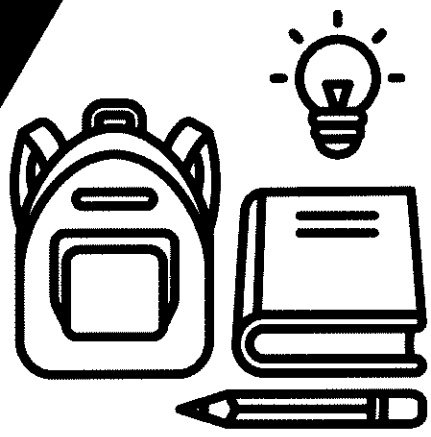
FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA AFTER SCHOOL & OFF SCHOOL PARENT HANDBOOK

WHERE KIDS EXCEL AFTER THE BELL

DAVIS FAMILY YMCA
YMCAyo.org
45 McClurg Road
Boardman OH 44512



TRANSPORATATION AVAILABLE FOR BOARDMAN, POLAND, & STRUTHERS SCHOOLS

UPDATED 08/13/2026

INTRODUCTION

When child(ren) enter our YMCA programs, a whole new world of imagination and growth opens to them. Children will participate in interactive learning models that engage critical thinking skills, get assistance with their homework from trained YMCA staff, have a chance to socialize with each other, and form long-lasting friendships that enhance their development, growth and self-confidence. Our curriculum is based on a program model that focuses on learning enhancement, health and recreation, and building competence and confidence in children.

OUR MISSION...To put Christian principles into practice through programs that build healthy spirit, mind and body for all.
OUR VISION...We are for youth development, healthy living, and social responsibility.
OUR VALUES...Building character through the values of Caring, Honesty, Respect and Responsibility and Faith.

PROGRAM PHILOSOPHY

Our philosophy for the YMCA of Youngstown, as well as the YMCA of the USA, is to help participants grow in spirit, mind, and body through a variety of activities that promote character development, sportsmanship, and teamwork. Under the guidance of well-trained staff, the YMCA After School and Off School programs can give children an experience that will last a lifetime.

AFTER SCHOOL PROGRAM OPERATIONS

After School Activities run from 3:00 - 6:00 PM Monday – Friday

DAILY SCHEDULE

Time	Activity	Location
3:00-4:00 PM	Sign In/Snack	YLC
4:00-5:00 PM	Enrichment Activities	MPR/ Art Room/ Indoor Pool/ Gym 1
5:00-6:00 PM	Homework Help / Clean Up / Sign Out	YLC

*Healthy snack will be provided daily by the CHA (Children's Hunger Alliance)
**Swimming will only take place on Tuesdays
Ratio: 1 Adult per 15 Children

CALAMITY DAYS

No refunds will be given due to unscheduled calamity days. We follow Boardman Local Schools closings.

OUTDOOR PLAY

Outdoor play will be provided during suitable weather conditions. Conditions include weather at least 40 degrees (including wind chill) and no hotter than 90 degrees (including the heat index). We will not go outside if it is raining, there is lightning in the area, strong wind warnings, high pollen count or ozone levels, humidity, wind chill extremes, any icy conditions or if it is steadily snowing. If the weather is not suitable for outdoor play, opportunities for indoor play will always be available in designated areas.

PARENT PARTICIPATION

There will be opportunities for you to participate in our program. We have parties throughout the school year and you can ask the teachers for suggested activities for these party dates.

PARENT COMMUNICATION

We will be communicating via the BAND app and need all parents/guardians to sign up for this app notification. Parent Letters will be handed out during drop-off and pick-up times and can be picked up any day during the week in the classroom. It is important that parents familiarize themselves with the program. All concerns about your child's care should be directed to the Director or program coordinator. Communication and current phone numbers are recommended to stay in touch with everyone.

PAYMENT SCHEDULE

- A non-refundable fee of $40 is due upon receiving the child's enrollment packet.
- Weekly fees must be paid no later than the Friday before the week you wish your child to attend.
- Payment can be completed at the Service Desk or online.
- $20 late fee will be applied if registration is not received on time.

EXTRA CHARGES

1. Returned checks or declined credit card payments result in a $30 service fee. If this becomes a chronic problem, a "cash only" policy will go into effect. Be sure to update your bank or credit card information if there are changes.

2. It is important that you pick your child up at the scheduled time. A late fee of $25 is charged after 10 minutes past dismissal. The first instance will be handled with a reminder about this policy, and the fee will be charged for any instance after that. This charge will be due by the next day of class.

