



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



PARENT HANDBOOK

CENTRAL YMCA
17 N Champion St
Youngstown, OH 44503
(330) 744 - 8411
YMCAYo.org

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INTRODUCTION

Hello!

Thank you for choosing the Central YMCA of Youngstown Summer Day Camp! On behalf of all the counselors and coordinators I'm so excited to welcome your child(ren) to our facility for what we're promising we'll be the best summer ever. To help you plan for camp and get a better idea of what it is that they'll be doing and how they'll be cared for while at camp we've put together this brochure. The following information is critical to ensuring your child's camp experience is a positive one so please take the time to read through all the brochure and the registration packet carefully.

At the YMCA we are here to make your kids feel welcome. Our number one mission at Camp is to cultivate an environment where they can make new friends, feel safe and that they belong, and have a sense of achievement. To do this, we'll place your child in a group of children within the same age range as them, partake in activities that are developmentally appropriate for their age and introduce them to new activities and experiences. Some of these include swim lessons, free swim, outdoor time, arts and crafts, education and reading to help address summer learning loss, develop sport skills, and many more! Lastly, throughout the week your child will develop a presentation (skit or dance) alongside their group to perform on Fridays for Spirit Games. Spirit Games celebrate the camper of the week, counselor of the week, and the winner of the presentation. Kids might not always be really excited the first time they have to do a skit but the sense of pride they get being cheered by the whole room is a feeling they won't forget.

Safety is our top priority, and we are prepared to make sure your child(ren) is protected while they are with us this summer. Our camp is accredited with the American Camping Association through rigorous bylaws and examinations and we are one of a select few Y's across the country accredited with our Child Safety Partner – Praesidium. We take child safety very seriously here. To do this, our staff take part in 30 hours of on sight training, we maintain proper ratios, and are always keeping an eye on the most up to date CDC guidelines should anything happen with global health concerns.

At Day Camp we have created a culture of inclusivity where all campers are welcome. Campers are valued and celebrated for who they are regardless of income, faith, gender identity, race, ability, or background. We're beyond honored to get to know your child(ren) this summer as we help instill the values of respect, responsibility, honesty, and caring into them.

See you at camp!
Nick Gliha
Day Camp Director

PROGRAM PHILOSOPHY

The camp philosophy for the YMCA of Youngstown, as well as the YMCA of the USA, is to help participants grow spiritually, mentally, and physically through a variety of activities that promote character development, sportsmanship, and teamwork. Under the guidance of well-trained staff, YMCA camp programs can give children an experience that will last a lifetime.

CAMP PROGRAM GOALS

As with all YMCA programs, our camp programs are designed to help each participant grow personally, learn values, improve personal and family relationships, appreciate diversity, become better leaders and supporters, develop specific skills, and have fun!

REGISTRATION PROCESS

Day Camp is open to children ages 6-13. (Five-year-olds with kindergarten experience may be considered for enrollment in program at Camp Director's discretion.)

Children are enrolled on a first come, first-served basis. At the YMCA of Youngstown, we want to be as helpful as possible with campers with different abilities. While we cannot provide a one-on-one experience with your child, we will be sure to help acclimate them as best as we can to camp programming. Please see the Camp Director for more information on our accommodations for those with special needs.

The camp program will not discriminate in the employment of staff, or the enrollment of children based on race, color, religion, sex, or national origin.

To complete enrollment of your child in Camp, you will need to fill out and return the following forms:

- Handbook Acknowledgement
- Swim/Video Release
- Child Enrollment and Health Information
- Escort Form
- Camp Behavior Guidelines (Day Camp Only)
- Child Medical Statement (Day Camp Only)
- Request for Administration of Medication (if applicable)
- Trip Transportation

PAYMENT SCHEDULE

- Payments are due in full upon registration for Camp.
- All fees must be paid no later than the Friday before the week you wish your child to attend.
- Late fees automatically begin on the Saturday before each week.
- For families that do not qualify for the TANF grant, and need assistance, you can apply for Financial Assistance through the YMCA.

- Day Camp at NO expense through TANF funds may be available. To see if you apply, please inquire as soon as possible as it can take some time to process the paperwork and be approved.

EXTRA CHARGES

1. Returned checks result in a \$20 charge. Recurrent returned checks result in “cash only” terms.
2. Families of children picked up more than 30 minutes after camp (or extended hours for those who have paid) ends without having called to inform Camp staff will be charged with a \$15 per child late pickup fee. This fee will be applied to the next registration. Calls to inform must give an estimated arrival time, which may not be extended. After the estimated arrival time has passed, the \$15 per child late pickup fee will be applied, along with an additional \$1 per minute. Three late fees will result in a required meeting with the Camp Director to discuss possible solutions to the problem.
3. A late fee of \$20 per child will be added if registering after Friday for the upcoming week of camp. *Director has authority to not allow late registration.

