**YMCA of Central Stark County**

**SUMMER DAY CAMP 2019**

**WHO:** Campers entering 1st-6th Grade

**WHERE:** Meyers Lake YMCA (Perry HS Location) 6:30am-6:00pm

**WHEN:** June 3, 2019-August 16, 2019

<table>
<thead>
<tr>
<th>EXPLORERS</th>
<th><strong>(Entering 1-2 Grade)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>MEMBER</td>
<td>FT $125</td>
</tr>
<tr>
<td>NON-MEMBER</td>
<td>FT $145</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRAILBLAZERS</th>
<th><strong>(Entering 3-4 Grade)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>MEMBER</td>
<td>FT $125</td>
</tr>
<tr>
<td>NON-MEMBER</td>
<td>FT $145</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RANGERS</th>
<th><strong>(Entering 5-6 Grade)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>MEMBER</td>
<td>FT $125</td>
</tr>
<tr>
<td>NON-MEMBER</td>
<td>FT $145</td>
</tr>
</tbody>
</table>

*Weekly rate includes cost of field trip, snacks, and all activities!
CAMP INFORMATION

WHAT TO BRING

Water Bottle
AM and PM snack provided daily. Lunch will also be provided by the Perry Local School Food Program.

Proper Clothing
Campers will be active and may get dirty. Please dress your camper appropriately and leave an extra set of clothes in their bag. Camp Shirts must be worn on trip days!

Swimsuit and Towel
Campers will swim or participate in water activities almost daily. Please provide each day.

Closed-Toed Shoes
Please have campers wear closed toed shoes every day. Sandals or flip flops can be sent for water activities only.

Sunscreen Applied Before the Child Arrives
Camp staff will re-apply sunscreen throughout the day.

*Please label all items clearly with your child’s name. The YMCA is not responsible for lost, stolen or damaged items.
YMCA of CENTRAL STARK COUNTY
SUMMER DAY CAMP REGISTRATION 2019

CHILD’S INFORMATION
Child’s Name (first/last) _____________________________ Birth date ___/___/____ Age ______
Address ______________________________________________________________________________________
City ______________________________________________________________________________________ State ______ Zip __________
County ___________ Home Phone: _____________________ Gender __________________________
Grade (2019/2020 School Year) _____________ School Attending ______________________________
Membership Status (Please circle one): Member Akron/Western Stark 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)
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

T-Shirt Size (circle one): YS (6-8) YM (10-12) YL (14-16) AS AM AL
☐ I would like to buy an additional Camp T Shirt for $6.00.
☐ Charge my card that is on file. ☐ Payment is attached.

Child’s Camp: ☐ Explorers (Entering Grades 1-2)
☐ Trailblazers (Grades 3-4) ☐ Rangers (Entering Grades 5-6)
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.

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Date of Birth</th>
<th>First Day at Program/Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td></td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>Zip Code</td>
<td>Home Telephone Number</td>
</tr>
<tr>
<td>Parent/Guardian Name</td>
<td>Relationship to Child</td>
<td></td>
</tr>
<tr>
<td>Home Address</td>
<td></td>
<td>Home Telephone Number</td>
</tr>
<tr>
<td>City</td>
<td></td>
<td>State</td>
</tr>
<tr>
<td>Email Address (if applicable)</td>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Parent's Work/School Telephone Number</td>
<td>Parent's Work/School Name</td>
<td></td>
</tr>
<tr>
<td>Parent's Work/School Address</td>
<td>City</td>
<td></td>
</tr>
</tbody>
</table>

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.  Yes  No
If you answered yes, please indicate which number(s) above to include on the list  Work  Cell  Home  Email

Where can you be reached while your child is in this program/home?

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Relationship to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td>Home Telephone Number</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Email Address (if applicable)</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Parent's Work/School Telephone Number</td>
<td>Parent's Work/School Name</td>
</tr>
<tr>
<td>Parent's Work/School Address</td>
<td>City</td>
</tr>
</tbody>
</table>

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.  Yes  No
If you answered yes, please indicate which number(s) above to include on the list  Work  Cell  Home  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 at least one person 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Relationship to Child</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Relationship to Child</td>
</tr>
<tr>
<td>Other numbers where emergency contact can be reached (if applicable)</td>
<td>Other numbers where emergency contact can be reached (if applicable)</td>
</tr>
</tbody>
</table>

Name of Physician or Clinic/Hospital

Street Address

City | State | Telephone Number
### 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 family child care 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, 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? □ 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**

<table>
<thead>
<tr>
<th>Give Permission to Transport</th>
<th>Do Not Give Permission to Transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program or Home Name Meyers Lake YMCA—Perry HS Location</td>
<td>Program or Home Name</td>
</tr>
<tr>
<td>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.</td>
<td>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:</td>
</tr>
</tbody>
</table>

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. (check one) □ Yes □ No

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.