REGISTRATION PROCESS

After School and Off School is for children K-6th Grade. Transportation is provided for students in Boardman, Poland and Struthers Schools. Children are enrolled on a first come, first served basis. The requirements of special needs children will be discussed with the coordinator and the child's parents. Efforts will be made to accommodate students with high functioning circumstances. Please see the Director for more information on our accommodation for those with special needs. Our programs will not discriminate in the employment of staff or the enrollment of children based on race, color, religion, sex, or national origin.

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

- Handbook Acknowledgement
- Permission to Swim / Video Release
- Child Enrollment Form
- Escort Form
- Transportation Form
- Student Behavior Guidelines
- Most recent immunization form
- For children with ongoing health conditions, fill out the Health Care Plan Documentation & Permission to Administer Medications
- Be sure to get the BAND app for notifications

FINANCIAL ASSISTANCE

Through generous contributions made to our Annual Campaign, the YMCA is able to provide financial assistance to those in need. Application forms for Financial Assistance are available via our website or at the Service Desk. It takes 1-2 weeks to process a Financial Assistance application so early registration is encouraged.

WITHDRAWAL POLICY

In the case of a child needing to be withdrawn from the program, no refunds will be given for the registration fee or for the payments that have been made. You must give 30 days' notification, in writing, to the director or coordinator.

SECURITY AND BUILDING ACCESS

The safety and security of the children in our care is a top priority. To provide a safe learning environment, our facility maintains controlled access during operating hours. In accordance with Ohio law, parents, legal guardians or authorized people are permitted to have access to the center during hours of operation to visit their student, observe the program, or evaluate the care provided. If a court order limits a parent's access or parenting time, the center must have a current copy of that order on file and will comply with its terms.
For the protection of all children:
• Classroom and exterior doors remain secured after all children are signed in.
• Visitors must check in with the front desk before entering the program areas.
• Individuals on escort form completed by parents will be required to have government issued photo identification before being allowed to sign out a child.
• Children will only be released to a parent, custodian, legal guardian, or an individual listed on the child's escort form for pick-up. Any changes to authorized pick-up people must be provided by the parent or guardian in advance.
• The center reserves the right to refuse to dismiss a child to any adult if there is a suspicion of alcohol or drug use. Another authorized individual will be contacted to pick up the child.
We appreciate the cooperation of all families in following these procedures to help maintain a safe, secure, and welcoming environment for every child.

ARRIVALS AND DEPARTURES

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

- Parents/Guardians must pay for the whole week, even if the child can't attend each day to hold their spot in the program.
- Drop-off/pick-up will be done in the Youth Learning Center.

ABSENCES

The YMCA is a non-profit institution. We base our operating costs on annual registration projections. To continually ensure the highest quality of staff, equipment and supplies, we cannot offer fee reductions for absences due to illness or otherwise. Please send a message to us via the BAND app if your child will be absent.

CUSTODY AGREEMENTS

If there are custody issues involved with your child, you must provide the center with court papers indicating who has permission to pick up the child. The center may not deny a parent access to their child without proper documentation. If they are not on the escort list, we will not allow them to leave with the child. We just cannot deny accessibility to the child by law.

CHILD GUIDANCE

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 encourages children to develop responsibility and independence within appropriate limits for their age.

The following approaches are unacceptable:

1. Using physical restraint to confine children.
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 child uses aggressive behavior towards another child and/or staff, parents will be notified. If the behavior cannot be resolved, your child will be withdrawn from the program.

CHILD SUPERVISION

All common and reasonable efforts to ensure safety are made at all times.

1. Emergencies and accidents will be handled according to the submitted emergency forms.
2. No child shall be left alone or unsupervised.
3. There is always immediate access at all times to a working telephone.
4. 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 Youth Learning Center is located)
5. We have a plan for water safety, including swimming lessons and other water activities.
6. When walking near the parking lot, extreme caution must be taken.
7. 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.
8. After School Director/Coordinator will have emergency information on display in after school location, digitally or on paper, at all times.
9. Planning an environment which is developmentally appropriate, and which encourages children to develop responsibility and independence within the appropriate limits for their age.