WITHDRAWAL POLICY

Because we have secured staff and supplies to provide a quality experience for your child, please notify the director of withdrawal by the Friday before the week your child was scheduled to attend camp. If the director has not been notified in writing, no refund will be given.

ABSENCES

The YMCA is a not-for-profit institution. We base our operating costs on annual registration projections. In order to continually assure the highest quality of staff, equipment and supplies, we cannot offer fee reductions for absences due to illness or otherwise. **Unfortunately, no refunds will be issued due to a child's absence.**

PARENT COMMUNICATION

We will be communicating via e-mail and will be asking for e-mail addresses for both parents/guardians. Day Camp Weekly Parent Letters will be handed out during drop-off and pick-up times and can be picked up the first day your child attends for that week.

Check Camp Program Guide for Parent Orientation Dates this year are June 8th 6-8pm and June 10th 11am-1pm. These orientations provide helpful information for your child's first day of camp.

CAMP PROGRAM OPERATIONS

CAMP HOURS

DAY CAMP

Camp Activities run from 9:00 a.m.- 4:00 p.m. Monday – Friday.

Extended hours 7:00-9:00 a.m./4:00-6:00 p.m.

****DAILY SCHEDULE**

- 9:00-9:15 a.m. - Sign In
- 9:30 a.m.-4:00 p.m. - Group Rotations
 - Reading
 - Arts and Crafts
 - Skits
 - Lu Interactive Gym
 - Sports and Gaga Ball
 - Board Games
 - Education
 - Swimming/Swim Lessons
- 4:00 p.m. - Check Out
- Every day is carefully planned, so please drop off and pick up your child at the scheduled time. However, we know things happen. If you arrive late one day please go to the front desk and inform them your child is here for day camp. A staff member will come pick them up and take them to their appropriate group.
- **Subject to change.

ARRIVALS AND DEPARTURES

In order to promote a sense of independence and age-appropriate socialization, we suggest that parents encourage their children to meet new friends and enjoy a camp-like atmosphere by making your departure a positive and smooth transition.

DAY CAMP

All children must be signed in upon arrival and signed out when departing. Proper photo identification is required for all pick-ups. If child is not arriving or departing at normal time, please notify staff so we can be prepared to accommodate your schedule.

- Drop-Off/Pick-Up Front Doors.
- Drop-off:
 - Extended hours drop off will begin at 7:00 a.m.
 - Non-extended hours drop off will begin at 9:00 a.m.

- Parents/Guardians are expected to escort their children to the main entrance located on N. Champion St. where the Day Camp sign in table will be located
- All children must be signed in upon arrival.
- Pick-up
 - Pick-up will begin at 4:00 p.m.
 - Pick-up will be located at the main entrance located on N. Champion St for Group 1. Cars will be advised to line up in the alley where we will escort your child out to you. Group 2 will be picked up in the Outdoor Lot. You'll receive your group number upon registration.
 - All children must be signed out when departing. Photo identification is required for all pick-ups.
- If a child is not arriving or departing at normal time, please notify staff so we can be prepared to accommodate your schedule.
- Students should come prepared with a backpack, water bottle, and bathing suit.

OUTDOOR SPACE

While on Central's campus, outdoor play will take place in the parking lot. For the safety of your child(ren) the zone is fenced off and a canopy tent is available as a respite from the sun whenever necessary. On the occasion that the group travels to the Davis Family YMCA, they will have access to an outdoor track, pool, playground all contained within a confined space. On Wednesday's the group will travel to Austintown Township Park for the day. We will shelter in the Kiwanis pavilion.

SAFETY, HEALTH, AND SUPERVISION

DISCIPLINE POLICY: We believe that children need to become independent, self-sufficient individuals with the ability to engage in active problem solving; therefore, we encourage the development of self-discipline skills by:

1. Setting realistic limits for children based on individual developmental needs.
2. Planning an environment that is developmentally appropriate, and which encourages children to develop responsibility and independently within the developmentally appropriate limits for their age.

The following approaches are unacceptable:

1. Using physical restraint to confine children unless they are harming themselves or others.
2. Humiliating and/or shaming children.
3. Using profane language or other verbal abuse.
4. Delegating discipline to any other child.
5. Discipline shall not be imposed on a child for failure to eat or for toilet accidents.
6. Placing children in time-out for more than 5-10 minutes.
7. Using unusual, harsh, and/or cruel punishments.
8. Staff shall not abuse or neglect children and shall protect children from abuse and neglect while in their care.

