



FOR YOUTH DEVELOPMENTSM
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Fun Club School Age Registration Packet

Dear Parent/Guardian,

The Y's Summer Fun Club activities focus on impacting the social-emotional, cognitive, and physical development of all the children. For example, character education is included into the summer camp curriculum. The children will learn about the importance of being honest at all times, respecting others, working as a team to accomplish a goal, leadership skills, responsibility, forgiveness, caring, patience, and how to build friendships. The children will be involved in the HEPA Program (nutrition education) and the Kid Fit Program throughout the summer. The Kid Fit Program will be available twice a week to show the children exercise techniques that will help to keep their bodies healthy. The children will also hear about the importance of eating healthy foods that are good for the body to help them grow. School academics will be available in the summer. For example, fun science experiments, math games, and a camp readers program will be implemented in the program to spark the children's interest in literacy through exciting reading materials and related group games, music, and crafts.

Many field trips will be scheduled throughout the summer. The children will spend time at parks and beaches throughout the county, science museum, and amusement parks (etc). Guest speakers will come to the Y throughout the summer to speak to the children. For example, police officers, firemen, Boy Scout and Girl Scout leaders, lifeguards, doctors (etc). The goal of the Y's summer Day Camp is to provide children with fun experiences that will be cherished forever. Many of the adults that are now employed as YMCA Summer Camp Counselors throughout the nation are people that were enrolled in the Y's Summer Fun Programs when they were children. These dedicated counselors want to provide the children with the same good quality experiences that helped build their leadership skills and taught them to give back to the community. They serve as positive role models that will help children make the right choices in their lives and help them accomplish goals so they, too, can live out their dreams.

Thank you for choosing the YMCA!

Sincerely,

Annette Griffin

Learning Center Director

agriffin@ashtabulaymca.org

ASHTABULA COUNTY YMCA

263 W Prospect Rd

Ashtabula, OH 44004

P (440)997-5321 F (440)992-5899

www.AshtabulaYMCA.org

Ohio Department of Job and Family Services
FAMILY INFORMATION
FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

Child's Name (Last)	(First)	Nickname (If any)
<i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i>		
Who is in the child's immediate family?		
Who lives at home with your child?		
What is the primary language spoken in your child's home?		
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?		
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details?		
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)		
Do you have any pets at home? If so, what are they and what are their names?		
Has your child had a previous care arrangement? <input type="checkbox"/> Yes or <input type="checkbox"/> No Additional Details? (Center based, in home, with family, with parents, etc.)		
My child drinks <input type="checkbox"/> milk, <input type="checkbox"/> formula, <input type="checkbox"/> juice or <input type="checkbox"/> water. (Check all that apply) How much and how often?		
Does your child have any favorite foods?		
Does your child dislike any foods?		
Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)		

<p>Please check <u>all</u> of the words that best describe your child's personality and behavior</p> <p> <input type="checkbox"/> active <input type="checkbox"/> adventurous <input type="checkbox"/> affectionate <input type="checkbox"/> anxious <input type="checkbox"/> bossy <input type="checkbox"/> bright <input type="checkbox"/> busy <input type="checkbox"/> calm <input type="checkbox"/> cautious <input type="checkbox"/> cheerful <input type="checkbox"/> content <input type="checkbox"/> creative <input type="checkbox"/> curious <input type="checkbox"/> easily-angered <input type="checkbox"/> emotional <input type="checkbox"/> energetic <input type="checkbox"/> excitable <input type="checkbox"/> friendly <input type="checkbox"/> gives-in-easily <input type="checkbox"/> happy <input type="checkbox"/> hesitant <input type="checkbox"/> insecure <input type="checkbox"/> jealous <input type="checkbox"/> likes structure/routines <input type="checkbox"/> loud <input type="checkbox"/> loving <input type="checkbox"/> mellow <input type="checkbox"/> outgoing <input type="checkbox"/> prefers adult attention <input type="checkbox"/> quiet <input type="checkbox"/> sensitive <input type="checkbox"/> serious <input type="checkbox"/> shares-well <input type="checkbox"/> social <input type="checkbox"/> spontaneous <input type="checkbox"/> stubborn <input type="checkbox"/> tentative <input type="checkbox"/> other: </p>
Are there additional personality and behavior characteristics that would be useful to know about your child?
Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?
What routines/actions or items do you use to comfort your child?
What causes your child to feel angry or frustrated?
What methods do you use to respond to your child's negative behavior?
Does your child use any special comfort or support items that help him/her go to sleep? If so, what?
What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?
My child sits in a <input type="checkbox"/> high chair, <input type="checkbox"/> booster, <input type="checkbox"/> child size chair or <input type="checkbox"/> adult size chair. <i>(Check the one that applies.)</i>
Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.
Does your child need assistance when using the toilet? If so, how?
What words, gestures or signs does your child use if he/she needs to use the bathroom?
What time does your child normally go to bed at night and wake up in the morning?
What time(s), and for how long, does your child usually nap?

Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain.	
What might you and/or your child be anxious about as he/she starts in this program?	
What are you and/or your child excited about as he/she starts in this program?	
What are your expectations of this program?	
What other information would be helpful for the staff caring for your child to know?	
Parent/Guardian's Signature	Date



FOR YOUTH DEVELOPMENTSM
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

School Age Parent Questionnaire

Please complete this survey and return the form to school. The information will help us to become better acquainted with your child. Feel free to use additional paper as necessary. We would like to thank you in advance for providing this useful information.

1. By what name do you usually call your child? _____
2. Does your child have any disabilities including allergies that we should be aware of? If so, please explain:

3. Does your child have unusual fears, what are they? _____
4. What foods does your child like? _____
5. What foods does your child dislike? _____
6. What do you see as your child's strengths? _____
7. Is there any area in which you anticipate difficulty for your child? (following directions, listening to the teachers, getting along with other children) _____
8. What goals do you have for your child? _____
9. What would you like to see your child gain from this experience? _____

10. What other information would you like us to know about your child? _____

11. As a parent, what would you like to see added to our program to make it more enjoyable for your child?

12. Please check the day of the week and time of day you anticipate using the School Age Program at the YMCA.
You will not be held to these days or times.

	Mon	Tues	Weds	Thurs	Fri
AM					
PM					

Thank you for taking the time to fill out this questionnaire.

Child's Name: _____

Parent/Guardian Signature: _____



FOR YOUTH DEVELOPMENTSM
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Ashtabula County YMCA SUCCESS Before/After School Registration

Ashtabula YMCA ☐ Ridgeview ☐ Kingsville ☐
Pymatuning Valley ☐ Lakeshore Primary ☐ Grand Valley ☐

Name _____ Birthdate _____

Address _____

Phone _____ School _____ Grade _____

Father's Name _____ Father's Phone Home/Cell _____ Work _____

Mother's Name _____ Mother's Phone Home/Cell _____ Work _____

Persons to contact in case of accident or illness if parents cannot be reached:

Name _____ Daytime Phone _____

Name _____ Daytime Phone _____

Persons authorized to pick up child, in addition to those listed above:

Name _____ Daytime Phone _____

Name _____ Daytime Phone _____

Name _____ Daytime Phone _____

Name _____ Daytime Phone _____

Additional Information:

Disclaimer/Hold Harmless Statement

I/we understand that there is a risk of serious injury associated with the use of the YMCA facilities, participation in YMCA programs and use of exercise and other equipment. As a condition of my participation I agree to assume the risk of injury arising from my use of the facilities, programs, equipment and for all other matters at all YMCA locations or programs whenever occurring. On behalf of myself and my heirs, administrators and executors, I hereby release and hold the YMCA and its officers, trustees, employees, agents and contractors harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program or use any YMCA facility or equipment without signing this agreement.

I/we authorize the Ashtabula County YMCA or its designees, agencies and contractors to create, have and use photographs, slides and videotapes containing my image for its record keeping or marketing/public relations programs.

I understand that the Ashtabula County YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

I/we have read and understand the conditions of membership, and disclaimer/hold harmless statement above. In addition, I/we understand and agree that the conditions of membership and the disclaimer/hold harmless statement are in effect throughout my/our membership with the Ashtabula County YMCA. I/we also understand and agree that if the membership is interrupted for any reason, these agreements will remain in effect during the period of interruption as well as after the membership is reinstated.

Signature _____ Date _____

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				Relationship to Child	
Home Address				Home Telephone Number	
City				State Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email Where can you be reached while your child is in this program/home?					
Parent/Guardian Name				Relationship to Child	
Home Address				Home Telephone Number	
City				State Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email Where can you be reached while your child is in this program/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.

Name		Name	
City	State	City	State
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child
Other numbers where emergency contact can be reached (if applicable)		Other numbers where emergency contact can be reached (if applicable)	
Name of Physician or Clinic/Hospital			
Street Address			
City	State	Telephone Number	

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or 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? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the following)	
The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:	
<input type="checkbox"/> I agree with the program's schedule	<input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR	<u>Do Not Give Permission</u> to Transport
Program or Home Name		Program or Home Name
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.	Do not sign both	does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature		Parent's Signature
Date		Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i>	
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 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.



