



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Clermont Family YMCA CHILD SURVEY & PICK-UP AUTHORIZATION

Name of Child _____ Date of Birth _____

Parent/Guardian Name _____

School _____ Grade Entering _____

Help us get to know your child:

Child lives with: Both Parents Mother Father Other _____

Siblings:

Name _____ Age _____ Enrolled in SACC

Name _____ Age _____ Enrolled in SACC

Name _____ Age _____ Enrolled in SACC

Are there any special circumstances that may be a factor in your child's present behavior?

Pick-up Authorization:

I understand that only those people designated by me on this form may pick up my child from the program and that my child must be signed out of the program each afternoon. I also understand that the adult(s) listed on my child's *Enrollment and Health Information Form* as the Parent(s)/Guardian(s) and Emergency Contacts are authorized to pick-up my child. **All authorized pick-ups should come prepared to present their driver's license or state identification card.**

Authorized Pick-ups (must be at least 16 years of age)

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



FOR YOUTH DEVELOPMENT®
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Clermont Family YMCA SACC ENROLLMENT AGREEMENT

Name of Child: _____ Date of Birth: _____

Parent/Guardian Name: _____

Please initial on the line next to each policy/procedure:

SECTION 1: TUITION AND FEES

_____ REGISTRATION FEE: I understand the \$25 registration fee is required at registration to enroll my child. I understand that I may not guarantee my child's enrollment until the registration fee is paid in full. The registration fee is non-refundable and non-transferable.

_____ TUITION: I have reviewed the tuition due for each program I have selected for my child.

_____ PAYMENT OF TUITION: I understand tuition is due the 1st of each month. I understand tuition is due for all selected programs regardless of attendance, unless I cancel my child's enrollment 1 week prior to the next month. I understand that my voucher copay is due weekly.

_____ UNPAID TUITION: I understand if my tuition is not paid by the 1st of each month, my child will not be permitted to attend until my account is reconciled.

_____ AGENCY REIMBURSEMENT: I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from failure to promptly communicate changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of full tuition.

_____ CHARGES AND PROCEDURES FOR LATE PICK-UP: I understand that there is a late fee if children are not picked up by 6:00pm. This fee is \$10 for any portion of the time up to 6:10pm for each child. After that, an additional \$1 per minute will be charged until the child is picked up. I understand I must pay, in full, the late fee amount before my child can be accepted back into the program. If myself or my emergency contacts cannot be reached within an hour, I understand that Child Protective Services will be called.

_____ RETURNED CHECKS: I understand that I will be charged a \$30 processing fee for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me.

SECTION 2: DAILY PROCEDURE

_____ DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the program to drop off and pick up my child, and that I must escort my child to and from the designated classroom/area and staff member each day.

_____ ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon notification. If my child is exposed to or contracts a communicable disease, I agree to notify the YMCA and I understand that my child will be re-admitted according to the Illness Policy in the Parent Handbook.

_____ HEALTH CARE: I understand that the camp will provide routine health/medical care and seek emergency medical treatment for my child if necessary. I also understand that I must provide a copy of my child's immunizations before his/her enrollment is complete.

_____ MEDICATION: I understand that my child may not carry any type of medication on his/her person or belongings (this includes inhalers). If my child needs medication, I understand that I must complete an Administration of Medication form and submit it to the Camp Coordinator before any medication is given.

_____ SUNSCREEN: I understand that if I want my child to apply sunscreen and/or bug spray during the program, I need to complete an Administration of Medication Form.

_____ BEHAVIOR MANAGEMENT: I understand that my child will be expected to follow and be held accountable for all camp rules. These rules can be viewed in the Parent Handbook. I understand that physical violence and bullying are not tolerated. If my child is involved in these behaviors, I understand that I will be called to pick my child up immediately and he/she may be suspended from the program.

_____ WITHDRAWAL FROM PROGRAM: I understand that I must provide a one (1) week written notice of withdrawal from the program using the Cancellation Form. If this notification is not provided, I agree to pay all tuition and fees, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If there was an outstanding balance when my child was withdrawn, I will be required to bring my account current prior to re-enrollment. I understand all fees are non-refundable. I understand that if my child does not attend for 2 weeks without notification my child will be withdrawn.

SECTION 3: PARTICIPATION

_____ FIELD TRIPS: I give permission for my child to participate in any trips or excursions away from the program site. I understand that transportation for these trips or excursions may be made by walking, riding in a leased bus, or riding in a YMCA bus.

_____ ACTIVITIES: I give permission for my child to use all the equipment and participate in all activities of the camp program. I understand that all camp activities are based outdoors and my child will be outside all day – weather permitting.

_____ ELECTRONICS: I understand that under no circumstances may my child bring electronics or toys from home. These items include, but are not limited to: card games, cell phones, iPods, etc. I understand that if my child does so, the staff will confiscate the item and return it to the parent at the end of the day.