<table>
<thead>
<tr>
<th>Parent/Guardian Initials</th>
<th>Date of Review</th>
<th>Administrator/Designee Initials</th>
<th>Date of Review</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Note: This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15 and 5101:2-13-15. 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.
YMCA of Central Stark County – Schedule and Tuition Agreement
Meyers Lake YMCA (Perry HS Location) Summer 2019

Child’s Name _____________________________________________________________ Start Date _______________________________

Are you responsible for entire tuition payment? □ YES □ NO (If “no” please explain)

Are you receiving assistance through Ohio Jobs and Family Services? □ YES □ NO
Weekly Copay amount: $__________

FEE SCHEDULE: Please circle your required rate below:

<table>
<thead>
<tr>
<th>Program</th>
<th>Y Member 4-5 days</th>
<th>Non-Member 4-5 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPLORERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAILBLAZERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RANGERS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE PUT AN ‘X’ ON EACH WEEK YOUR CHILD WILL ATTEND CAMP:
(If your child will be attending part time, please circle the days of attendance below the dates)

<table>
<thead>
<tr>
<th>Week</th>
<th>Dates</th>
<th>Explorers</th>
<th>Trailblazers</th>
<th>Rangers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6/3 – 6/7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>6/10-6/14</td>
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<td></td>
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<tr>
<td>3</td>
<td>6/17-6/21</td>
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<tr>
<td>4</td>
<td>6/24-6/28</td>
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<tr>
<td>5</td>
<td>7/1 – 7/5</td>
<td></td>
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<tr>
<td>6</td>
<td>7/8 – 7/12</td>
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<tr>
<td>7</td>
<td>7/15-7/19</td>
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<tr>
<td>8</td>
<td>7/22-7/26</td>
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<tr>
<td>9</td>
<td>7/29-8/2</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>10</td>
<td>8/5-8/9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>8/12-8/16</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Payment Options:
□ Continue my draft from the 2018/2019 School Year: _______________________________ Parent Name _____________________________
Card Type or Bank Name: __________________________________________________________ Parent Signature ____________________________

Draft Information:
1. Bank Draft (Please include a voided check) Draft Start Date: _______
   Account Type: □ Checking □ Savings Frequency: □ Weekly □ Bi-Weekly
   Bank ____________________________________________________________
   Bank Address/City/State/Zip _______________________________________
   Transit & Routing # __________________________
   Account # _______________________________________________________

2. Credit Card Draft Draft Start Date: _______
   Account Type: □ Credit □ Debit Frequency: □ Weekly □ Bi-Weekly
   MasterCard   VISA   Discover    American Express
   Issuing Bank Name _________________________________________________
   Name on Card ___________________________________________ Exp. Date _______
   Account # _______________________________________________________

FEE SCHEDULE: Please circle your required rate below:

<table>
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<th>Program</th>
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<td></td>
<td></td>
</tr>
<tr>
<td>RANGERS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
YMCA of Central Stark County Day Camp Payment Policies

Please initial beside each of the following:

_____ Camp fee payment is due one week in advance of attendance.

_____ Accounts that have a balance of 2 weeks or more will be considered delinquent – Y staff 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, camp services may be suspended.

_____ Payments/Refunds will be applied to any outstanding Y balances first then to current programming fees.

_____ The Meyers Lake YMCA (Perry HS Location) Day Camp closes at 6:00PM. A $1 per minute per child late fee is charged after 6:00PM.

_____ I understand I will be charged for the program and rate for which I signed up my child.

_____ I understand that weekly tuition is not adjusted for days missed due to illness unless child is hospitalized.

_____ A 2 week written notice is required for any change in camp schedule, otherwise the account will be charged based on the schedule for which you signed up.

