



# GROW WITH US

YMCA of CENTRAL STARK COUNTY  
INFANT-PRESCHOOL CARE

2023-2024 School Year

## North Canton YMCA Child Development Center Registration Packet

### PROGRAM INFORMATION:

North Canton YMCA Child Development Center  
315 N. Main St., North Canton, OH 44720

### PROGRAMMING OFFERED:

- Infants (6 weeks - 18 months)
- Toddlers (18 months - 3 years)
- Morning Preschool (4 - 5 years)
- Full Day Preschool (3 - 5 years)
- Full Day Pre-K (4 - 5 years)

### HOURS:

The North Canton Child Development Center is open Monday – Friday from 6:30am – 6:30pm.

### CONTACT INFORMATION:

Child Care Director:  
Stephanie Bradshaw

Associate Child Care Director:  
Kristin Hamilton

Office Manager:  
Kelli Miday

Phone Number: (330) 305-5437

E-mail: [ncchilddevelopment@ymcastark.org](mailto:ncchilddevelopment@ymcastark.org)

**Please scan completed packets to:  
[ncchilddevelopment@ymcastark.org](mailto:ncchilddevelopment@ymcastark.org) or  
drop of at the center.**



Scan the QR code  
to learn more!



Financial Assistance is available through the YMCA for those who do not qualify for assistance through ODJFS. Denial from ODJFS is required before financial assistance can be awarded.

Applications can be picked up at your local Y branch or visit our website at:  
<https://www.ymcastark.org/financial-assistance>

# WELCOME TO THE NORTH CANTON YMCA CDC

## General Information

- All children must be signed in and out by their adults each day. Children are not permitted to enter or exit the program alone. Parents will meet a staff member at the door for sign in and out.
- Only persons as indicated on the enrollment forms may pick up your child. Proof of identification will be required if an individual is on the authorized pick-up list but is unfamiliar to the staff.
- Please contact the center if your child will be absent.
- Changes to schedules, vacation requests, and cancellation of care all require a two week written notice via our online change of schedule form at [www.ymcastark.org/changeform](http://www.ymcastark.org/changeform).
- The complete parent handbook is located on our website at [www.ymcastark.org/child-care](http://www.ymcastark.org/child-care) as well as in hard copy at your site.

## Creative Curriculum

- The Creative Curriculum builds children's confidence, creativity, and critical thinking skills through hands on, project-based investigations. Trusted for decades by early childhood educators, our curriculum
  - respects and nurtures individual skill progression for the whole child
  - harnesses the power of play through studies that engage learners as young as infancy
  - seamlessly connects families to their children's learning
  - provides intentional support for every teacher, every day.
- Weekly lesson plans are completed and posted in your child's classroom each week and are aligned to Ohio's Early Learning Development Standards & Creative Curriculum
- Our center completes child assessments 3 times a year
- Parent/Teacher conferences are offered 2 times a year (Fall & Spring)



## Keeping Connected



Please join your child's group on Bloomz!

1. Download the "Bloomz" app from the AppStore/PlayStore and click "Create Account". If using a browser, go to [www.bloomz.com](http://www.bloomz.com) and click on "Join Bloomz".
2. In the text box, enter the code provided by your Director/Teacher
3. Create your account and stay connected! You will receive center/site updates, photos of activities, and you are able to communicate with child care staff during center/site hours.

Also, 'Like' and follow us on Facebook for program updates, photos, links to community events, and to connect with other CDC families!

# ONLINE ACCOUNT

With only a weekly draft option (bi-weekly not offered with our new system), you can log-in to your YMCA account to make future Child Care payments, register for School Days Out, and print your end of year tax statement.

Please go to: <https://ymcastarkcounty.sgasoftware.com/Sales/Public> to log-in or create your account.



## MEMBER GUIDE: ONLINE REGISTRATION

### Log In:

Log in using your email address and the password you have set.

The screenshot shows the 'Log into my account' section with fields for 'Email address' and 'Password', and a 'Login' button. Below these are links for 'Forgot password' and 'Staff portal'. To the right is the 'Create new account' section with a 'Create new' button. Below that is the 'Account help' section with a 'Search for my account' button. Text in the 'Create new account' section reads: 'I am not a member of the "Y". I have not participated in programs or activities.' Text in the 'Account help' section reads: 'I am a current or past member of the "Y". I have participated in programs or activities.'