_____ MODEL RELEASE: The YMCA may may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose. The YMCA may use these indefinitely, without limitation or obligation for the purpose of promoting or interpreting YMCA programs.

_____ SWIMMING: I give permission for my child to go swimming or otherwise participate in water activities in and near bodies of water two or more feet in depth at the Clermont YMCA. I understand that during any scheduled swim activity a certified lifeguard will be on duty at all times. A staff-to-child ratio of 1:18 for school-age children will be maintained at all times. I understand that my child will be evaluated by the YMCA lifeguards prior to swimming, according to the YMCA of Greater Cincinnati swim test policy. I give permission for my child to walk to and participate in all swimming activities at Clermont YMCA during the summer camp program (August 24, 2015– May 19, 2016). I have reviewed my child's camp schedule and I am aware of his/her swim time.

My child is a non-swimmer swimmer.

SECTION 4: HOLIDAYS, ABSENCES AND CLOSURES

_____ HOLIDAYS/CLOSURES: I understand that the program is closed on all dates that my child's school is closed. I understand that YMCA may offer a full-day program at the Clermont YMCA.

_____ SCHOOL DAYS OUT & SNOW DAY PROGRAMS: The YMCA will offer a full-day program whenever possible during school closures. I understand that there is an additional fee associated with these programs. I understand that my child is not guaranteed a spot in these programs unless I register and pay in advance. Registration for School Days Out programs will end 1 week prior to the start date; after this date, openings will be based on staffing and ratios.

_____ ABSENCES/VACATIONS: I agree to call the site administrator if my child will be absent for any day. I understand that no allowances, credits, refunds or make up days shall be made for occasional absences, including suspensions.

_____ EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the YMCA's intention to be open and provide programs every weekday of the school year, excluding holidays, but that inclement weather, natural/national disaster or a major facility issue may disrupt service from time to time. I agree that in the event that the program is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days.

SECTION 5: STATE LICENSING AND OUR POLICIES

_____ ALL POLICIES AND STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, American Camping Association (ACA) standards, the Parent Handbook, and all other YMCA policies, which may be modified at any time.

_____ PARENT HANDBOOK: I have received a copy of the Parent Handbook. I have read and understand its contents and agree to abide by the policies within.

_____ NO MODIFICATIONS: No terms of this agreement may be altered, revised, modified or deleted by any person except in cases of policy change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this agreement are null and void.

_____ YMCA POLICY:

- I understand that the YMCA is not responsible for personal property lost, stolen or broken while participating in the program. My child is responsible for all of his/her belongings.
- I understand that the YMCA is not responsible for anything that occurs as a result of false or incomplete information given by a parent/guardian.
- I understand that any medical expenses resulting from any illness or injury incurred while attending any YMCA program is my responsibility. The YMCA assumes no responsibility for injuries or illnesses which may occur as a result of a child's physical condition or resulting from his/her participation in any athletics, use of equipment, exercise, games or any other activities.
- I acknowledge on behalf of myself and my heirs that I assume the risk for any injuries or illnesses, which may result from Y programming activities. I hereby release and discharge the YMCA, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of his/her participation.
- The YMCA is not responsible for lost, stolen or damaged items brought to the program.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN NAME (PRINTED): _____

Automatic Credit/Debit Card Payment (Mandatory)

Families must pay for registration fees and monthly fees automatically through a credit or debit card. Please fill out the payment information below. Once this information has been entered into our systems, this form will be shredded. Questions or concerns can be directed to Jackie McNary, Senior Program Director: jmcnary@myy.org or by calling 513-724-9622

Parent Name	
Child(ren) Name(s) <small>Print ALL Children's names that payments should be applied to!</small>	
Type of Card	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express
Card Account #	
Expiration Date (MMYY)	
Name on Card	
Billing Address <i>(Include City, State, Zip)</i>	
Signature	



Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

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 Center
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?			
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?			
Emergency Contacts: Parents <u>cannot be listed</u> 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 type A 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 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 center/type A home'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

<u>Give Permission to Transport</u>		<u>Do Not Give Permission to Transport</u>
Center or Type A Home Name	OR Do not sign both	Center or Type A 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 center's or type A 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. After the child is attending the program the administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form in the section below to indicate when the form was last reviewed.

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 centers and type A homes to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37. This form must be on file at the center or type A home on or before the child's first day of attendance and thereafter while the child is enrolled.

Ohio Department of Job and Family Services
**CHILD CARE PLAN FOR HEALTH CONDITIONS OR MEDICAL PROCEDURES
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

If care is provided for a child who has an ongoing health condition that requires child specific care or may require a medical procedure, the parent/guardian shall complete this form. The center staff shall implement the plan. This requirement does not include short term illnesses, unless the child care staff member needs to perform a medical procedure for the child. A separate plan must be written for each condition that requires different actions to be taken.

Child's Name	Date of Birth
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Describe the health condition.

Describe the medical procedure to be completed and expected benefits of treatment, or N/A, no medical procedure required.

List activities/foods/environmental conditions to avoid or N/A, nothing to avoid.