In rare cases where children exhibit inappropriate behavior, we will redirect the child's activity or remove the child from the situation for a very short time. If a situation occurs where a child uses physical aggressive behavior towards another child, the staff will discuss this with the parents. If it continues to be an unsolvable problem, your child will be withdrawn from the program. The Camp Director has the authority to remove any child from the program for any reason.

HEALTH & SAFETY

The following procedures are in place to ensure the health and safety of staff and participants...

1. Emergencies and accidents will be handled as requested by the parent(s) per emergency forms.
3. No child shall be left alone or unsupervised.
4. There is immediate access at all times to a working telephone.
5. There is a Fire Emergency and Weather Alert plan for each site, which explains action to be taken and staff responsibilities in case of fire emergency and weather alerts. (The plan shall include a diagram showing primary and secondary evacuation routes where camps are using buildings.)
6. There is a plan for Water Safety, including swimming and other water activities.
7. When walking near the parking lot, extreme caution must be taken.
8. When an accident or injury occurs, the YMCA shall complete an incident or accident report. Every attempt will be made to contact the parent or legal guardian if a child is seriously injured.
9. Camp Director/Coordinator will have emergency information during out-of-camp activity digitally or on paper, at all times.
10. Camp Director/Coordinator will be responsible for notifying parents of any emergency.

SWIMMING AND WATER SAFETY

Safe Pools Have Rules

TEST- All children 12 and under who want to swim in water deeper than their chest must pass the swim test.

MARK- All children 12 and under must wear a swim band that correlates with his/her swimming ability.

- ◆ Red= Non-swimmer (has not passed the swim test this year).
- ◆ Green= Swimmer (has passed the swim test this year).
- ◆ Yellow= Non-swimmer whose chest height is 42 in. or higher and has not yet passed the swim test.

PROTECT- All non-swimmers must remain in shallow water. If the water in the shallow end is deeper than a non-swimmer's armpits, then they must also have one of the following layers of protection:

- ◆ must be within arm's reach of a parent or guardian (16+) -max kids per adult= 3.

- ◆ must be wearing a Coast Guard approved lifejacket.
- ◆ non-swimmers age five and under must be within arm's reach of a staff member regardless if they are wearing a Coast Guard approved lifejacket or if they have passed the swim test.

There shall be written permission from the parent or legal guardian of a child before a child shall be permitted to swim or otherwise participate in water-based activities. The written permission sheet shall be signed, dated, and shall include the following:

1. The child's name.
2. A statement indicating whether the child is a swimmer or a non-swimmer.
3. That the parent or legal guardian grants permission for the child to participate in water activities.

The YMCA shall provide Camp Staff members during swimming and water play activities. A certified lifeguard will also be present when the children are participating in a swimming activity.

DEEP WATER TEST (All campers ages 6-13 years)

Any child wanting to swim in water over their head must pass a deep-water test, which consists of:

- 20-second tread
- 5-second float on backside
- 25-yard front crawl swim

Wrist bands will be worn to identify swimmers.

POOL RATIOS

YUSA and Ohio Bathing Code dictates that minimum ratios of 1 lifeguard to 25 participants on duty for each aquatic activity, not including Camp Staff that will also be on duty.

CHILD ABUSE AND NEGLECT

A staff member shall immediately notify his or her supervisor when the staff member suspects that a child has been abused or neglected. A child will always be safe from any form of abuse or neglect when in the care of the YMCA. No YMCA staff are permitted to babysit members that they meet while working at our camps.

SEXUAL OFFENDER NOTIFICATION

As of July 1, 1997, Ohio law requires that sex offenders register with the Sheriff of the county in which they reside. Following such registration, the Sheriff must provide in writing certain information to a variety of entities including childcare providers. And if notices are received, they will be placed with the sign in/out sheet at the applicable site. More information can be obtained by calling your local sheriff's office or visiting their website. Listed below are the phone numbers for Mahoning and Columbiana Counties.

Youngstown Police Department (330) 742-8900
Mahoning County Sheriff (330) 740-2370
Praesidium Hotline 1-817-801-7773

MEDICAL EMERGENCY PLAN

First Aid Kits are available and are always accessible to staff. A First Aid kit will be available by at least one staff member present during activities.

Emergency Phone Numbers: Emergency 911 – Central YMCA (330) 744 – 8411

All Camps have staff members trained in First Aid/CPR during the hours of operation.

