



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

GMV YMCA Before and After School Registration for the 2019/2020 School Year

Before and After School Care at the YMCA is about more than looking after kids. It's about nurturing their development, by providing a safe place to learn foundational skills, develop strong relationships and acquire healthy habits. Our programs are designed to prepare children grades K-6 for a better future. We provide experiences that enhance and enrich each child's cognitive, language, social, emotional, physical and creative development.

Care is available from 6:30am until school begins and at the end of the full school day until 6:00pm. Care for school holidays and snow days are available at the Atrium, East Butler, Fairfield and Fitton YMCA Branches from 6:30am-6:00pm for an additional fee.

Weekly Tuition Rate:

\$25 Registration Fee per Child

\$15 per day for Before **OR** After Care Only

\$18 per day for Before **AND** After Care

YMCA Membership Benefit of \$2.00 a day tuition reduction

School's Out Days and Snow Days are \$30 per day with a YMCA Membership Benefit of \$10 a day tuition reduction.

*We accept child care vouchers from the Ohio Department of Human Services. Please contact your local county to apply for this type of assistance. BCDJFS can be reached at 513-785-6845. WCDJFS can be reached at 513-695-1447.

We also have YMCA Scholarships available at each YMCA branch.

Weekly automatic credit card draft is the required method of payment. All sections of the attached paperwork must be completed and turned in before care will be provided, including reading and signing off on the GMV YMCA Parent Handbook.

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 <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 <u>if you cannot be reached</u>. 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 Do not sign both	Do Not Give <u>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.			does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. <input type="checkbox"/> Yes <input type="checkbox"/> 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 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.



GMV YMCA 2019/2020 School Age Permission Form

Child's Name: _____

Authorization to Release Child to the Custody of the following Individuals (Please use full legal name as it appears on their Driver's License or ID Card – All individuals will be asked for ID when picking up their child for the first time or if they are not recognized by staff):

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship to Child</u>
-------------	----------------	--------------	------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Parent/Guardian

Date

Swim Permission

My child has permission to participate in the swim time provided by the GMV YMCA School Age program at all swimming pools visited during the course of the school year __Yes __No
My child is a swimmer __ Yes __ No Comments: _____

Signature of Parent/Guardian

Date

Playground Permission

My child has permission to use all the playground equipment and participate in all activities provided in the GMV YMCA School Age program
__Yes __No

Signature of Parent/Guardian

Date



GMV YMCA 2019/2020 School Age Permission Form

Child's Name: _____

Climbing Wall/Sports Fields Permission

My child has permission to use the climbing wall and/or participate in all sports field activities provided by the GMV YMCA School Age program. __Yes __No

Signature of Parent/Guardian

Date

GMV YMCA Release and Waiver of Liability and Indemnity Agreement

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA. THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made. I HAVE READ THIS RELEASE

Signature of Parent/Guardian

Date



PHOTO/ AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

My Consent. For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA), and/or The Great Miami Valley Young Men’s Christian Association, I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and YMCA and either may share them with others;
- There is no obligation of confidentiality
- YMCA of the USA, YMCA, and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and YMCA shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of the USA and YMCA can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge YMCA of the USA, YMCA, their related parties and those they have given permission to use the above, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

Address: _____

I am the Mother/Father/Legal Guardian of (child’s name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Printed name: _____



GMV YMCA 2019/2020 Before and After School Registration

All forms must be complete at the time of registration or child's registration will not be accepted. An authorization for Credit Card Automatic Draft will be provided. The Charge for camp will occur every Friday for the following week's camp fees.

