



WE'RE IN THIS TOGETHER

YMCA OF CENTRAL STARK COUNTY Scholastic Support Care

WHEN: Monday–Friday when school districts close due to COVID-19
Scholastic Support Care (Weekly Rate) :
December 7–30, 2020

Holiday Break (Daily Rate):
December 21–23 & December 28–30

WHO: Students enrolled in K–5th grade

WHERE:

Paul and Carol David YMCA
7389 Caritas Circle NW | Massillon, OH
44646

Program Options:

Scholastic Support: 8:30am to 3:30pm

Scholastic Support + Extended Care:
6:30am to 6:30pm

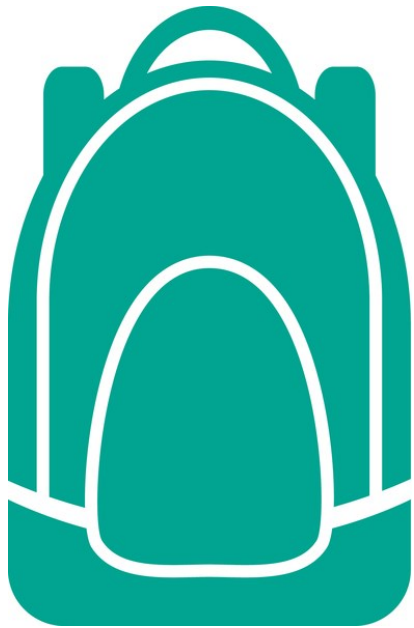
	YMCA Member	Non-Member
Scholastic Support 8:30am–3:30pm	\$130	\$150
Scholastic Support + Extended Care 6:30am–6:30pm	\$175	\$195

All rates shown are weekly rates.
There are no part time rates available for Scholastic Support Care.
Daily rates will be available for Holiday Break weeks.

Start dates are anticipated. Approvals from the Stark County Health Department and the Ohio Department of Jobs and Family Services are required before opening. If opening date required change, notification would be made to all registered families.

PROGRAM INFORMATION

WHAT TO BRING*



Please label all items clearly with your child's name. The YMCA is not responsible for lost, stolen or damaged items.

Packed Lunch and Water Bottle

Snacks provided daily at all locations. Optional lunch provided December 7-18, 2020.

Chrome Books & Headphones

Children will be using their personal chrome books for the "Scholastic Support" portion of the program. They should also bring headphones for communicating in virtual classrooms/Zoom Calls/Google Meets

Masks

Children are required to wear masks when they are not actively eating or engaged in socially distanced physical activity.

Swimming Gear

Pool time will be scheduled into the program, swim times and days will vary by branch.
(The North Canton CDC is unable to provide swimming time)

Proper Clothing

Kids will be active and messy both inside and outside (weather permitting). Please dress your child appropriately and leave an extra set of clothes in their bag.

***In order to minimize the spread of germs, please do not send any additional items from home.**

PICK UP/DROP OFF

- To minimize the spread of germs, families will not be permitted to enter the Scholastic Support Center location.
- Drop off and pick up will be curbside at each of our Y locations.
- Please notify the site when you are on your way so we can get your child ready to expedite the process.
- ID will be required for child pick up
- Please self check/monitor yourself and your child for COVID-19 symptoms.
- DO NOT attend if someone in your household is exhibiting COVID-19 symptoms.
- Temperatures will be taken daily prior to entry.
- If your child is exhibiting fever or other COVID-19 symptoms they will not be permitted to enter the program.
- Children are required to wash hands upon entry and before exit of the program.

REGISTRATION INFORMATION

- Print and complete this registration packet. Please make sure no fields are left blank. (You can mark a slash or "n/a" for fields that do not apply.)
- Scan and email your completed packet to jkchildcare@ymcastark.org. Please do not send pictures of applications. A scheduled drop off time will need to be arranged with your location if you are not able to return your packet electronically.
- You will receive an email with confirmation of registration and start date. Spaces will be assigned on a first come, first serve basis.

COVID 19 PROCEDURES AND POLICIES

Dear Families:

COVID-19 has impacted nearly every facet of our lives, and has affected many in our Stark County community directly. In order to mitigate possible spread and keep our staff, kids and you safe, several additional practices and procedures have been put in place in our program.

Below is an outline of these policies and procedures:

Pick up and Drop Off:

- Building access will be limited to staff, and enrolled children only with a daily temperature check upon arrival. Curbside pick up and drop off will be used. Childcare staff will sign your child in and out and escort them to their group. We would like to limit contact as much as possible, so we ask that you please stay outside the door assigned.
- Your child's temperature will be checked each time you drop them off, before they exit your vehicle. If a temperature of 99.5 or higher is detected or your child exhibits any other symptoms of illness, the child will not be permitted to enter the program.
- If you receive ODJFS child care assistance and need to TAP, the sites tablet will be available, but we encourage you to download the mobile app on your phone. Childcare staff can help you with this.
- You and any designated person listed on the pick-up list will need a photo ID for pick up.