In case of an emergency, the Camp Director and the program director are to be notified immediately. If the Camp Director is not available, then the next senior staff member is to be notified. The Camp Director will then immediately notify the parent or legal guardian and contact the appropriate emergency phone contact. If the parent or legal guardian cannot be reached, the requested adult and child's physician will be notified. If necessary, the child will be transported by the life-squad to the hospital choice on enrollment paperwork.

Any special medical care that is shared in the paperwork will be shared with Camp Director and Camp Coordinators, only if needed.

In case of illness of a child, he/she will be cared for by either the Camp Director or other staff member while the parent or legal guardian or requested adult is notified and requested to come pick up the child.

The Ohio Department of Human Services' Dental First Aid chart is available at the site. Camp Staff members will follow procedures indicated on the Dental First Aid chart in case of dental emergency.

MANAGEMENT OF COMMUNICABLE DISEASE

1. A staff person is trained to recognize the common signs of communicable disease and other illness through First Aid training and "Childhood Disease" training certified by the Red Cross, a licensed physician, or a registered nurse. All staff are trained in the proper hand washing and disinfecting procedures. A staff person, trained as explained above, will observe each child during the camp day.
2. A copy of the "communicable disease" policy will be given to each parent or legal guardian during the registration process.
3. A child with any of the following signs or symptoms of illness shall be immediately isolated and discharged to the parent or legal guardian:

- a. Diarrhea (more than one abnormally loose stool within a twenty-four (24) hour period)
 - b. Severe coughing, causing the child to become red or blue in the face or to make a whooping sound
 - c. Difficult or rapid breathing
 - d. Yellowish skin or eyes
 - e. Conjunctivitis
 - f. Temperature of 100 degrees Fahrenheit taken by the axillary method (armpit) when in combination with any other sign of illness
 - g. Untreated infected skin patch(es)
 - h. Unusually dark urine and/or gray or white stool
 - i. Stiff neck
 - j. Unusual spots or rashes
 - k. Sore throat or difficulty in swallowing
 - l. Elevated temperature
 - m. Vomiting
 - n. Evidence of lice, scabies, or other parasitic infections
4. A child will be readmitted to camp after he/she has been checked by a staff member trained in Communicable Disease, or another authorized person. There must be a twenty-four (24) hour period free of symptoms, including fever, before the child can return to camp.
 5. Parents will be notified in writing of any Communicable Disease that is present at camp.
 6. Those children experiencing minor common cold symptoms, or if the child does not feel well enough to participate in activities, but is not exhibiting any symptoms specified above, are classified as a mildly ill child. It is our policy to care for mildly ill children as long as the parent has been notified of the child's condition. The child will be watched for conditions or other symptoms that would result in the child's discharge.
 7. Administration of Medicine forms for medication, sunscreen, bug spray, special diet, and vitamins are included in the registration packet.
 8. Staff will not work in any capacity with children if they have symptoms of communicable disease unless a physician states that their illness is not contagious.

FOOD AND ALLERGIES

SNACKS

- While snacks will be provided throughout the day and in between rotations it is advised to pack campers with one snack and bottled drinks (we recommend two).
- **Campers will not be permitted to use the vending machines during camp hours.**
 - We strive to keep all campers equal with one another. The money required to purchase vending machine items has the potential to alienate campers with means from those without. Please do not send campers with money unless otherwise specified.

DAY CAMP LUNCHES

- Breakfast and Lunch are provided at no additional cost to families through a partnership with Heart Reach Neighborhood Ministries. Water is available on site throughout the day.
- Lunch items that require a microwave will not be microwaved. We do not have the time and resources to fulfill these requests.
- Please do not send money for vending machines.

ALLERGIES

If your child has an allergy to anything including, but not limited to, food, sunscreen, hand sanitizer or medication it must be indicated on the Enrollment form.

DRESS

- Each day children should dress for active/outdoor play. Comfortable clothing and shoes made for running and climbing are a must.
- Please avoid flip flops and open-toe sandals.
- Wear weather appropriate clothing.
- Please protect your child by applying sunscreen before you arrive.
- Since children will be outside and using water, paint, and other messy materials, it is best if children do not wear expensive or dressy clothing.
- The YMCA is not responsible for clothing that may become stained or dirty while at camp. Campers should bring a backpack that they can carry on their own with a beach towel and backup set of clothing. Please label all clothing and personal items.

OUTDOOR SPACE

While on Central's campus outdoor play will take place in the parking lot area. For the safety of your child(ren) the zone is fenced off and a canopy tent is available as a respite from the sun whenever necessary. On the occasion that the group travels to the Davis Family YMCA and Austintown Township Park where they will have access to an outdoor track, pool, playground and more far from the concern of any cars or dangers.