**To set your password**  
*(If your email is on file with the YMCA, but you have never used the online site):*

- Click on "Search for my account" under Account help
- Enter your email address. An email will be sent with a temporary password.

-or-

- Enter your YMCA Access ID and birth date. You will be asked to verify your information and set a password.

The screenshot shows the 'Search for your account' form. It has two radio button options: 'Use your Email Address' and 'Use your Access ID and Birth Date'. The 'Use your Email Address' option has an 'Email Address' field and a 'Search' button. The 'Use your Access ID and Birth Date' option has an 'Access ID (found on scan card)' field, a 'Birth Date' field (format: mm/dd/yyyy), and a 'Search' button. There is a '- OR -' separator between the two options and a 'back to login >' link.

**To create an account**  
*(If your information is not on file with the YMCA):*

- Click on "Create new" under Create new account
- Complete the easy registration page

The screenshot shows the 'Registration - New to the YMCA?' form. It has fields for 'First name', 'Last name', 'Email address', 'Confirm email', 'Gender' (with a dropdown menu showing 'Male'), 'Enter a password', 'Confirm password', 'Birth date' (format: mm/dd/yyyy), 'Phone Country' (with a dropdown menu showing 'United States of America'), 'Phone number', and 'Extension'. There is a 'Create account' button at the bottom. Below the button, it says 'Already have an account? Log in' and 'By joining, you agree to the following Terms and Conditions'.



# SCHEDULE & PAYMENT AGREEMENT-2023-2024

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please use this form to register for infant, toddler, or preschool child care by circling the appropriate box/days.

| <b>NORTH CANTON YMCA CHILD DEVELOPMENT CENTER</b>   |   |                   |                             |
|---|---|-------------------|-----------------------------|
| <b>Please circle the programs/days your child will attend:</b>  |   |                   |                             |
| <b>Infant/Toddler programs are billed at a full time rate unless the center is closed 2 days out of a week (ex: Thanksgiving &amp; day after). A part-time rate will automatically be billed for these circumstances.</b> |   |                   |                             |
| <i>*program ages may vary based on child's development</i>  |   |                   |                             |
| Program   | What does does your child need care?<br>(Circle Days) | Y-Member Pricing  | Program Participant Pricing |
| Infant<br>*(6 weeks - 18 months)  | M T W T H F   | <b>\$240/week</b> | <b>\$265/week</b>           |
| Toddler<br>*(16 Months - 3.5 Years)   | M T W T H F   | <b>\$225/week</b> | <b>\$250/week</b>           |
| Morning Preschool<br>9:00am-11:30am (Mon-Thurs)<br>*(4 - 5 Years)   | M T W T H   | <b>\$128/week</b> | <b>\$143/week</b>           |
| Full Day Preschool<br>Part Time (T/H ONLY)<br>*(3 - 5 Years)  | M T W T H F   | <b>\$128/week</b> | <b>\$143/week</b>           |
| Full Day Preschool<br>Part Time (M/W/F ONLY)<br>*(3 - 5 Years)  | M T W T H F   | <b>\$133/week</b> | <b>\$148/week</b>           |
| Full Day Preschool / Pre-K<br>Full Time (M-F)<br>*(3 - 5 Years)   | M T W T H F   | <b>\$168/week</b> | <b>\$183/week</b>           |

## IMPORTANT REGISTRATION INFORMATION

- Registration packets should be scanned and emailed to the email associated with your location (found on the first page of this packet or on our website at (<https://www.ymcastark.org/ccregistration>)). Scans must be in PDF form. Please do not submit individual photos. You must schedule a drop off time with your local Child Care Director if you are not able to return your packet electronically. Registration packet must be turned in a full week prior to the start of the school-year to ensure proper processing time.
- All applications will be time-stamped and will only be processed when the packet has been reviewed and deemed complete. (A completed packet means all boxes are filled in, medical forms are current, and any required medication forms are submitted and approved)
- Please allow up to 3 business days for registration packet processing if your child is starting our program after the beginning of the school-year program . Children cannot attend until their packet is processed. (If applicable, children cannot attend until all medications & med forms are approved by Childcare Director). A confirmation e-mail will be sent regarding your successful registration and start date.
- The Child Care Business Office, located at the YMCA of Central Stark County's Association Office, handles all of the billing functions for our child care programs and services.