Symptoms to watch for and actions to be taken if the symptoms are observed.

Is any medication required? Yes No
 (If yes, complete JFS 01217 "Request for Administration of Medication", in addition to this form.)

In an emergency does this child require additional assistance (more than other children of the same age or in the same group) to evacuate? Yes No If yes, please describe:

In the event that the child care program must be evacuated, are there medications or supplies that must be taken with this child? Yes No If yes, please describe:

Signature of Trainer (Trainer must be a parent/guardian or certified professional)	Date
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Signature of child care staff members who have been informed about the child's condition so they can care for the child according to this care plan or trained to perform the medical procedure.
There must always be a trained staff member present when the child is present.

Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

I give my permission for the staff listed above to perform the procedures in my child's care plan as described above.
 Parent's Signature _____ Date _____

Administrator's Signature	Date
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This form may be used for children with health conditions as defined in Rules 5101: 2-12-38 and 5101: 2-13-38.

Ohio Department of Job and Family Services
REQUEST FOR ADMINISTRATION OF MEDICATION
Child Care Centers and Type A Homes

This form is valid for no longer than twelve (12) months. One form must be used for each medication.

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

<u>Check all that apply:</u>	
<input type="checkbox"/> Prescription medication	<input type="checkbox"/> Topical product or lotion
<input type="checkbox"/> Nonprescription medication	<input type="checkbox"/> Food supplement
<input type="checkbox"/> Refrigeration required	<input type="checkbox"/> Modified diet
<u>Complete all of the following information:</u>	
Name of child: _____ Date of birth: _____ Weight _____	
Name of medication: _____ Exact dosage: _____	
To be administered at the following times: _____	
For the following period of time: _____	
Parent/Guardian signature: _____ Date: _____	

Box 2 - The following section must be completed by a **licensed physician, a licensed dentist or an advance practice nurse** when:

1. A physician's instruction is needed for a nonprescription medication (e.g. child is underage or underweight per the label instructions); or
2. It is a sample medication without a prescription label; or
3. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period or is a topical product or lotion that is being used for a skin ailment and is to be given no longer than fourteen consecutive days; or
4. The child is on a modified diet (an entire food group is eliminated); or
5. The medication contains codeine or aspirin.

_____ is under my care and should receive _____		
(name of child)		(name of medication, vitamin, diet)
as follows: _____		
(include dosage and instructions)		
Possible side effects to watch for are: _____		
Expiration date: _____ (may not exceed 12 months from the date of this request for medications or food supplements)		
_____ Signature of physician, dentist or advance practice nurse	_____ Date of signature	_____ Phone number

This form must be used by child care centers and type A homes to meet the requirement of rules 5101:2-12-31 and 51-1:2-13-31.

Ohio Department of Job and Family Services
ROUTINE TRIP PERMISSION
FOR CHILD CARE CENTERS/TYPE A HOMES

Routine Trip Destination(s)	From Clermont YMCA to CNE Elem. School and/or Batavia Elem. School. From CNE Elem. school and/or Batavia Elem. School to Clermont YMCA.
Date of Permission (valid for one year)	8/17/16 - 6/16/17
Mode of Transportation (walking, school bus, public transportation, parent vehicles, provider vehicle and driver)	
<p>During this trip children will have access to water that is two feet or more in depth.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Are water activities planned in water that is two feet or more in depth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, a swimming permission slip is required)</p>	
Child's Name	
<p>My child is <input checked="" type="checkbox"/> over 4 years and 40 lbs. <input type="checkbox"/> not over 4 years and/or 40 lbs.</p>	
I grant permission for my child to participate in the routine trips described above.	
Parent Signature	Date

This is a sample form provided by ODJFS.

Ohio Department of Job and Family Services
PERMISSION TO PARTICIPATE IN SWIMMING ACTIVITIES
CHILD CARE CENTERS AND TYPE A HOMES

Licensing rules 5101:2-12-17 and 5101:2-13-17 require parental permission for the water activities your child will be engaging in: (check all that apply for this activity)

- Before the child swims in water two feet or more in depth.
- Before the child participates in activities *near* water two feet or more in depth - no water activities planned.
- Before infants and toddlers use wading pools.
- Before school children participate in swimming activities in lakes, rivers, ponds, creeks, or other similar bodies of water.

(Check one)

- The center will be providing _____ additional adults above the required staff /child ratios.
- The center will NOT be providing additional adults above the required staff /child ratios.
(Required ratio is: 1:12)

I give permission for my child to participate in the following swimming/water activities:

Swim site	Clermont
Date(s)	Thursdays during school year (Branch only) and Schools Day Out 8-17-16 to 6-16-17
Departure/Arrival Times from Center	
Mode of Transportation (parent's driving, provider vehicle, public transportation, school bus, etc.)	N/A
Child's Name and Date of Birth	

My child is a: Swimmer Non swimmer

Parent Signature

Date

This is a sample form provided by ODJFS.