_____ Failure to communicate with Y staff for 10 business days may result in termination of services.

I will be paying by:  [ ] Bank Draft  [ ] Credit Card Draft  [ ] On-line

______________________________  ________________________________  ________
Parent/Guardian Signature            Print Name                                    Date

_________________________
Staff Initials        Date__________________
**FIELD TRIP PERMISSION**

Camper Name ______________________________________

**PERRY HIGH SCHOOL LOCATION (1st-6th Grade)**

By signing and initialing below, I hereby grant permission to the Meyers Lake YMCA for my child to travel by foot or by Perry Local Schools busing from Perry High School to the following locations for summer field trips on the dates indicated:

* Water with a depth greater than 18 inches will be present on the grounds of this trip.  
** Child will be swimming in water 18 inches or more in depth on this trip.

<table>
<thead>
<tr>
<th>DATE</th>
<th>FIELD TRIP</th>
<th>TIMES</th>
<th>PARENT INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/13/19</td>
<td>Skymax Trampoline Arena &amp; Boettler Park ** <em>(7585 Freedom Ave NW, North Canton, OH 44720 330.966.4503)</em> (5300 Massillon Rd North Canton, OH 44720)</td>
<td>9AM-4PM</td>
<td></td>
</tr>
<tr>
<td>6/20/19</td>
<td>Commons Pool *** <em>(101 Hollingsworth Dr NE Bolivar, OH 44612 330.874.4662)</em></td>
<td>9AM-4PM</td>
<td></td>
</tr>
<tr>
<td>6/25/19</td>
<td>Great Lakes Science Center (extended Day Trip) <em>(601 Erie Ave, Cleveland, OH 44114 216.862.8803)</em></td>
<td>830AM-5PM</td>
<td></td>
</tr>
<tr>
<td>7/11/19</td>
<td>North Canton Skate Center &amp; Boettler Park ** <em>(5475 Whipple Ave NW North Canton, OH 330.499.7170)</em> (5300 Massillon Rd North Canton, OH 44720)</td>
<td>9AM-4PM</td>
<td></td>
</tr>
<tr>
<td>7/18/19</td>
<td>Cleveland Aquarium (Extended Day Trip) <em>(2000 Sycamore Street Cleveland, OH 44113 216.862.8803)</em></td>
<td>830AM-5PM</td>
<td></td>
</tr>
<tr>
<td>7/25/19</td>
<td>Uhrichsville Waterpark*** (Extended Day Trip) <em>(401 E. 12th St. Uhrichsville, OH 44683. 740.922.8780)</em></td>
<td>9AM-5PM</td>
<td></td>
</tr>
<tr>
<td>7/31/19</td>
<td>HOF/First Play <em>(2121 George Halas Dr. NW Canton, OH 44708 330.456.8207)</em></td>
<td>9AM-4PM</td>
<td></td>
</tr>
<tr>
<td>8/8/19</td>
<td>Tuscora Park *** <em>(161 Tuscora Ave., NW New Philadelphia, OH 44663 330.343.4644)</em></td>
<td>9AM-4PM</td>
<td></td>
</tr>
</tbody>
</table>

**PARENT**

(Waking Routine) I give permission for my child to walk outside of the YMCA Program building to the following locations on a daily basis from June 3, 2019-August 16, 2019.
Location 1: Stark Library Book Mobile Monday-Friday 8:00am-4:00pm
Location 2: Edison Middle School Monday-Friday 8:00am-4:00pm
Location 3: Pfeiffer Intermediate School Playground Monday-Friday 8:00am-4:00pm

(Swimming) I give permission for my child to participate in the above swimming field trips and below swimming activities in water over 18 inches of depth. Campers will walk with camp staff to the pool area of the YMCA in order to participate.

Swim Site: Perry Local Schools Pool  
Swim Time: Monday–Friday 1:00pm-3:00pm  
Swim Dates: June3,2019-August 16, 2019  
My child is a ______ swimmer _______ non-swimmer

*All campers will be tested and/or measured on their first swimming date by YMCA lifeguards.

The YMCA will provide one additional staff member for every 18 children when offsite and one additional staff member per 10 children for swimming fieldtrips and routine trips.

*Field Trip schedules are subject to change based on extenuating circumstances.