WHAT CAMPERS SHOULD BRING FROM HOME

- Campers should come prepared with the following items:
 - A water bottle
 - A bathing suit
 - A bookbag
 - A smile 😊
- We recommend packing an emergency backup set of clothes.

WHAT CAMPERS SHOULD NOT BRING FROM HOME

Campers who bring the following items will be asked to put them away until 4:00 p.m. If they take them out, the items will be confiscated and returned at pickup.

- Money
- Music players
- Electronic games
- Phones - We understand phones are an important part of communication and safety before and after camp, but they are unnecessary during structured camp activities. Therefore, phones will be collected each morning at 9:30 a.m., and placed in a secure location. They will be returned at 4:00 p.m. If you need to contact your child, please call the reception desk (330)744-8411, and they will communicate with staff members.

Grounds for immediate release from Day Camp without refund include the following:

- Alcohol
- Drugs
- Weapons
- Animals of any kind

The YMCA will not be responsible for lost or stolen items.

TRIP SAFETY PROCEDURES

The camp's transportation practices promote safety, minimize risk, and help administrators consider all traffic control, vehicular safety, and camper education possibilities.

Procedures are as follows:

1. Vehicles are loaded only within seating limit, established by manufacturer.
2. All persons are to wear restraint devices when available/required.
3. All passengers remain seated while vehicle is moving.
4. All vehicles follow convoy travel procedures when applicable.
5. Roster of individuals will always be readily available on bus.
6. Persons in wheelchairs will be strapped into wheelchairs, in locked positions, in secure spaces on vehicles.
7. Staff will be staggered throughout bus to provide ample supervision.
8. Campers will have assigned seats on buses while traveling.
9. Campers who fail to follow Trip Rules or Safety Procedures will not be able to attend camp on field trip days.
10. The YMCA will not be responsible for any items lost or stolen on a trip.

PARENT CONCERNS

It is important that parents familiarize themselves with the program. All concerns about your child's care should be promptly resolved with the Camp Director. Communication and e-mail access to each parent's e-mail is recommended to stay in touch with everyone.

We look forward to meeting you and your child(ren) soon!

For any questions or concerns regarding the Day Camp program please contact our Day Camp Director: Nick Gliha, 330-742-4792 or nqliha@youngstownymca.org

NOTICE:

The following pages are required to be filled out to enroll your child(ren) into Day Camp. If certain lines do not apply to your child(ren) then please write "N/A". Please do not leave any blanks. **If the packet is not filled out properly or in full, the Day Camp Director has the right to refuse your child(ren) entrance into the program.**

Thank you!

**Nick Gliha
Day Camp Director**

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code		Home Telephone Number	
Parent/Guardian Name #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City			State		Zip
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City			State		Zip
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City		State	City		State
Telephone Number		Relationship to Child	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 Medical Foods

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

☐ No

☐ Yes - *check all that apply* ☐ Food ☐ Medication ☐ Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

☐ No

☐ Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (*check one*)

☐ No

☐ Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

☐ No

☐ Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

☐ No

☐ Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

☐ No

☐ Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

☐ No

☐ Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

☐ No

☐ Yes - written instructions from the child's health care provider must be on file.

☐ N/A - program does not provide meals or snacks to the child.

Child's Name
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.
<input type="checkbox"/> Not applicable
List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.
<input type="checkbox"/> Not applicable
List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.
<input type="checkbox"/> Not applicable
List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.
<input type="checkbox"/> Not applicable

Child's Name

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	<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.			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, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

CENTRAL YMCA OF YOUNGSTOWN

Day Camp

ACKNOWLEDGEMENT OF PARENT HANDBOOK

I acknowledge that I have read the Camp Parent Handbook and I am fully aware of the following:

- Program Philosophy
- Registration process, Fees, Refunds, Late Charges, and Withdrawals
- Camp Program Operations
- Discipline Policy
- Safety, Health, and Supervision
- Swimming and Water Safety
- Child Abuse or Neglect
- Sexual Offender Notification
- Arrivals and Departures
- Medical Emergency Policy
- Management of Communicable Disease
- What Children should and should not bring from home
- Camp Program Schedule
- Field Trip Permission
- Field Trip Procedures

I have read and understand the fee arrangements and conditions detailed in the Parent Handbook. I agree to these conditions and will abide by them.

This acknowledgement must be placed in our files. Please sign the form and return along with your enrollment forms to the YMCA Registration Site.