LANGUAGE/MEDIA POLICY

All Davis Family YMCA staff shall:

1. Use respectful, professional, and age-appropriate language at all times.
2. Refrain from using profanity, derogatory remarks, discriminatory language, threats, or inappropriate jokes in the presence of children.
3. Ensure that all music, videos, television programs, internet content, books, and other media are age-appropriate and support children's healthy development.
4. Model respectful behavior, appropriate conflict resolution, and positive interactions with children, families, coworkers, and visitors.
5. Immediately intervene to limit children's exposure to inappropriate language, media, or behavior by staff, parents, visitors, volunteers, or other children. Appropriate action may include redirecting the individual, discontinuing the inappropriate media, removing the child from the situation, or notifying administration when necessary.
6. Report any repeated or serious incidents involving inappropriate language, media, or behavior to the administrator or person in charge.
7. Any photos of children must be pre-approved by administration before posting on any social media platform.

SUSPENSION AND EXPULSION POLICY

Studies show that children thrive when they feel safe. Our philosophy is to create defined boundaries for acceptable behavior and offer continuous positive support to reinforce our core values. Children in our programs are expected to conduct themselves in a manner that is

cooperative with the group. Children must be able to interact in a group and take directions. Efforts are made by Y staff to work within the appropriate social developmental stages for each individual child. A child's consistent refusal to follow directions given to them by the staff creates an atmosphere that is disruptive to the program and unsafe. If behavior issues arise, staff will follow the steps outlines below:

1. Staff will provide a warning and redirect the child to appropriate behavior.
2. Staff will place the child in a "time out" for no more than five minutes or will take away a privilege (such as playing with a specific toy)
3. Staff will document the behavior issue and parents will be informed
4. After 3 documented behavior reports, the child will be removed from the program. If the parents do not wish for their child to return to the program, they must notify the Director to make a system credit/refund arrangement. If parents wish for their child to continue attending the program, they will need to request a meeting with the Director to determine why the child is having difficulty and what co-operative efforts might be made between the staff, parents, and child to modify the child's behavior.
5. After such time, should the behavior issue(s) continue, the child may be disenrolled from the program.

Extreme behavior issues, verbal abuse, or violent physical actions that threaten the safety of other children, staff or the child themselves, may be grounds for immediate dismissal from the program. In which case, the procedure detailed above may be voided.

Children need more instruction than they need criticism. Discipline means training which enables the child to develop self-control and orderly conduct in relationships to peers and adults. Discipline shall be clear and understandable to the child, consistent, and explained to the child before and at the time of any disciplinary action. Discipline shall include positive guidance, re-direction, and the setting of clean-cut limits, which foster the child's own ability to become self-disciplined. Our discipline practices are designed to encourage the child to be fair, honest, and caring; to respect property, and to assume personal responsibility and responsibility for others. Positive discipline will include brief, supervised separation from the group (time-outs) or withdrawal of special privileges (for example, losing the privilege to play with a toy if the child is mistreating the toy). It is our policy to use "time-out" as a last resort and for short intervals, "Time-out" may be necessary after one or more reminders and use of the other positive discipline techniques outlined above. Separation from the group shall not be done in any humiliating manner and shall be in any humiliating manner and shall be in the open view of the supervising adult(s) for the safety of the child.

The following disciplinary actions are prohibited by the Y

- Physical punishment of any type
- Withdrawal of food, rest, or bathroom opportunities
- Abusive or profane language
- Unsupervised isolation of the child
- Any other type of punishment that is hazardous to the physical, emotional, or mental health of the child

HEALTH RECORD POLICY

The Director/Coordinator shall maintain enrollment, health, and attendance records for all children attending the program along with medical and employment records for all employees. The child's health records shall include the name, address and birth date of each child along with the home/work telephone numbers and emergency contacts of each parent and Guardian with shot records of each child.

AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

Our programs will not discriminate against people with disabilities on the basis of disability, that is, that they provide children and parents with disabilities with an equal opportunity to participate in our center's programs and services. Our facility is accessible to people with disabilities and will be responsible for the following:

•We will not exclude children with disabilities from our programs unless their presence poses a direct threat to the health or safety of others or requires a fundamental alteration of the program.
•We will make reasonable modifications to our policies and practices in order to integrate children, parents, and guardians with disabilities into our programs unless doing so constitutes a fundamental alteration.
•We will provide appropriate services needed for effective communication with children or adults with disabilities, when doing so would not constitute an undue burden.
•We will administer medications as needed for medical conditions such as asthma, allergies, etc.
•A medical care plan and medication forms are provided to all families that are registered in our program. These help us to follow a written plan provided by the family and the primary care physician for the student.
•Our program ensures compliance with the American with Disabilities Act including administering medications to children with disabilities and administering any medical care procedures to children with disabilities.