FOR YOUTH DEVELOPMENTSM
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Walking/Spontaneous Field Trip Permission

My child is hereby given permission to participate in spontaneous, walking field trips throughout the school year. I understand each trip will take place in the neighborhood area, weather permitting, and the children will always be accompanied by teachers. Additional trips will be taken throughout the Ashtabula County Family YMCA (263 W Prospect Rd, Ashtabula, OH 44004) but outside of the Learning Center area: Racquetball Courts 1, 2, 3, and 4, Pool, Pavilion, Walking Track, and Gymnasium.

Contact Person: YMCA Phone: 440-997-5321

Date of Trip: Year Round

Approximate Time of Departure: 6:30am Approximate Time of Return: 6:00pm

Mode of Transportation: Walking

Please have your child bring the following items: Tennis shoes and socks and dress for the weather.

During this field trip children will have access to water that is 18 inches or more in depth. Yes ☒ No ☐

If yes, a swimming permission slip is required.

Water activities are planned. Yes ☒ No ☐

If yes, a swimming permission slip is required.

Child's Name: _____

My child is: Over four years old and 40 pounds _____ Not over four years or 40 pounds _____

I grant permission for my child to attend the field trip described above.

Parent/Guardian Signature: _____ Date: _____

Parents please keep this portion

Field Trip Destination: The neighborhood area, weather permitting. Throughout the Ashtabula County Family YMCA (263 W Prospect Rd, Ashtabula, OH 44004) but outside of the Learning Center area: Racquetball Courts 1, 2, 3, and 4, Pool, Pavilion, Walking Track, and Gymnasium.

Contact Person: YMCA Phone: 440-997-5321

Date of Trip: Year Round

Approximate Time of Departure: 6:30am Approximate Time of Return: 6:00pm

Mode of Transportation: Walking

Please have your child bring the following items: Tennis shoes and socks and dress for the weather.



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Swimming Permission Slip

Licensing rules 5101:2-12-17 and 510:2-13-17 require parental permission for the water activities your child will be engaging in:

- * Before the child swims in water 18 inches or more in depth
- * Before the child participates in activities near water 18 inches or more in depth (no water activities planned)

The center will NOT be providing additional adults above the required staff/child ratios. The center will provide 1 Lifeguard and 1 Staff Member to every 12 Preschool Children and at least 1 Lifeguard and 2 Staff Members to every 32 School Age children at Ashtabula County Family YMCA Pool. Staff member ratios are maintained for offsite pools, while lifeguards are provided by the sites.

Swimming Site: Ashtabula County Family YMCA Pool
Perry Outdoor YMCA Pool
Waldameer Park and Water World

Mode of transportation (circle one): Parents Driving, Provider Vehicle, Public Transportation
School Bus, N/A

Child's Name _____ Is he/she a swimmer? Yes___ No___

DOB: _____

Do you as the parent/guardian grant permission for the child to participate in water activities? Yes ____ No ____

Signature _____ Date _____

Special Notes:



FOR YOUTH DEVELOPMENTSM
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ASHTABULA COUNTY YMCA PHOTO/VIDEO RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below. For my participation in activities to be conducted by the Ashtabula County Family YMCA, I hereby give my permission and consent, now and for all time, to the Ashtabula County Family YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with the Ashtabula County Family YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Ashtabula County Family YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services. I further agree to the following: - Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at the Ashtabula County Family YMCA, I authorize, according to this Release, shall belong to the Ashtabula County Family YMCA, YMCA of the USA and third parties collaborating with the Ashtabula County Family YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Ashtabula County Family YMCA; - Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Ashtabula County Family YMCA will not be subject to any obligation of confidentiality and may be shared with and used by the Ashtabula County Family YMCA, YMCA of the USA and third parties collaborating with the Ashtabula County Family YMCA and/or YMCA of the USA; - The Ashtabula County Family YMCA, YMCA of the USA and third parties collaborating with the Ashtabula County Family YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Ashtabula County Family YMCA; and - The Ashtabula County Family YMCA, YMCA of the USA and third parties collaborating with the Ashtabula County Family YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Ashtabula County Family YMCA for any purpose without compensation to me. I agree that my consent and this release are irrevocable. I hereby release and discharge the Ashtabula County Family YMCA, YMCA of the USA and third parties collaborating with the Ashtabula County Family YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Ashtabula County Family YMCA as described herein.

YMCA Learning Center has my permission to use photographs of my child, _____,

For (check one); 1. Program publicity/social media AND projects _____

2. Classroom projects ONLY _____

Participant Name _____

Participant Signature _____ Date _____

Signature of Parent/Guardian (if under 18) _____ Date _____



FOR YOUTH DEVELOPMENTSM
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Handbook Receipt

I, _____, have received a copy of the Handbook for the YMCA Learning Academy and understand its contents.

