



Program Schedule

Spring

April 17 - May 22

4-12 year olds 10:00 a.m.-12:00 p.m.

Program Details

We are now accepting children ages 4-12 in a small group setting. They will benefit from small group interaction, one-to-one positive mentoring, recreation, crafts and games at our facility.

Open to community members;
YMCA membership is not required.

Registration confirmation will be done by
phone or email.

Welcome letters will be sent via email.

Program Requirements

There has been a change to our format from last year where we only allowed families to schedule two weeks during the session. We are now asking that you commit to the entire six-week session. This will help us get to know your child better and you can enjoy a complimentary YMCA family membership during this six-week session.

Return completed applications to:

Adele Taylor, Preschool and Family Director

DAVIS FAMILY YMCA

45 McClurg Road

Youngstown, OH 44512

Email: ataylor@youngstownymca.org

Phone: (330) 480-5657

Fax: (330) 259-9627



Additional Information

With the return of our program and the restrictions of COVID-19 impacting our facility, we wanted to make sure that you knew what to expect when you come into our facility.

WHAT SHOULD I EXPECT?

TEMPERATURE CHECKS—All members will have their temperature taken prior to check-in, and staff will also receive daily temperature checks. No child will be permitted into our program area if they have a temperature over 100 degrees Fahrenheit. If your child becomes ill during our program, we will be contacting a parent or guardian for pick up, immediately.

CLEANING/SANITIZING—All toys, chairs, tables, and high touch surfaces will be cleaned and sanitized after each session ends. We will also be cleaning between groups to ensure sanitary and safe spaces for your child.

HAND WASHING—Please be sure to have your child wash their hands before you sign in. We will be making several stops to do this in between activities and before our snack times.

SOCIAL DISTANCING—When using our facility please respect all signs regarding social distancing. Stay at least six feet away from others.

WIPE DOWN EQUIPMENT—Use the cleaning materials provided, wipe down equipment before and after your workout.

FACE MASKS—We ask that everyone entering the building wear a personal protective mask. This is recommended in all common area (hallways, bathrooms, locker rooms, etc.)



POLICIES

Parents/Guardians provide transportation to and from event as well as a simple snack (peanut free), and spill proof beverage for student.

This is a recreational play program accommodating children with basic independent care skills who are challenged by social, emotional, or learning disabilities.

Applications are due prior to our Open House events in order to allow us time to fully prepare for all participants.

WITHDRAWAL POLICY

In the case of a child needing to be withdrawn from the program, please give at least a week's notification to the YMCA Respite Program Staff via phone or email. All contact information will be given to the families at the Open House for your reference during the duration of the program.

ABSENCES

If your child will not be attending for a scheduled date, please call Adele Taylor at 330-480-5657 and leave a detailed message that includes the program name (Respite Recreational Program), the parent/guardian's and child's name as well as the reason for the absence.

LATE PICK-UP CHARGES

It is important that you pick your child up at the scheduled time; a late fee of \$5 is charged after 15 minutes past dismissal and one dollar per minute thereafter. The first instance will be handled with a reminder about this policy and a fee. The following instances, a payment will be charged and due by the next day of class.

IMPORTANT INFORMATION REGARDING ILLNESS WHILE IN THE PROGRAM:

A child with any of the following signs or symptoms of illness shall be immediately isolated and discharged to the parent or legal guardian:

1. Diarrhea (more than one abnormally loose stool).
2. Severe coughing, causing the child to become red or blue in the face or makes a whooping sound.
3. Difficult or rapid breathing.
4. Yellowish skin or eyes.
5. Conjunctivitis - redness of eye, discharge, burning, itching, and matted eyelashes.
6. Temperature of one hundred (100) degrees Fahrenheit taken by the auxiliary method when in combination with any other sign of illness.
7. Untreated infected skin patch(es).
8. Unusually dark urine and/or gray or white stools.
9. Stiff neck.
10. Spots or rashes.
11. Sore throat or difficulty in swallowing.
12. Vomiting.
13. Evidence of lice, scabies, or other parasitic infections.

This page must be signed and dated before student's registration is complete.

Signature

Date



APPLICATION

STUDENT REGISTRATION FORM

Student's Name: _____ Male Female

Home Address _____

City _____ State _____ Zip _____ County _____

Telephone _____ Email _____

DOB _____ Male _____ Female _____

Current School Attended _____

Does Student Have IEP? Yes _____ No _____

Student's Primary Diagnosis _____

Student's Primary Challenge _____

Parent/Guardian's Name _____

Primary Phone Number _____ Work/Cell Phone _____

Email Address _____

II. MEDICAL/BEHAVIORAL INFORMATION

Please list any allergies (medication, food, environmental), the reaction seen, and the appropriate treatment

Student has a seizure disorder a) Yes _____ b) No _____
Circumstances that usually result in a seizure:

Student has an anxiety disorder a) Yes _____ b) No _____
Circumstances that usually result in anxiety:

I. EMERGENCY INFORMATION

Name of student's primary doctor _____ Telephone _____

Name of student's dentist _____ Telephone _____

Preferred hospital _____ Telephone _____

Specialty doctor treating disability _____ Telephone _____

Check all that apply:

___ Student has been to the Davis Family YMCA Respite Program before. If so, what date(s) _____

___ Student has been to a Respite Program before.

___ Student has never been enrolled in a Respite Program.



APPLICATION

GENERAL HEALTH HISTORY

GENERAL HEALTH HISTORY (PLEASE CHECK EITHER YES OR NO)