FOOD AND DIETARY POLICY

Our program is committed to providing children with nutritious meals and snacks that support healthy growth and development. Any meals or snacks are planned and served in accordance with Ohio licensing requirements and include a variety of foods from the major food groups. Menus will be posted and available for parent review, and substitutions will be noted as needed. Meals and snacks are served at regularly scheduled times to ensure children do not go for extended periods without food. The center will make reasonable accommodations for any

documented food allergies, medical conditions, or special dietary needs. Parents/guardians must provide written documentation from a licensed physician or other authorized health care provider when any medical food is required or when an entire food group must be eliminated from a child's diet. For dietary restrictions based on cultural or religious practices, written instructions signed and dated by the parent/guardian are required. The center maintains procedures to help ensure the safe preparation, storage, and service of food and beverages.

MANAGEMENT OF COMMUNICABLE DISEASE

1. A staff person will be trained to recognize the common signs of communicable disease and other illness through First Aid training and "Communicable Disease" training certified by the Red Cross, a licensed physician, or a registered nurse. All staff will be trained in the proper hand washing and disinfecting procedures. A staff trained person as explained above will observe each child during the program.
2. 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 one hundred (100) degrees Fahrenheit taken by the auxiliary method 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
3. A child will be readmitted 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.
4. Parents will be notified in writing of any communicable disease that is present.
5. 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.
6. Administration of Medicine forms for medication, sunscreen, bug spray, special diet, and vitamins are included in the registration packet.
7. 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.

ALLERGIES

If your child has an allergy to anything including, but not limited to, food or medication, it must be stated on the Enrollment Form as well as the Health Care Plan and Permission to Administer Medication forms.

SERIOUS INJURY, ILLNESS OR EMERGENCY

In case of an emergency, the Coordinator or Senior Youth Program Director is to be notified immediately. If they are not available, then the YMCA's Building Coverage staff is to be notified. The coordinator will then immediately notify the parent or legal guardian and make contact with 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 ambulance to the hospital of their choice. Emergency transportation location is Mercy Health Boardman Campus or Akron Children's Hospital. An incident/injury report will be filled out after any minor or serious incident or injury. If a child does require emergency transportation, the incident report shall be made available within twenty-four hours after the incident occurs. The center shall also verbally contact licensing personnel from the appropriate DCY office within 24 hours when there is a "general emergency" or "serious incident, injury or illness". The report will be provided for licensing staff within 3 business days of the incident. In case of illness of a child, he/she will be cared for by either the Coordinator, Director or other staff member while the parent or legal guardian or requested adult is notified.

FIELD TRIPS

- Parents/guardians will be given advance notice of all scheduled field trips.
- Parents/guardians must give written permission for their child to participate in Off-School Program field trips.
- Transportation is provided on field-trip days from the YMCA to the destination and back.
- We normally will leave at 10:00 AM and return by 4:00 PM, depending on the trip.

- The YMCA uses licensed drivers, and all vehicles have passed inspections prior to being used to transport students.
- Teachers will have a class roster and first aid kit in all field trips.

WATER ACTIVITIES & SWIMMING

There shall be written permission from the parents or legal guardian before a child shall be permitted to swim or otherwise participate in water-based activities. The written permission sheet shall be signed and dated. Your child will be assessed as to their level of comfort in the water and lessons will further strengthen their skills during the school year. The YMCA shall provide Aquatic Department certified swim instructors and lifeguards during swimming and water activities. Preschool teachers will be in positions of supervision during all water activities.

CONCERNS WITH CARE (ANOTHER CHILD, STAFF OR OTHER YMCA EMPLOYEE)

If any parent/guardian has a concern regarding a staff member, child, other parent/guardian, they are to talk to the classroom teachers. If the concern is still not met, they should speak with Tabitha Gravatt, Youth Program Coordinator, 330-480-5656, ext. 234 or via e-mail at tgravatt@youngstownymca.org

WHAT CHILDREN SHOULD NOT BRING FROM HOME

Please do not bring alcohol, drugs, weapons of any kind, personal sports equipment, animals, money, iPods, phones, electronic games, etc. The YMCA is neither responsible nor liable for any articles lost or stolen. We encourage students to leave valuables at home. If students bring money, please bring it in a labeled envelope to give to their staff for safekeeping. All valuables or personal belongings (including electronics) that are brought out during the program will be confiscated and returned to parent/guardian at the end of day. If the issue persists, the valuable will be confiscated to the end of the year. Students 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. The YMCA is not responsible for clothing that may become stained or dirty.