**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](mailto:ccbusiness@ymcastark.org).**

# YMCA OF CENTRAL STARK COUNTY-CHILD CARE PAYMENT POLICIES

| Payment Policies   | Initials |
|--|----------|
| <p><b>I understand I will be charged for the program rate for which I signed up my child.</b></p>  |          |
| <p><b>Two Week Notice:</b><br/>A two week notice submitted through the online change of schedule form (<a href="http://www.ymcastark.org/changeform">www.ymcastark.org/changeform</a>) is required for any change in schedule, otherwise the account will be charged based on the schedule for which you signed up.</p>  |          |
| <p><b>Payment Schedule:</b><br/>Tuition payment is drafted in advance of attendance per your agreed upon draft schedule.</p>   |          |
| <p><b>ODJFS:</b><br/>I understand that if I receive assistance through Job &amp; Family Services for child care, I will TAP my child in and out each day. You have two weeks to correct and approve any missed TAPs. If TAPs are not corrected or approved within the two week period, I will be responsible for the weekly private pay fee.</p>   |          |
| <p><b>Delinquent Accounts:</b><br/>All payments for care should be made prior to the week(s) of care. 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. If you are paying with a bank account (ACH), and your account returns payment 2-3 times, you will be asked to pay with a debit/credit card instead for timely processing of payments.</p>                       |          |
| <p><b>Payments/Refunds:</b><br/>Payments/Refunds will be applied to any outstanding Y balances first then to current programming fees.</p>   |          |
| <p><b>Late Fee:</b><br/>The child care site closes at 6:30PM. A \$1 per minute per child late fee is charged after 6:30PM. All late fees will be added to the next weeks draft payment. If late pick up occurs more than three times during our program, your child care placement could be in jeopardy.</p>   |          |
| <p><b>Tuition Adjustments:</b><br/>I understand that weekly tuition is not adjusted for days missed due to illness, unless the child is hospitalized or has a positive COVID case. We will require documentation of the positive COVID test result with the test &amp; symptom onset date to make adjustments to your childcare account. If your child is staying home due to exposure and care is still available, your weekly rate will remain the same. If your child is unable to mask due to age or a documented medical condition during the recommended masking timeline, your child care will be adjusted accordingly.</p> |          |
| <p><b>Cancelled/Returned Payments:</b><br/>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.</p>   |          |
| <p><b>Failure to communicate with Y staff for 5 business days may result in termination of services.</b></p>   |          |

Parent/Guardian Signature

Print Name

Date

# 2023-2024: AUTOMATIC PAYMENT ENROLLMENT FORM

## Participant Information:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Room Child Attends: \_\_\_\_\_ Start date \_\_\_\_\_ Age \_\_\_\_\_

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

## Program: (Please circle one)

Infant (6 weeks - 18 months)                      Toddler ( 16 months - 3.5 years)                      Morning Preschool-Mon.-Thurs. (4 - 5 years)

Full Day Preschool-Part Time T/H ONLY (3 - 5 years)      Full Day Preschool-Part Time M/W/F ONLY (3 - 5 years)

Full Day Preschool / Pre-K - Full Time M-F (3 - 5 years)

## Responsible Parent/Guardian Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ I prefer to be contacted by:      PHONE              E-MAIL

I will pay 100% of fees     I receive Financial Assistance for Child Care     I split fees with another person

If fees are split between parties, please explain: \_\_\_\_\_

## Ohio Department of Jobs & Family Services Assistance:

Have you applied/are you applying for assistance through Ohio Jobs & Family Services?      YES              NO

Is your case currently authorized?      YES              NO (your case must be authorized before beginning care)

If yes, please specify copay amount: \$\_\_\_\_\_per child

\*Please see ODJFS policy document on the next page for all responsibilities for approved cases.

## PAYMENT OPTIONS: All drafts will begin the Friday before your child's 1st week of care at the weekly rate.

### 1. Bank Draft

Checking       Savings

Bank \_\_\_\_\_

Transit & Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Bi-weekly draft is no longer an option for draft payment. Please log-in to your online account to make future payments.

### 2. Credit Card Draft

Credit Card       Debit Card

Circle Card Type:      MasterCard    VISA    Discover    American Express

Issuing Bank Name \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Credit 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



# 2023-2024 CHILD CARE: ODJFS POLICIES

This information only applies to those receiving Child Care assistance through the Ohio Department of Job & Family Services.