Has your student:

- | | | | |
|---|---------------------------------------|--|--|
| 1. <input type="checkbox"/> Yes <input type="checkbox"/> No | Ever been hospitalized | 9. <input type="checkbox"/> Yes <input type="checkbox"/> No | Had fainting or dizziness |
| 2. <input type="checkbox"/> Yes <input type="checkbox"/> No | Ever had surgery | 10. <input type="checkbox"/> Yes <input type="checkbox"/> No | Passed out/had chest pain during exercise |
| 3. <input type="checkbox"/> Yes <input type="checkbox"/> No | Had a recurrent/chronic illness | 11. <input type="checkbox"/> Yes <input type="checkbox"/> No | Had mononucleosis ("mono") during the past 12 months |
| 4. <input type="checkbox"/> Yes <input type="checkbox"/> No | Had an infectious disease | 12. <input type="checkbox"/> Yes <input type="checkbox"/> No | If female, had problems with periods/menstruation |
| 5. <input type="checkbox"/> Yes <input type="checkbox"/> No | Had a recent injury | 13. <input type="checkbox"/> Yes <input type="checkbox"/> No | Had asthma/wheezing/shortness of breath |
| 6. <input type="checkbox"/> Yes <input type="checkbox"/> No | Ever had back/joint problems | 14. <input type="checkbox"/> Yes <input type="checkbox"/> No | Had diabetes |
| 7. <input type="checkbox"/> Yes <input type="checkbox"/> No | Had headaches | 15. <input type="checkbox"/> Yes <input type="checkbox"/> No | Had problems with diarrhea/constipation |
| 8. <input type="checkbox"/> Yes <input type="checkbox"/> No | Ever struck a student or staff member | 16. <input type="checkbox"/> Yes <input type="checkbox"/> No | Worn glasses, contacts, or protective eyewear |

Please explain any "yes" responses in the space below.

What things would you like to see your Student accomplish at Respite?:

Are there any special situations the staff should be aware of?:

Please list anything that motivates your Student (e.g. rewards):



Student's Name: _____

APPLICATION

GENERAL HEALTH HISTORY

WALKING

- Student can walk and climb medium grade hills independently
- Student tires easily when walking on hills/steps.
- Student uses: a) Walker b) Cane c) Crutches
- d) Other (specify): _____

EATING HABITS

- Student feeds him/herself without assistance.
- Student has difficulty chewing.
- Student needs food items cut up for him/her.
- Student needs total assistance in feeding.

BRACES

- Student wears braces: a) All day b) Part of the day
- Student can: a) Put on the braces b) Take off the braces
- c) Check skin
- Student has braces, but will not be wearing them at the program.

WHEELCHAIR

- Student uses wheelchair: a) All day b) Part of the day

TOILETING

- Student uses the bathroom without help or reminders.
- Student needs to be reminded to use the bathroom.
- Student: a) Can clean him/herself b) Needs assistance
- Student does not know when he/she has to use the bathroom and wears disposable undergarments.

How did you hear about the Davis Family YMCA Respite Recreational Program?



Connect with us!

Please visit us online at YMCAyo.org

AUTHORIZATIONS AND RELEASES

The following person(s) are authorized to pick up my Student(s) from the Davis Family YMCA Recreational Respite Program. Valid ID will be requested.

_____	_____	_____
Name	Phone Number	Relationship to Student(s)
_____	_____	_____
Name	Phone Number	Relationship to Student(s)
_____	_____	_____
Name	Phone Number	Relationship to Student(s)

I understand that Respite will only release my Student(s) to the authorized persons listed above, in addition to myself.

_____	_____	_____
Name	Date	Relationship to Student(s)

AUTHORIZATIONS & RELEASES

The term "Student" refers to any program participant that attends the Davis Family YMCA Recreational Respite Program.

1. In the event of an emergency, after reasonable attempts to contact me or additional persons listed in Section I on the first page are unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the physician or dentist named in Section I or, in the event my preferred physician or dentist is not available, by another licensed physician or dentist, and the transfer of my Student to my preferred hospital or to any hospital reasonably accessible. The authorization does not cover major surgery unless the medical opinions of the two other licensed physicians concurring in the necessity of such surgery are obtained before surgery is performed.

For emergency medical care, I give Respite my permission to transport _____ (Student's name) to _____ (name of preferred hospital or clinic), or to the nearest source of assistance.

As Parent/Guardian of _____ (Student's name), in consideration of the Respite services to be provided to my Student, I hereby grant permission for my Student to be the guest of the Recreational Respite Program and the Davis Family YMCA during the 2020/2021 calendar year.

- a. I authorize the participation of my Student in all of the respite activities with no restrictions.
- b. I waive any and all claims or demands of whatever kind and whatever nature, whether known or unknown at the time this authorization and release is signed, against the Davis Family YMCA and any of its members, Respite Recreational Program, its volunteers, or its employees, arising from or in any way connected with my Student's attendance as a Student at Respite.
- c. I agree that I, as a Parent/Guardian of my Student, shall be fully responsible for any and all medical expenses, including transportation.
- d. I authorize and permit my Student to be photographed and/or videotaped while participating in camp activities for uses limited to promotion of the program.

I certify that this application is accurate and complete:

Signature

Date