Child(ren)'s Name(s)

_____ Date _____
Parent or Legal Guardian's Signature

Print Name Parent/Guardian 1

Print Name Parent/Guardian 2

E-mail address # 1

E-mail address # 2



DAY CAMP

CAMPER BEHAVIOR EXPECTATION FORM

Camp activities, including camp transportation, often are as good as the behavior, interest, and attitude of the participants. These ingredients set the mood for the entire summer. An ill-behaved camper will find difficulty, which could result in a negative experience or injury for others in camp. Courtesy and politeness are always appreciated. The purpose of our camp is to develop new friendships, knowledge, skills, and promote an enjoyable summer. This can be achieved only when the rights and welfare of all are considered.

All campers are subject to the rules listed below. Our staff is instructed to maintain these rules. Please read them carefully.

- Campers are subject to the authority of all YMCA Staff at all times.
- It is a state law that everyone riding a bus must remain seated.
- Campers must keep their hands to themselves while on the bus and at camp. When riding a bus, no body parts or objects are to be sticking out of windows. It is inappropriate to make obscene gestures out of the bus windows.
- Campers will be responsible for keeping their bus clean from garbage. Garbage is to be put in the trash can and not thrown out windows.
- Campers should keep noise level to a minimum. It is a State Law that when crossing railroad tracks it is silent on the bus.
- Campers should be on time for scheduled activities. Tardiness results in everyone being inconvenienced.
- Campers are expected to care for their personal belongings. We strongly encourage all jewelry and electronics be left at home. Use good judgment when packing for a trip. The YMCA will not be responsible for lost items.
- Campers are expected to show consideration and respect for their fellow campers, counselors, bus drivers, and other YMCA staff. Fighting and disrespect will not be tolerated.
- Campers must respect the YMCA property, facilities, and equipment. Any damages or theft of supplies will be paid for by the camper or their parent/guardian.

Personal Property

Campers may not bring alcohol, drugs, personal sports equipment, vehicles (scooters, hoverboards, etc.), animals or weapons of any kind. Bringing these will result in confiscation of the item or immediate dismissal depending on severity.

Any camper who commits a serious discipline situation or continues to disregard any of the above rules will be subject to the following consequences.

The course of action may be accelerated for very serious offenses. All offenses will be documented.

- **1st Offense:** A verbal warning.
- **2nd Offense:** A phone call to parent/guardian.
- **3rd Offense:** A one-day to one-week suspension from camp.
- **4th Offense** (if in regard to transportation): Camper will no longer be allowed to use bus transportation.
- **5th Offense** (if in regard to behavior at camp): Possible Dismissal from Camp.

The YMCA reserves the right to dismiss any camper who repeatedly disregards Camp Rules, or endangers the safety of the students or others. Severity of offense will be dealt with at discretion of Camp Director.

After reading these rules, I understand the importance of good behavior as it relates to a successful summer.

CAMPER'S SIGNATURE: _____ DATE: _____

PRINT CAMPER'S NAME: _____ GRADE AS OF SEPTEMBER: _____

PARENT/GUARDIAN SIGNATURE:

This form must be returned to Camp with the registration packet prior to attendance.

CENTRAL YMCA OF YOUNGSTOWN
ESCORT FORM

CHILD'S NAME _____ CHILD'S HOME PHONE # _____ () _____

Please list all people who are authorized to pick up your child from the Central YMCA Day Camp. Your child will not be released to anyone who is not on this list. Picture I.D. (Driver's License) will be required from adult picking up your child. Include the child's parents and/or guardians on this authorization. Please print.

NAME	RELATIONSHIP TO CHILD	PHONE NUMBER

The above named people have my permission to pick up my child from the Central YMCA Day Camp. I am aware that my child will not be released to anyone who is not on this list.

PARENT/GUARDIAN SIGNATURE

DATE

PLEASE PRINT NAME

CENTRAL YMCA OF YOUNGSTOWN

SWIM PERMISSION SLIP

(Please Print)

I, _____, grant permission for my child, _____, to participate in swimming programs at the Central YMCA of Youngstown. I understand that there will be a lifeguard on deck and staff will be present.

Child's Birthday: _____ Age _____

My Child is a ☐ Swimmer ☐ Non-swimmer

PARENT/GUARDIAN SIGNATURE

DATE

PLEASE PRINT NAME

☐ I do not grant my child, _____, permission to participate in the swimming program at the YMCA. I understand my child will be kept to dry land activities.

CENTRAL YMCA OF YOUNGSTOWN

VIDEO RELEASE FORM

(Please Print)

During the course of Camp, your child may be filmed or photographed by the newspaper, TV stations, or YMCA staff for program promotions. These may be used for our publicity. Before your child appears in anything, we need you to fill out this form.