Please review the following requirements regarding your childcare assistance through Job & Family Services.

## Authorization:

Please confirm authorization with your YMCA Child Care Director and caseworker. Your child may not begin care without authorization. If you are in the process of applying for assistance through ODJFS, please contact our Child Care Business Office at [ccbusiness@ymcastark.org](mailto:ccbusiness@ymcastark.org) or 234-215-3566 for registration options. If authorization expires, you could be responsible for the private pay rate.

## TAP System:

- You must TAP your child(ren) in and out each day. This can be done at the onsite tablet, or from your phone using the KinderSmart app. If you are having issues, please contact your Child Care Director or the Child Care Business Office.
- You have two weeks to correct and approve any missed TAPs. If TAPs are not corrected or approved within the two-week period, you will be responsible for the weekly private pay fee.
- You must provide your Child Care Site Administrator with phone numbers for anyone that will be able to TAP your child in and out each day. Anyone authorized to pick up your child is able to have a TAP login and complete this task upon pick up and drop off. If you would like to add or change someone's ability to TAP your child in and out, you must provide this in writing to your Child Care Administrator. Please make sure you verify that your TAP was approved after each transaction.

## Co-Payments:

Your co-pay is due WEEKLY through bank or credit card draft. This can be set up as weekly or bi-weekly payments ahead of the week of care.

If your payment is two weeks overdue, we are required to notify ODJFS and your case could be in jeopardy. Care may be suspended until the balance is paid in full. If your copay changes from \$0 to any other amount, you must provide draft payment information within 2 weeks or childcare may be suspended.

## Attendance:

It is your responsibility to keep your child care site & the Child Care Business Office updated on your child's attendance schedule. Your child must attend over 24 hours per week (Infant through Preschool) or 7 hours per week (School-Age) in order to keep their spot in care. If your child does not attend on his/her scheduled days, an absent day will be charged to your ODJFS case. You are allowed 10 absent days between January and June and 10 days between July and December. If you exceed these days, you are responsible for the weekly private pay fee.

## Contact Information

Please contact us with any questions you may have. Your Child Care Business Team can be reached directly at 234-215-3566 or [ccbusiness@ymcastark.org](mailto:ccbusiness@ymcastark.org) within the hours of 830AM-5PM.

I have read the above information regarding my Child Care assistance through Job and Family Services and I assume responsibility for these requirements.

Child(ren)'s name

Parent/Guardian Signature

Date



# 2023-2024: CHILD INFORMATION

Child's Name (first/last) \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Gender \_\_\_\_\_

|  |                 |                        |       |
|--|-----------------|------------------------|-------|
| <b>Child's Ethnicity<br/>(Circle all that applies)</b> | Caucasian       | Asian Descent          | Other |
|  | Hispanic/Latino | Black/African American |       |

Room Child is Attending: \_\_\_\_\_ Estimated Time of Arrival: \_\_\_\_\_ Pick up: \_\_\_\_\_

|   |   |                                    |            |
|---|---|------------------------------------|------------|
| <b>YMCA Membership Status<br/>(Circle all that applies)</b> | YMCA Member<br><small>(Child must be on membership)</small> | Western Stark/Akron YMCA<br>Member | Non-Member |
|---|---|------------------------------------|------------|

1st Parent \_\_\_\_\_ Birthdate \_\_\_\_\_ Contact Phone # \_\_\_\_\_

2nd Parent \_\_\_\_\_ Birthdate \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Parent Email \_\_\_\_\_

Parent Email \_\_\_\_\_

|                        |         |           |          |        |       |
|------------------------|---------|-----------|----------|--------|-------|
| <b>Marital Status:</b> | 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).

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Please list the additional persons permitted to pick-up your child: (Parent/Guardians listed above are already included on pick-up list)

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_



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?  |  |                       |  |                           |       |
| <b>Emergency Contacts:</b> 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 <b>you cannot be reached</b> . Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age. |  |                       |  |                           |       |
| Name  |  | Name                  |  |                           |       |
| City  |  | State                 | City   |                           | State |
| Telephone Number  |  | Relationship to Child |  | 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<br>Do not sign both | <del>Do Not Give Permission to Transport</del>  |      |
|---|------|------------------------|---|------|
| Program or Home Name<br><b>YMCA of Central Stark County</b>   |      |                        | <del>Program or Home Name</del>   |      |
| 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. |      |                        | <del>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:</del> |      |
| 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.