Illness Policies:

- If you, a family member, or anyone you have spent time with, exhibits symptoms of COVID-19 or has a positive COVID-19 diagnosis, please report this to childcare staff immediately and keep your child at home.
- If your child exhibits any of the COVID-19 symptoms (Cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell) please keep your child at home and report this to childcare staff. If your child develops any of these symptoms while in care, they will be separated from the group and you will be called for immediate pick up. Children may not return to the program until they are symptom free for 72 hours and they have been cleared by a physician.
- If a case is suspected at your program location, the YMCA will work with the local health department to follow the correct procedure of cleaning, quarantining, and possible closure. Communication would be given to you directly if that occurs.

Programming:

- Children will be in a group of 15 or less with one teacher. They will have one home base and travel with their group throughout the day as possible. There will be no large group games or gatherings.
- Children and staff will be handwashing and hand sanitizing many times throughout the day. They are required to do so upon arrival and before leaving the program, so we appreciate your patience as we complete this.

Thank you for being a part of our YMCA of Central Stark County family. The health and safety of all of our families, children and staff is our top priority and we appreciate you helping us execute these procedures in order to best serve you!

VIRTUAL LEARNING INFORMATION

Child Name _____ Grade _____ School _____

Teacher Name and Contact: _____

Device Username: _____ Device Password: _____

Platform Name and Website: _____

Platform Username (if different): _____

Platform Password (if different): _____

Please provide details on your child's required work and any other information that could be helpful in assisting your child with virtual learning:

We can only assist students in work that is presented to us. Please communicate all required assignments, scheduled log ins, and additional needs to our staff so we can ensure all work is completed.

OPTIONAL: In order to best serve your child, please provide details for daily requirements.

Monday	Tuesday	Wednesday	Thursday	Friday

20/21 SCHOLASTIC SUPPORT CARE REGISTRATION

CHILD'S INFORMATION

Child's Name (first/last) _____ Birth date ____/____/____ Age _____

Address _____

City _____ State _____ Zip _____

County _____ Home Phone: _____ Gender _____

Child's Ethnicity
(Circle One)

Caucasian

Asian Descent

Other

Hispanic/Latino

Black/African American

Grade Entering (2020/2021 School Year) _____ Estimated Time of Arrival: _____ Pick up: _____

Location Attending: Jackson

Membership Status (Please circle one): Member Western Stark/Akron Y Member Non-Member

1st Parent _____ Birthdate _____ Contact Phone # _____

2nd Parent _____ Birthdate _____ Contact Phone # _____

Parent Email _____

Marital Status: Married Separated Divorced Single Other

Custody/Contact restrictions: (Equal access to the center and child will be granted to each parent in the absence of a Court order, which must be provided to the YMCA, specifying otherwise).

Please list the persons permitted to pick-up your child:

(Parent/Guardians listed above are already included on pick-up list)

_____ Phone # _____ Relationship _____

_____ Phone # _____ Relationship _____

_____ Phone # _____ Relationship _____

_____ Phone # _____ Relationship _____

SCHEDULE AND PAYMENT AGREEMENT: 20-21 SCHOLASTIC SUPPORT

Child's Name _____ Birthdate _____ Grade _____

Location Paul and Carol David YMCA

Please use this form to register for your child care schedule by circling the program rate that meets your needs in the chart below:

	YMCA MEMBER	NON-MEMBER
Scholastic Support Care- 8:30am-3:30pm	\$130	\$150
Scholastic Support + Extended Care- 6:30am-6:30pm	\$175	\$195
Holiday Break Daily Rate (December 21-23 & 28-30)	\$30	\$40

* Weekly rates are **full time only**. Rates will not change based on attendance.

What dates will your child attend? (Please select dates)

Week	Circle days your child will attend:				
December 7-11, 2020 (Weekly FT Rate)	M	T	W	TH	F
December 14 - 18, 2020 (Weekly FT Rate)	M	T	W	TH	F
Holiday Break (Daily Rate)	December 21	December 22		December 23	
Holiday Break (Daily Rate)	December 28	December 29		December 30	

Child Care Business Office:

The Child Care Business Office, located at the YMCA of Central Stark County's Association Office, is handling the billing functions for our child care programs and services.

What you need to know:

- All invoicing and auto-payments will be processed at the Association Child Care Business Office.
- The Scholastic Support Program will only be offered while schools districts are closed. To cancel early, you must provide one weeks notice via www.ymcastark.org/changeform
- Please contact the Child Care Business Office at the YMCA Association Office to update payment information or with any billing related inquiries at 234-215-3566 or ccbusiness@ymcastark.org.