_____ I do give permission for my child to be photographed or video-taped.

_____ I do not give permission for my child to be photographed or video-taped.

PARENT/GUARDIAN SIGNATURE

DATE

PLEASE PRINT NAME

FIELD TRIP PERMISSION FOR YMCA DAY CAMPS

Field Trip Destinations and Dates as scheduled.	
Mode of Transportation (walking, school bus, public transportation, parent vehicles, provider vehicle and driver)	School Bus/Charter Bus/YMCA Bus
Child's Name	
<input type="checkbox"/> I grant permission for my child to attend the Field Trips described above. <input type="checkbox"/> I do not grant permission for my child to attend the Field Trips described above. I also recognize that my child will not attend camp those days as there will be no staff on site during those times.	
Parent's Signature	Date

*** Trip orientation will be given each morning, specific to the location and expectations for trip of the day.**

TRIP TRANSPORTATION

For your child to participate in field trips, trips to Davis Family YMCA or Austintown Township Park this **MUST** be filled out. The arrival time (returning to the Central YMCA of Youngstown) will be given prior to the trip. Please contact the Central YMCA Service Desk at (330) 744 - 8411 for a more current estimated time of arrival at any time.

I _____, the parent or legal guardian of _____, do hereby give my permission for the aforesaid child(ren) to use the transportation supplied by the YMCA for all field trips during Summer Camp programming. I have read all information and sign below in agreement with all policies and procedures presented by the Central YMCA of Youngstown.

Parent/Legal Guardian Signature

Date

Ohio Department of Job and Family Services
CHILD MEDICAL/PHYSICAL CARE PLAN FOR CHILD CARE

A separate plan must be written for each condition that requires different actions to be taken and must be kept at the program for at least one year.

This form shall be completed when a child has a condition that requires one of the following:

- Monitoring the child for symptoms which require staff to take action
- Ongoing administration of medication or medical foods
- Procedures which require staff training
- Avoiding specific food(s), environmental conditions or activities
- School-age child to carry and administer their own emergency medication

If the medication or medical food is documented on this form, then a JFS 01217 is not required.

Child's Name

Special Health Condition

Does this health condition require medication or medical food? ☐ Yes (If Yes, complete Part II) ☐ No

A. What are the signs, symptoms, or situations which require staff to take action?

B. What are the activities, foods, environmental conditions, etc. to avoid? ☐ Not applicable

C. What are the training instructions for the procedures staff have to follow? *(include all steps to care for the child/performance the medical procedure)*

Part II: Conditions Requiring Medication or Medical Food

Completed by Licensed Physician, Licensed Dentist, Advanced Practice Registered Nurse, or Certified Physician's Assistant

(If no medications or medical foods are required for the condition, skip Part II).

If a non-prescription medication does not meet any of the items 1-5 below, the parent can complete Part II.

Part II must be completed by or separate instructions attached from a Licensed Physician, Licensed Dentist, Advanced Practice Registered Nurse, or Certified Physician's Assistant when any of the following apply:

1. The (prescription or non-prescription) medication contains codeine or aspirin
2. Instruction is needed for the (prescription or non-prescription) medication
3. The child does not meet the minimum age or weight requirements as listed on the label instructions on the (prescription or non-prescription) medication
4. The (prescription or non-prescription) medication is to be given longer than three consecutive days within a fourteen-day period
5. The intended use differs from the manufacturer's instructions or use

Child's Name	Date of Birth	Weight (if needed to determine dosage)
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Name of Medication/Medical Food	Name of Medication/Medical Food	Name of Medication/Medical Food
Dosage of Medication/Medical Food	Dosage of Medication/Medical Food	Dosage of Medication/Medical Food
Time of Medication/Medical Food Administration	Time of Medication/Medical Food Administration	Time of Medication/Medical Food Administration
Medication/Medical Food Expiration Date	Medication/Medical Food Expiration Date	Medication/Medical Food Expiration Date

☐ Check here if questions A through C are included in a separate attachment that is signed/issued by Licensed Physician, Licensed Dentist, Advanced Practice Registered Nurse, or Certified Physician's Assistant

A. What are the symptoms which require staff to administer medication or medical food?

B. What are the specific instructions for administration of medication or medical food?

C. What are the actions to be taken if symptoms do not subside?

Physician's Signature	Date of Signature
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Part III: Administration of Medication or Medical Food Training Authorization
Completed by parent, trainer, administrator/provider, and/or trained child care staff member(s)

