoglobin _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Notes: | Other: _____ |
| Signature of Examining Health Care Practitioner | Date of Examination |
| Name of Examining Health Care Practitioner | Telephone Number |
| Street Address | City, State and Zip Code |

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

| | |
|---|--|
| IMMUNIZATION (Complete ONLY ONE SECTION below) | |
| Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases: Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus. | |
| Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER: <input type="checkbox"/> The above named child has been immunized against the diseases listed above. <i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(</i> | Initials of Examining Health Care Practitioner Date |
| Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): <input type="checkbox"/> I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s): | Signature of Parent Date |



PATHFINDERS ONLY

Student Goal Worksheet

We will work together to reach my goals!

Child's Name: _____

Date: _____ Parent Signature: _____

1) Developmental/Educational Goal (Ex: Using utensils to eat, potty trained, name recognition, counting to 20):

What adults will be responsible for working towards the goal?

What additional resources are needed to accomplish the goal?

When do you hope this goal will be accomplished by?

Classroom teacher additional comments/notes on goal:

Date Goal Accomplished:

2) Developmental/Educational Goal (Ex: Using utensils to eat, potty trained, name recognition, counting to 20):

What adults will be responsible for working towards the goal?

What additional resources are needed to accomplish the goal?

When do you hope this goal will be accomplished by?

Classroom teacher additional comments/notes on goal:

Date Goal Accomplished:

Classroom Teacher Name (Print): _____

Teacher Reviewed/Commented on Goals (Sign/Date):

_____ / _____ / _____