Child's School _____ 2019/20 Grade _____

Child's Name _____ Birth Date _____

Child's Gender: ___ Boy ___ Girl Child's Start Date _____

Parent's Name(s) _____

Mailing Address _____

Email Address _____

Cell Phone _____ Work Phone _____

My Child is a YMCA Member: ___ Yes ___ No Will you be utilizing Vouchers: ___ Yes ___ No

How did you hear about our Before and After School Program? _____

Please check your child's schedule for the Before & After School Program:

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Before Care Only					
After Care Only					
Before & After Care					



YMCA Childcare Family Questionnaire

Child's Name: _____

Please take a few moments to inform us on your child and your family. The information collected from this questionnaire will be used to help teachers build a strong connection with your child, incorporate individual family traditions into the weekly learning objectives, and foster ethnic and cultural awareness. We appreciate your time.

1. Primary Language: ___ English ___ Spanish ___ Other

2. Household Type: ___ Single Parent ___ Two Parent

3. Race: ___ White ___ Hispanic ___ African American ___ Asian, Pacific Islander
___ Native American ___ Other

4. How would you like to receive information about child development and parenting?:
___ In print ___ Email ___ Workshops ___ Parent Resource Area

5. What is your child's favorite:

Foods: _____

Games: _____

Activities: _____

Toys: _____

Movies, shows & cartoons: _____

Other: _____

6. Tell us about your family: _____

7. Parent's occupations & interests: _____

8.Pets: _____

9. What are some special days or reasons your family has celebrations? _____

10. What family tradition would you like to share your knowledge about or provide information to your child's class? _____

11. What exciting places has your family and child traveled to? _____

12. What are some special activities your family participates in daily, weekly, seasonally, etc. (book club, sports, volunteering, church)? _____

13. Please describe any developmental issues or concerns regarding your child. Does your child require any special care that we should be aware of? _____

14. Would be you interested in volunteering in the program or participating in our Monthly Youth & Family Committee Meeting? _____

15. Is there any other information that would be helpful in caring for your child?

Thank you for taking the time to complete this survey. This information will be used to help improve the service provided to you.



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Dear Parents/Guardians,

In all of our before and after sites we will now be utilizing an app called Remind. This app will allow you to reach out to the counselors personally, ask questions and receive reminders. Upon registration, you will be sent an email invitation to join your program's Remind group, please accept it and download the app. If you do not receive the invitation please let one of the staff members know!

We are continuously trying to improve our communication with the families; if you have any suggestions, questions or concerns please feel free to reach out!

In Service,
Great Miami Valley YMCA Child Care Department Staff

The Y: We're for youth development, healthy living and social responsibility.



AUTHORIZATION FOR 2019/2020 Before & After School CREDIT CARD AUTOMATIC DRAFT

CARD HOLDER NAME		<i>Charge will occur every Friday for the following week's camp fees</i>
CHILD'S NAME	MEMBERSHIP ID	
CARD HOLDER MAILING ADDRESS (STREET, CITY, STATE, AND ZIP CODE)		
CREDIT CARD NUMBER	FIRST DATE TO CHARGE	
EXPIRATION DATE	(PLEASE CIRCLE) MC VISA DISC AM EX	

SIGNATURE OF CREDIT CARD HOLDER

Office Use Only: PT Voucher to FT \$ _____

As a convenience to me, I hereby request and authorize the Great Miami Valley YMCA to charge my credit card account for the weekly amount of the YMCA summer camp fees. The authority is to remain in effect while the child/children is registered for YMCA camp. Should I decide to cancel camp for my child/children for which they are registered, I will be required to submit a written notice which will stop further charges. I agree that should any child care credit card automatic draft not be honored for any reason, I am still responsible for the payment.

GREAT MIAMI VALLEY YMCA CHILD CARE HANDBOOK

PARENT ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE PARENT HANDBOOK FOR THE GREAT MIAMI VALLEY YMCA CHILD CARE PROGRAMS. I AGREE TO FOLLOW ALL POLICIES OUTLINED WITHIN.

Signature of Parent/Guardian

Date

PLEASE CLEARLY PRINT THE NAMES OF YOUR CHILD(REN) ENROLLED IN CHILD CARE PROGRAM:

_____	_____
_____	_____
_____	_____

THANK YOU AND WELCOME TO OUR PROGRAM!!!

Please sign and return to the Director or Child Care Staff Member.