# 2023/2024: POLICIES & PERMISSIONS

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## **PERMISSIONS:**

Y N I give permission for my child to be included in publicity pictures connected with the program, including those used in online media and the YMCA website.

## **SPECIALIZED NEEDS:**

Y N Does your child have any specialized needs or receive any accommodations? If yes, please explain:

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Parents or guardians are required to inform the YMCA in writing, prior to a child's acceptance in a YMCA program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions. Upon being informed of such circumstances, the Child Care Director or other Child Care staff may require a conference with the parent/guardian to discuss accommodations.

## **MEDICAL TREATMENT POLICIES:**

Children requiring medications, including food supplements and topical products, must have proper medical forms on file, including a Medical/Physical Care Plan (JFS 01236) and the Administration of Medication form (JFS 01217). Only one condition per form is permitted. Medications will be secured with a staff member and administered only by trained staff. Children will not be permitted to begin programming until the above forms are completed and any medication needed is on site. Medication must be in its original container with the prescription label attached.

## **COMMUNICATION PROTOCOL BETWEEN YMCA & SCHOOL DISTRICT:**

To foster collaborative partnerships that support your child's growth and wellbeing, your child's school district administration and YMCA Childcare staff may communicate about specific needs or situations regarding your child as it pertains to the transition between YMCA childcare and the school day or the health and safety of your child and other children in the program. The YMCA will inform parents/guardians when communication is occurring. By enrolling my child in the YMCA Childcare program, I understand the above statement and agree to the above communication policy outlined.

## **COVID-19 POLICIES:**

I agree to inform the staff at my site location if my child or anyone in their household is exposed to a confirmed case of COVID-19. If my child or anyone in our household exhibits symptoms of COVID-19, I agree to keep my child home from all programming until symptoms subside and the child is cleared by a physician. If my child starts to exhibit symptoms while in care, I agree to pick up immediately upon being called. I will follow all guidelines and policies set forth by the YMCA regarding the COVID pandemic.

## **PERMISSION TO TREAT:**

In case of medical illness or injury, I hereby give permission to YMCA of Central Stark County personnel to provide routine health care, first aid, medication or treatment as determined by medical personnel. IN CASE OF MEDICAL EMERGENCY or medical care beyond the scope of child care facilities, I understand that every effort will be made to notify my listed contacts. I authorize the YMCA of Central Stark County personnel to act on my behalf and secure emergency medical treatment and grant permission to the attending physician to secure proper treatment for the named child. 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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



# YMCA OF CENTRAL STARK COUNTY

## BEHAVIOR GUIDANCE/MANAGEMENT POLICY

The YMCA's 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 children. YMCA rules are expected to be followed both in and outside of the Y building and at all times the child is in the 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 care and throughout their time in the program to help inform this process.

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 behavior management problems arise, staff will use a problem-solving approach to support children in resolving conflicts. If behavior concerns develop during this process, 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 children:**

**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.

\_\_\_\_\_ I understand that YMCA staff may contact me at a provided number in the case of behavior or illness and I must be able to act in accordance with the agreed upon action within a reasonable amount of time.

\_\_\_\_\_ I understand that the YMCA of Central Stark County partners with Child & Adolescent Behavioral Health. C&A staff may be present at the child's center/site, observe the class/group, & may assist YMCA staff with behavior management techniques.

\_\_\_\_\_ 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.

Parent/Guardian Signature

Print Name

Date

**REQUEST FOR ADMINISTRATION OF MEDICATION FOR CHILD CARE**

This form is to be completed for each prescription or non-prescription medication that a child needs to receive while in care.