I understand that field trips will leave promptly each day. All children who go will participate in the activities planned on that trip. I understand that swimming will be part of some of these activities. I understand my child must be at the Perry HS Location by time listed above on field trip days or he/she may miss transportation to the field trip location. If this happens, the YMCA will not provide care for my child that day. We will return from trips by time listed above unless extenuating circumstances arise. Parents will be notified via remind if this should occur.

Parent/Guardian Signature ___________________________________________ Date ___________________
Child’s Name: ___________________________  Child’s Date of Birth: ____________

Y  N  I give permission for my child to be included in publicity pictures connected with the program, including those used in online media such as on our website and Facebook page.

Y  N  My child is up to date on all vaccinations required by the Department of Health.
His/her last tetanus vaccination was received on ___/___/_____.

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 of, and/or participation in a YMCA of Central 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 Central Stark County is not responsible for misplaced, stolen, or damaged items.

PERMISSION TO TREAT: IN CASE OF MEDICAL ILLNESS OR INJURY, I hereby give permission to YMCA Day Camp 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 camp facilities, I understand that every effort will be made to notify listed contact(s). I authorize YMCA Day Camp 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 Signature   Date

Grant and United Way Information

Agencies like the United Way allocate funds to the YMCA every year. We use this money to help with financial assistance to those who need it which in turn keeps fees lower. Please fill in the information requested below to help the Child Care Programs with our funding requests.

Child’s Gender (circle):  Male  Female

Child’s Ethnicity (please circle one below):

American Indian/Alaska Native  Asian  Black/African American
Hispanic/Latino  Native Hawaiian/Pacific Islander  White  Other

Family Size (please circle one): 2  3  4  5  6  7  8

Household Income Level (please check one):

\[\begin{array}{llc}
\hline
\text{________} & \text{$0$-$9,999$} & \text{$30,000$-$39,999$} \\
\text{$10,000$-$19,999$} & \text{$40,000$-$49,999$} \\
\text{$20,000$-$29,999$} & \text{$50,000$+} \\
\hline
\end{array}\]

Thank you for completing the information above. It is greatly appreciated and will be very beneficial in our grant application process.
YMCA of Central Stark County Summer Day Camp

BEHAVIOR GUIDANCE/MANAGEMENT POLICY

Our goal is to set guidelines to develop a feeling of self-worth and competence for each child that results in social and emotional growth. The Y has developed a set of expectations that are developmentally appropriate for their group of campers. The Camp Director/Counselors will review these rules with the groups and they will be posted. YMCA rules are expected to be followed both in and outside of the Y building and at all times the child is in the Day Camp program.

Our disciplinary steps are based on an understanding of the individual child’s needs and stage of development as well as each individual situation. It is our desire to help each child develop self-control, and respect for the rights of others. Please provide staff as much information as possible about your child at the beginning of camp and throughout their time in the program to help inform this process.

When behavior management problems arise, staff will use a problem-solving approach to support children in resolving conflicts. Staff will approach the situation calmly, stopping any hurtful actions or language. When the situation is calm, staff will gather information from the children involved and any others that witnessed the incident. Staff will also ask the children for ideas for a solution and how to properly handle the situation next time.

At no time will any form of corporal punishment or shaming be used. Children are never deprived of food as a form of discipline. The entire group is not punished for the actions of one or a few. Children are not restricted from activities for extended periods of time.

Behavior Management Reports and Procedure:

When a behavior concern arises, staff will utilize the Behavior Management Report to document the incident and report to parents/guardians. This form addresses the following behaviors with room for additional situations.

- Refusal to follow rules/cooperate with staff
- Leaving the group or staff without permission
- Continuous disruptive behavior
- Stealing/damaging of property
- Use of profanity, vulgarity or obscenities
- Endangering the health and safety of self, other children and/or staff
- Teasing/bullying of other children or staff
- Fighting of any kind

Staff will follow the below procedure for these incidents with campers:

First Report: Written warning and parent/guardian will be contacted.

Second Report: The student will be sent home and serve a suspension. Parent/Guardian will be contacted and must discuss with Director.

Third Report: The student will be sent home and serve a suspension. Child cannot return until parent/guardian meets with a director to develop a specific behavior management plan.

Fourth Report: The student will be removed from the program and services will no longer be provided.