I understand that I will receive any updates or changes from administration when needed.

I will also check my parent mailbox on a daily basis for any and all information.

Parent/Guardian Signature

Date

Center Parent Information

The center is licensed to operate legally by the Ohio Department of Job and Family Services (ODJFS). This license is posted in a noticeable place for review.

A toll-free telephone number is listed on the center's license and may be used to report a suspected violation of the licensing law or administrative rules. The licensing rules governing child care are available for review at the center.

The administrator and each employee of the center is required, under Section 2151.421 of the Ohio Revised Code, to report their suspicions of child abuse or child neglect to the local public children's services agency.

Any parent of a child enrolled in the center shall be permitted unlimited access to the center during all hours of operation for the purpose of contacting their children, evaluating the care provided by the center or evaluating the premises. Upon entering the premises, the parent, or guardian shall notify the Administrator of his/her presence.

The administrator's hours of availability to meet with parents and child/staff ratios are posted in a noticeable place in the center for review.

The licensing record, including licensing inspection reports, complaint investigation reports, and evaluation forms from the building and fire departments, is available for review upon written request from the Ohio department of job and family services.

It is unlawful for the center to discriminate in the enrollment of children upon the basis of race, color, religion, sex, disability, or national origin or disability in violation of the Americans with Disabilities Act of 1990, 104 Stat. 32, 42 U.S.C. 12101 et seq.

For more information about child care licensing requirements as well as how to apply for child care assistance, Medicaid health screenings and early intervention services for your child, please visit <http://jfs.ohio.gov/cdc/families.stm>.



FOR YOUTH DEVELOPMENTSM
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Ashtabula County YMCA School Age/Preschool Payment Agreement 2021-2022

Child's Name _____ Class _____

Member Status _____ Expiration Date _____

I understand that I will be charged for my child's attendance on a weekly basis and that payment is due on the Friday prior to each week my child attends. This includes co-payments for children receiving assistance through the Ohio Department of Jobs and Family Services. I understand that program fees must be paid in full to hold a spot in any preschool or Kindergarten Readiness class. There are no refunds for any class or program. In the event that the Y must cancel a class or program, we reserve the right to offer a make-up class or a system credit that can be used for future classes or programs. I am responsible for paying the amount in advance each week my child is enrolled in either the preschool, school age, or child care program. A non-refundable \$25 registration fee will be charged at the time of enrollment per Fall and \$25 per Summer session.

If payments are not made on a timely basis, I also understand that I will be charged a late fee of \$5.00 per week until the balance is paid and that services may be revoked until payment is made in full. I also understand that I will be responsible for paying a new registration fee upon returning after services have been suspended.

Each child is entitled to one week's vacation during the school year and one during the summer session and not lose their spot in the program or be charged for that week. A two week notice must be given in writing if a child is withdrawn or minimum fee will remain in effect.

Weekly School Age Rates (Before/After School):

Full Time (25 hours or more)

AACS/Ridgeview/Kingsville	Member \$105	Participant	\$130
Pymatuning/Lakeshore Primary/Grand Valley	Member \$85	Participant	\$105

Part Time (10 hours – 24 hours 59 minutes)

AACS/Ridgeview/Kingsville	Member \$90	Participant	\$110
Pymatuning/Lakeshore Primary/Grand Valley	Member \$75	Participant	\$95

Part Time (less than 10 hours per week)

Ridgeview/Kingsville	Member \$75	Participant	\$90
Pymatuning	Member \$60	Participant	\$75
Lakeshore Primary/Grand Valley	Member \$55	Participant	\$70

Weekly School Age Rates (All Day Care – Summer Day Camp and All Day School Year):

Full Time (25 hours or more)

AACS/Ridgeview/Kingsville	Member \$175	Participant	\$220
Pymatuning	Member \$145	Participant	\$180
Lakeshore Primary/Grand Valley	Member \$135	Participant	\$170

Part Time (less than 25 hours per week)

AACS/Ridgeview/Kingsville	Member \$130	Participant	\$155
Pymatuning	Member \$105	Participant	\$130
Lakeshore Primary/Grand Valley	Member \$100	Participant	\$125

Weekly preschool rates:

All Day Preschool

Full Time (25 hours or more)	Member \$180	Participant	\$225
Part Time (less than 25 hours per week)	Member \$100	Participant	\$130

Preschool Academy/Kindergarten Readiness

All Registrants	Member \$75	Participant	\$95
-----------------	-------------	-------------	------

All child care fees must be paid in advance.