It is not required to be completed for topical products, lotions, or if the medication is required by a health care plan (JFS 01236).

|              |  |   |
|--------------|--|---|
| Child's Name | Date of Birth <i>(if needed to determine the correct dosage)</i> | Weight <i>(if needed to determine the correct dosage)</i> |
|--------------|--|---|

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

|  |  |
|--|--|
| Name of medication<br>Rocky Mountain Sunscreen (SPF 30 or 50, Oxybenzone Free) | Dosage<br>Enough to cover exposed skin.<br><br><input type="checkbox"/> See attached |
|--|--|

|   |   |                            |
|---|---|----------------------------|
| To be administered at the following times<br>August 1, 2023 - July 31, 2024 | For the following period of time<br>Before going outside, weather permitting. | Medication expiration date |
|---|---|----------------------------|

*I understand:*

- This form expires twelve months from the date of my signature, if box 2 has not been completed.*
- That my child must receive at least one dose of medication at home prior to the program administering the medication (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 when any of the following apply:

- The nonprescription medication contains codeine or aspirin;
- A physician's instruction is needed for a nonprescription medication;
- The child does not meet the minimum age or weight requirements as listed on the label instructions on the nonprescription medication;
- The nonprescription medication is to be given longer than three consecutive days within a fourteen-day period;
- The intended use differs from the manufacturer's instructions or use



Step Up To Quality is a five star quality rating and improvement system administered by the Ohio Department of Jobs and Family Services that recognizes quality education based child care programs. We are proud to be a highly rated childcare program. Because of this, there are a few additional documents we ask you to complete annually:

- **FAMILY QUESTIONNAIRE**

The questions asked help our staff get to know more about your child in order to provide the most individualized care possible. Please complete all questions on this form and sign and date.

- **CHILD GOAL SHEET**

Every child is unique and special. We want to customize your child's experience in our program to ensure they are reaching developmentally appropriate milestones. We require all families to develop goals for their child during their time in our program. If you child is able, we encourage you to discuss and create these goals with them. Please sign and date the form to return with your packet.

**We would love to discuss Step Up to Quality further with you. Please ask your Site Director or Child Care Director for more information!**



If your child is in need of any specialized care, additional documents are necessary for registration. Please provide the most detailed and up to date information possible in order for our staff to be able to provide the highest quality of care.

**If your child has an allergy, special health concern, medical condition or requires a food supplement/substitution, please fill out these additional forms:**

- **CHILD MEDICAL/PHYSICAL CARE PLAN**

Required for all situations listed above. Please answer all parts of each question on the form and sign as the trainer and parent. If there are procedures listed that require training, parents must provide this training for staff.

- **REQUEST FOR ADMINISTRATION OF MEDICATION**

Required for each prescription or non-prescription medication that a child needs to receive while in care.

Box 1 must be filled out in its entirety by the parent/guardian. (Needed for ALL medications)

Box 2 must be filled out and signed by a licensed physician, dentist, advanced practice registered nurse or certified physicians assistant.

# 2023-2024: FAMILY QUESTIONNAIRE

Please complete the following questions in order for us to best serve your child during their time in our programming.

1. Tell us about your family dynamic (ex: who lives in your household? Do you have pets?).

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2. Tell us about your family cultures and traditions (ex: what makes your family special? what is your home language? Do you have any hobbies or skills you would be willing to share with us?).

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3. What might you and/or your child be anxious about as your child starts this program?

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4. Are there any changes or transitions that your child has recently experiences or is experiencing? (ex: moved to a new home, divorce, death of a family member, friend or pet)

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5. What methods do you use at home to respond to your child's negative behavior?

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6. What are your expectations for your child in this program?

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7. What other information might be helpful for the staff caring for your child to know?

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Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

# 2023-2024: INFANT-PRESCHOOL GOAL WORKSHEET

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 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 this goal?
- What additional resources are needed to accomplish this 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 this goal?
- What additional resources are needed to accomplish this goal?
- When do you hope this goal will be accomplished by?
- Classroom teacher additional comments/notes on goal:

Date Goal Accomplished:

Classroom Teacher Name: \_\_\_\_\_

Teacher Reviewed/Commented on Goals (sign & date):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_



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

|   |   |
|---|---|
| Child's Name ( <i>print or type</i> )   | Date of Birth   |
| <b>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):</b>  |   |
| <b>Section A - EXAMINATION</b>  |   |
| √ 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     |
| Notes:  | Lead _____ <input type="checkbox"/> Yes <input type="checkbox"/> No       |
|   | Hemoglobin _____ <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | 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.**

|   |  |
|---|--|
| <b>IMMUNIZATION (Complete ONLY ONE SECTION below)</b>   |  |
| <b>Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:</b> Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.  |  |
| <b>Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:</b><br><input type="checkbox"/> The above named child has been immunized against the diseases listed above.<br><br><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<br><br><br>Date |
| <b>Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):</b><br><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<br><br><br>Date                            |