Part III must be completed

Child's Name			
If the child care program must be evacuated, are there medications or supplies that must be taken with this child or does the child need additional assistance? (Check all that apply)			
<input type="checkbox"/> Medication	<input type="checkbox"/> Supplies	<input type="checkbox"/> Assistance	<input type="checkbox"/> N/A
Parent Provided Training AND grants permission to perform the procedure	Complete Only One Section	Certified Professional Training AND parent grants permission to perform the procedure	
<i>My signature indicates I have provided instructions for care and/or training for the medical procedure and I give my permission for the staff listed to perform the procedures in my child's medical/physical care plan.</i>		<i>My signature indicates I have provided instructions for care and/or training for the medical procedure</i>	
Parent Signature		Certified Professional's Name (please print)	
Date of Signature		Certified Professional's Signature	
		Date of Signature	Phone Number
		<i>My signature indicates I give my permission for the staff listed to perform the procedures in my child's medical/physical care plan.</i>	
		Parent Signature	
Date of Signature			
Signatures of all child care staff members who have received instructions for care and/or have been trained in performing the procedure for this child. Additional printed names and signatures can be written on the back of this form or on an attached sheet.			
Printed Name	Signature	Date	
Printed Name	Signature	Date	
Printed Name	Signature	Date	
Printed Name	Signature	Date	
Printed Name	Signature	Date	
<i>My signature indicates that I have reviewed the instructions for care, the form for completion and ensured staff are informed and trained.</i>	Administrator/Provider Signature	Date of Signature	
This 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, a new form must be completed.			
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
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Completed by child care staff member, family child care provider or in-home aide for the child listed on this form

This medication or medical food is not to be administered until after the child has received the first dose or application at least once prior to the program administering a dose to avoid unexpected reactions. Emergency medications for the child are exempt from this requirement.

[illegible]

Ohio Department of Job and Family Services
REQUEST FOR ADMINISTRATION OF MEDICATION FOR CHILD CARE

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

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

Child's Name	Date of Birth <i>(if needed to determine the correct dosage)</i>	Weight <i>(if needed to determine the correct dosage)</i>
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Box 1 The following section must always be completed by the parent/guardian.

Name of medication	Dosage <input type="checkbox"/> See attached
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To be administered at the following times	For the following period of time	Medication expiration date
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I understand:

1. *This form expires twelve months from the date of my signature, if box 2 has not been completed.*
2. *That my child must receive at least one dose of medication at home prior to the program administering the medication (unless the medication is used for emergencies).*

Signature of Parent/Guardian	Date
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Box 2 The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant when any of the following apply:

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

Instructions

☐ See Attached

Possible side effects to watch for are

☐ See Attached

The child is under my care and should receive the above medication as written. I understand this form expires twelve months from the date of my signature.

Signature of licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant

Date of Signature

Phone Number

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

Child's Name	Name of Medication

[illegible]

Medical Related Exclusions, Request for Administration of Medications and Proof of Insurance

Name of Child	
Home Address	
Phone	
First Day of Camp	

Exclusion of Activities: Please note, exclusions must be written only for medical reasons.

I would like my child excluded from the following activities:

Signature: _____ Date: _____

Request for Administration of Medication: Please note, only medications listed on the "Request for Administration of Medication" form.

_____ I grant the Day Camp Staff to administer previously listed medications, and for the medications to be stored on site in the camp medical bag.

_____ I do not grant the Day Camp Staff to administer previously listed medications, or for the medications to be stored on site in the camp medical bag. Medications will be administered before and after camp by child's parent/legal guardian.

Signature: _____ Date: _____

Proof of Insurance

Provider	
Policy/Group Number	
Name Covered on Policy	
Phone	
Address	

☐ Child is not covered on personal insurance.

Signature: _____ Date: _____

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

Child's Name (<i>print or type</i>)	Date of Birth
Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):	
Section A- EXAMINATION	
✓ The above named child has been examined.	
✓ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).	
✓ The above named child does not have allergies OR is allergic to the following (<i>please list in space below</i>):	
Check below, if applicable:	
<input type="checkbox"/> Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.	
Optional: Measurements and Recommended Assessments/Screenings	
Height _____	Vision _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Weight _____	Lead _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
BMI _____	Hearing _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Dental _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	Other: _____
Signature of Examining Health Care Practitioner	Date of Examination
Name of Examining Health Care Practitioner	Telephone Number
Street Address	City, State and Zip Code

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

IMMUNIZATION (Complete ONLY ONE SECTION below)	
Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:	
Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.	
Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER: <input type="checkbox"/> The above named child has been immunized against the diseases listed above. <i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i>	Initials of Examining Health Care Practitioner <hr/> Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): <input type="checkbox"/> I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):	Signature of Parent <hr/> Date