I have read and understand the terms of this agreement.
Please sign and return to the Ashtabula County YMCA Learning Center.

Signature X _____ Date _____

Easy Pay Letter of Understanding

The Ashtabula County YMCA thanks you for your participation in our Easy Pay program. This program offers you continual services through more convenient and affordable weekly payments from your checking/savings account or on a credit card.

How It Works

You authorize your bank to pay your YMCA Child Care fees from your checking/savings account or credit card. **Getting Started**

Draft Date

Sign this agreement below. Provide a voided check or use a credit card in your name.

Guidelines

1. Notify the YMCA 30 days in advance (of your Easy Payment) when you change accounts.
2. Maintain sufficient funds on your account to cover the your weekly draft. Your bank will treat it as a returned check or over draft. Child Care services are automatically suspended the second time a draft is returned.
3. YMCA will give you 30 days notice prior to any rate increase.
4. The YMCA reserves the right to charge a penalty for insufficient funds, declined payments and late payments.



Member Signature* (Parent if a minor)

Date

Please consider donating to the YMCA Strong Kids Campaign which provides financial assistance to those in our community who need it most. Even just a small monthly donation will make a difference for a child or family.

Are you interested in donating to the YMCA Strong Kids Campaign?

Yes, one time \$ _____ Yes, weekly \$ _____ per week

Payment Agreement

Parent/Guardian's Name

I (we) expect the payments to start on _____.

This authorization will remain in full force and effect until I (we) cancel. Cancellation Guidelines: 1. Give YMCA 30 days notice; 2. Fill out a written cancellation request.

I (we) hereby authorize the YMCA to charge to my (our):

Fill In Below To Pay Monthly By Bank Account		
Savings	Checking	Bank
Routing Number (9 digit)		
Account Number*		
Account Holder's Name		
Signature*		

Fill In Below To Pay Monthly By Credit Card		
Visa	Master-Card	Discover
Card Number*		Exp. Date
Card Holder Name		Security Code
Signature*		

OFFICE USE ONLY

Unit Name

☐ Voided check received ☐ Sponsored _____ %

☐ Acct Info entered

☐ Strong Kids Campaign Donation Added

☐ Completely entered into DAXKO Operations?

☐ Date: _____



FOR YOUTH DEVELOPMENTSM
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Preschool and School Age Discipline Policy

The YMCA expects all children in our programs to display behavior that is respectful to fellow children, staff, and volunteers as well as to people we encounter on a regular basis with our activities inside and outside the walls of the YMCA.

With this being said, on occasion minor infractions do occur and children will be corrected. Most occurrences can be handled with the redirection of the child to a quiet activity or 5 to 10 minutes of swim time taken away.

After a verbal warning is issued for more serious infractions, an incident report will be filed, and a written warning will be sent home. Examples of such behaviors are listed below but are not limited to:

1. Physical altercations between children or the teacher.
2. Leaving the group.
3. Disrespectful language or action directed at other children or teacher.
4. Destructive behavior.
5. Refusal to cooperate.
6. Threatening (bullying) behavior.

If one of the behaviors listed above continues after the written warning has been sent home (or an incident related to said warning), a second note will be sent home demanding the child's suspension from attending the YMCA for a period of up to five days.

Furthermore, #1 and #2 are grounds for immediate dismissal, regardless of number of prior warnings.

Safety of all the children is the School Age Program's priority. Children who compromise the safety of themselves, other children, or staff either voluntarily or involuntarily, may be removed from the program. It is the goal of the School Age Program to accept all children regardless of their ability. If however, within the resources of our program and staff, we can not adequately meet the needs of a child or by meeting those needs compromised the safety and or supervision of any child in the program, we reserve the right to remove the child from our program.

By signing below, I acknowledge and support the discipline policy of the YMCA and agree to the terms and conditions surrounding the consequences of my child's behavior.

Child's name

Signature of parent

Date



FOR YOUTH DEVELOPMENTSM
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Parents,

My name is Annette Griffin, Learning Center Director. I am excited to have your child in my class. I have an Associate's Degree in Early Childhood, and a Bachelor's Degree in General Studies. I want to take this opportunity to ask all parents about any specific goals, needs, and concerns you may have for your child.

Sincerely,
Annette Griffin
Learning Center Director

Please list two goals you have for your child that you would like us to try and help with:

1)

2)

Does your child have any special needs or accommodations that we should know about?

Social:

Emotional:

Academic:

Other:

Is there anything else you would like to let us know about your child at this time?

Signature of Parent/Guardian (if under 18) _____ Date _____

Signature of Teacher _____ Date _____