When there are recurring problems, sufficient attempts to follow the above steps have failed, and/or the behavior involved may result in unsafe conditions for the child, others or the program environment, immediate removal from the program may be necessary. These situations will result in an immediate “pick-up” and the child care director will determine the most appropriate next step. Each YMCA location reserves the right to skip steps in this process as deemed necessary. If removed from the program, the child will not be re-admitted to any child care program with YMCA of Central Stark County, unless specific exception is made at the time of the request.

Please initial each statement and sign below:

_____ I understand that in a crisis situation, my child may be physically held to prevent bodily harm to self and/or others, or the destruction of property. Physical holding shall be utilized for the minimum frequency and duration possible and shall not be used as punishment, convenience for staff, or as a means for compliance with behavioral expectations.

_____ Abusive language or actions, illegal acts or endangerment of any Y staff or participants by parents/family members of enrolled child may result in immediate dismissal of the child from programming.

_____ I have read and understand the above Behavior Guidance/Management Policy.

SIGNATURE ________________________________ (Parent or Guardian) DATE ____________
Ohio Department of Job and Family Services
REQUEST FOR ADMINISTRATION OF MEDICATION
FOR CHILD CARE

Box 1
The following section must always be completed by the parent/guardian.

Check all that apply and complete all of the information.

- Prescription Medication
- Nonprescription Medication
- Food Supplement
- Topical Product or Lotion
- Refrigeration Required
- Modified Diet

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Date of Birth</th>
<th>Weight</th>
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<table>
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<tr>
<th>Name of Medication</th>
<th>Exact Dosage</th>
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<tbody>
<tr>
<td>Rocky Mountain SPF 30 Sunscreen</td>
<td>Enough to cover exposed skin</td>
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</table>

To be administered at the following times:

- Upon arrival, after lunch and every hour when swimming

For the following period of time:

- June 3, 2019 - September 2, 2019

☑ I understand that my child must receive one dose of medication before arriving at the program (unless the medication is used for emergencies).

Signature of Parent/Guardian

Date

Box 2
The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant.

1. The medication contains codeine or aspirin.
2. A physician's instruction is needed for a nonprescription medication (e.g. child does not meet minimum age or weight requirements as listed on the label instructions).
3. It is a sample medication without a prescription label.
4. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period.
5. The topical product or lotion and the physician's instructions exceed the manufacturer's instructions or use.

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<thead>
<tr>
<th>Name of child</th>
<th>Name of medication, vitamin, diet, supplement</th>
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<table>
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<tr>
<th>Dosage</th>
<th>Possible side effects to watch for are</th>
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Expiration date

(May not exceed twelve months from the date of this request for medications of food supplements).

Instructions

This child is under my care and should receive the above medication as written.

Signature of physician, dentist, advanced practice registered nurse or certified physician's assistant

Date of signature

Phone number

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<tr>
<th>Name of child</th>
<th>Name of medication, vitamin, diet, supplement</th>
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This form is valid for no longer than twelve months and must be kept on file at the center or home for at least one year following the last administration of the medication or product. One form must be used for each medication.

JFS 01217 (Rev. 12/2016)
Box 3  The following section must be completed by the center, family child care provider or in-home aide for the child listed on page one of this form. All medication must be documented when administered.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Dosage</th>
<th>Signature of Designated Person Administering Medication</th>
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</table>

This form is valid for no longer than twelve months and must be kept on file at the center or home for at least one year following the last administration of the medication or product. One form must be used for each medication.
PARTICIPANT AGREEMENT, INDEMNIFICATION, GENERAL RELEASE AND ASSUMPTION

PLEASE READ THIS DOCUMENT CAREFULLY. BY SIGNING IT, YOU ARE GIVING UP YOUR AND/OR YOUR MINOR'S LEGAL RIGHTS.

In consideration of being allowed to participate in the services and activities, including but not limited to, trampoline park access, trampoline dodgeball, trampoline basketball, aerial training, fitness classes, trampoline courts, foam pit activities, snack bar access and any other amusement activities (collectively ACTIVITIES) provided by THREE GREEN DADS, LLC and its agents, owners, officers, directors, principals, volunteers, participants, clients, customers, invitees, employees, independent contractors, insurers, facility operators, and any and all other persons and entities acting in any capacity on its behalf (collectively THREE GREEN DADS, LLC), I, on behalf of myself and/or on behalf of my minor child(ren)/ward(s), hereby agree to forever release, indemnify and discharge THREE GREEN DADS, LLC on behalf of myself, my spouse, legal partner, my children, my parents, my guardians, heirs, assigns, personal representatives and estate, and all other persons and entities who could in any way represent me or act on my behalf as follows:

1. RELEASE OF LIABILITY

Despite all known and unknown risks, I hereby expressly and voluntarily remise, release, acquit, satisfy and forever discharge THREE GREEN DADS, LLC and agree to hold it harmless of and from all, and all manner of action and actions or omission(s), cause and cause of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, executions, claims and demands whatsoever, in law or in equity, including but not limited to, any and all claims which allege negligent acts and/or omissions committed by THREE GREEN DADS, LLC, whether the action arises out of any damage, loss, personal injury, or death to me or my child(ren)/ward(s), while participating in or as a result of participating in any of the ACTIVITIES. This Release of Liability is effective and valid regardless of whether the damage, loss or death is a result of any act or omission on the part of THREE GREEN DADS, LLC.

2. INDEMNIFICATION

I hereby agree to indemnify and hold harmless from and against any and all losses, liabilities, claims, obligations, costs, damages and/or expenses whatsoever paid, incurred and/or suffered by THREE GREEN DADS, LLC, including but not limited to, any and all attorneys' fees, costs, damages and/or judgments THREE GREEN DADS, LLC incurs in the event that I or my minor child(ren)/ward(s) cause any injury, damage and/or harm to THREE GREEN DADS, LLC and/or any and all other persons and entities acting in any capacity on behalf of THREE GREEN DADS, LLC.

3. ATTORNEYS' FEES

I promise to indemnify THREE GREEN DADS, LLC for any attorneys' fees and/or costs incurred to enforce this agreement, including all costs associated with any collection efforts. Further, should any debt and/or judgment accrue in favor of THREE GREEN DADS, LLC, prejudgment and post-judgment interest shall accrue thereon at a rate of 18% per annum.

4. PHOTO RELEASE

By entering THREE GREEN DADS, LLC and participating in the ACTIVITIES, I hereby grant THREE GREEN DADS, LLC on behalf of myself and on behalf of my child(ren)/ward(s), the irrevocable right and permission to photograph and/or record me or my child(ren)/ward(s) in connection with THREE GREEN DADS, LLC and to use the photograph and/or recording for all purposes, including advertising and promotional purposes, in any manner and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of the photograph and/or recording, and acknowledge and agree that the rights granted to this release are without compensation of any kind.

5. TERMS OF AGREEMENT

I hereby acknowledge, represent and certify that, if not the legal parent or guardian of child(ren)/ward(s) identified below, I have full legal authority to execute and agree to all terms and conditions set forth herein to permit the child(ren)/ward(s) to participate in the ACTIVITIES, and if such certification is not accurate, I am assuming liability for injuries that can occur.

I understand that this agreement extends forever into the future and will have full force and legal effect each and every time I or my child(ren)/ward(s) visit THREE GREEN DADS, LLC, whether at the current location or any other location or facility.

VENUE/ARBITRATION: In the event a lawsuit is filed against THREE GREEN DADS, LLC, I agree to the sole and exclusive venue of Stark County, OH. I also agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect. Any controversy between the parties hereto involving any claim arising out of or relating to a breach of this agreement shall be submitted to and be settled by final and binding arbitration in Stark County, OH in accordance with the then current Commercial Arbitration Rules of the American Arbitration Association.

By signing this document, I understand that I may be found by a court of law to have forever waived my and my child(ren)/ward(s) right to maintain any action against THREE GREEN DADS, LLC on the basis of any claim from which I have released THREE GREEN DADS, LLC and any released party herein. I have had a reasonable and sufficient opportunity to read and understand this entire document and consult with legal counsel, or have voluntarily waived my right to do so. I knowingly and voluntarily agree to be bound by all terms and conditions set forth herein.

THREE GREEN DADS, LLC reserves the right to review your license and other forms of ID to verify identity and age.

Signature: ____________________________ Date of Birth: ____________
Print Name: ____________________________ Phone Number: ____________________________
1st Child's Name: ____________________________ Date of Birth: ____________
2nd Child's Name: ____________________________ Date of Birth: ____________
3rd Child's Name: ____________________________ Date of Birth: ____________
4th Child's Name: ____________________________ Date of Birth: ____________

Three Green Dads, LLC