20/21 SCHOLASTIC SUPPORT PAYMENT POLICIES

Please initial beside each of the following:

- _____ I understand I will be charged for the program and rate for which I signed up my child.
- _____ A one week notice submitted through the online change of schedule form (www.ymcastark.org/changeform) is required for any change in schedule, otherwise the account will be charged based on the schedule for which you signed up.
- _____ Tuition payment is drafted in **advance** of attendance per your agreed upon draft schedule.
- _____ Accounts that have a balance of 2 weeks or more will be considered delinquent. The Child Care Business Office will contact the responsible parent to reconcile the balance and keep the account current. If a payment agreement is not reached or payment is not made, child care services may be suspended.
- _____ Payments/Refunds will be applied to any outstanding Y balances first then to current programming fees.
- _____ A \$1 per minute per child late fee is charged if your child is not picked up by time your selected program ends. All late fees will be added to the next weeks draft payment. If late pick up occurs more than three times during the enrolled program, your enrollment status could be in jeopardy.
- _____ I understand that weekly tuition is not adjusted for days missed due to illness, unless the child is hospitalized or quarantined, and the parent/guardian notifies the Child Care Business Office at 234-215-3566 or ccbusiness@ymcastark.org.
- _____ Should my bank, for any reason, not honor any debit, I am responsible for the payment and I may also be responsible for a fee up to \$30. The payment and fee may be collected electronically by a third party.
- _____ Failure to communicate with Y staff for 5 business days may result in termination of services.
- _____ I understand that if I receive assistance through Job & Family Services for child care, I will TAP my child in and out each day. Any missed TAPS must be corrected and approved within two weeks. **If TAPs are not corrected or approved within the two week period, I will be responsible for the weekly private pay fee.**

I will be paying by : Bank Draft Credit Card Draft (A \$30 fee will be assessed for NSF drafts)

Draft Authorization: I authorize automatic payments for my child care fees in the amount of the agreed upon weekly payment rate for the program my child attends. Drafts will occur automatically until care is terminated in writing or the program ends. A minimum of 10 business days notice is required to stop or edit drafts.

Parent/Guardian Signature

Print Name

Date

Automatic Payment Enrollment Form

Participant Information:

Child's Name _____ Date of Birth _____

Branch/Location Child Attends: _____

Membership Status: Member Akron/Western Stark Y Member Non-Member

Program: (Please circle one)

Scholastic Support or Scholastic Support + Extended Care | Holiday Break (Daily Rate) Yes or No

Responsible Parent/Guardian Information:

Name: _____

Phone: _____ 2nd Phone: _____

Are you responsible for entire tuition payment? YES NO (If "no" please explain below)

Ohio Department of Jobs & Family Services Assistance:

Are you receiving assistance through Ohio Jobs and Family Services? YES NO

If yes, please specify copay amount: _____

*Please see ODJFS policy document from your Child Care Director for all responsibilities for approved cases.

PAYMENT OPTIONS:

1. Bank Draft (Please include a voided check)

Account Type:

Weekly

Checking

Savings

Bank _____

Transit & Routing # _____

Account # _____

*Due to temporary weekly programming, bi-weekly draft is not currently available. Weekly fee will be drafted the Friday before the week of care.

2. Credit Card Draft

Weekly

Credit Card

Debit Card

Circle Card Type: MasterCard VISA Discover American Express

Issuing Bank Name _____

Name on Card _____ Exp. Date _____

Card # _____

Draft Authorization: I authorize automatic payments for my child care fees in the amount of the agreed upon weekly payment rate for the program my child attends. Drafts will occur automatically until care is terminated in writing or the program ends. A minimum of 10 business days notice is required to stop or edit drafts.

Parent/Guardian Signature

Print Name

Date



* ODJFS Parents Only

PROVIDER TRANSFER REQUEST

You have contacted the SCJFS Child Care Department to request a change in child care providers. Please confirm your request by completing this form and returning it to the agency prior to the week your child begins attending a new provider. **Transfer requests must be received by Thursday at 3:00 pm in order for the change to be effective for the following week.** Requests received after Thursday at 3:00 pm will be delayed an extra week. **You must fill out all fields listed below and failure to do so will result in form being returned for completion.**

PROVIDER TRANSFERS WILL NOT BE BACK-DATED.

Your current swipe card will be authorized to your new provider. If you are unable to swipe, you are responsible to contact your SCJFS Child Care Eligibility Specialist.

Caretaker Name:		Social Security Number:	
Caretaker Phone Number:			
Name of Current Provider:			
Last date attended:	December 4, 2020		
Have you paid your co-pay in full to your current provider:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CHILD CARE SERVICES MAY NOT BE TRANSFERRED IF CARETAKER IS DELINQUENT IN PAYING CO-PAY.			

Name of New Provider:	Paul and Carol David YMCA
Address of New Provider:	7389 Caritas Circle NW Massillon, OH 44646
License Number of New Provider:	106591
Date to begin New Provider:	
PLEASE INDICATE EACH CHILD ATTENDING THE NEW PROVIDER:	
Child's Name:	
Child's Name:	
Child's Name:	
Child's Name:	
Child's Name:	
Child's Name:	

Please note that failure to submit this form by the deadline, may result in private pay fees with the provider.

Caretaker Signature:		Date:	
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