CENTER PARENT INFORMATION

The childcare center is licensed to operate legally by the Ohio Department of Children and Youth (DCY).
This license is posted in a noticeable place for review.
A toll-free phone number is listed on the license and may be used to report a suspected violation of the licensing law or administrative rules.
The licensing rules governing childcare are available for review online at https://codes.ohio.gov/ohio-administrative-code/chapter-5180:2-12.
Administrators and each employee of the center are required, under Section 2151.421 of the Ohio Revised Code, to report their suspicions of child abuse or child neglect to the local public children's services agency.
Any parent of a child enrolled in the center is permitted unlimited access to the center during all hours of operation for the purpose of contacting their children, evaluating the care provided by the center, or evaluating the premises.
Upon entering the premises, the parent or guardian shall be to notify the Administrator of their presence.
Licensing records, including licensing inspection reports, complaint investigation reports, and evaluation forms from the building and fire departments, are available for review upon written request from DCY.
Early care and education program information and inspections are also online using the Child Care Search Tool on the DCY website at https://childrenandyouth.ohio.gov/for-families/early-care-education/child-care-search.
It is unlawful for the center to discriminate in the enrollment of children upon the basis of race, color, religion, sex, national origin or disability in violation of the Americans with Disabilities Act of 1990, 104 Stat. 32, 42 U.S.C. 12101 et seq.
To file a discrimination complaint, write or call Health and Human Services (HHS) or DCY.
HHS and DCY are equal opportunity providers and employers.
Write or Call: OCC/ACF/HHS Southwest Region 1301 Young Street, Suite 958 Dallas, TX 75202 214-767-3849
Write or Call: ODJFS Bureau of Civil Rights 30 E. Broad St., 30th Floor Columbus, OH 43215-3414
(614) 644-2703 (voice)
1-866-277-6353 (toll free)
(614) 752-6381 (fax)
1-866-221-6700 (TTY) or (614) 995-9961
bcr-fax@jfs.ohio.gov (e-fax)
Civil_Rights@jfs.ohio.gov (e-mail)
For more information about childcare licensing requirements as well as how to apply for childcare assistance, please visit https://childrenandyouth.ohio.gov/for-families.
For more information on Medicaid health screenings and early intervention services for your child, please visit https://medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/healthchek/ and https://ohioearlyintervention.org.
For information on cash food assistance, please visit https://jfs.ohio.gov/cash-food-assistance.

ACKNOWLEDGEMENT FORM

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

- INTRODUCTION
- PROGRAM PHILOSOPHY
- CLASS SCHEDULES
- SCHEDULED CLOSINGS, DELAYS AND WEATHER-RELATED CLOSURES
- MEALS AND SNACKS
- PARENT PARTICIPATION
- PARENT/TEACHER COMMUNICATIONS
- PAYMENT SCHEDULE
- TUITION AND FEES
- EXTRA CHARGES/LATE PICK-UP CHARGES
- ENROLLMENT INFORMATION
- SECURITY AND BUILDING ACCESS
- ARRIVALS AND DEPARTURES
- RELEASE OF A CHILD
- ABSENCES
- CUSTODY AGREEMENTS
- CHILD GUIDANCE
- CHILD SUPERVISION
- LANGUAGE/MEDIA POLICY
- SUSPENSION AND EXPULSION POLICY
- HEALTH CARE RECORD POLICY
- AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE
- FOOD AND DIETARY POLICY
- MANAGEMENT OF ILLNESSES
- ALLERGIES
- SERIOUS INJURY, ILLNESS OR EMERGENCY
- FIELD TRIPS
- WATER ACTIVITIES/SWIMMING
- SCREENINGS, ASSESSMENTS, AND CONFERENCES
- WITHDRAWAL POLICY
- CONCERNS WITH CARE (ANOTHER CHILD, STAFF OR OTHER YMCA EMPLOYEE)
- WHAT TO BRING EACH DAY
- CENTER PARENT INFORMATION

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.

_____

CHILD'S NAME

_____ _____

PARENT OR LEGAL GUARDIAN'S SIGNATURE DATE

ESCORT FORM AND EMERGENCY CONTACT LIST

Please list all people who are authorized to pick up your child from the Davis Family YMCA. Your child will not be released to anyone who is not on this list. A Valid Photo ID (Driver's License) will be required from any listed adult picking up your child. This contact list will also be used in the event of an emergency.

Please include the child's parents and/or guardians on this escort authorization and emergency contact form.

FULL NAME	RELATIONSHIP TO CHILD	PHONE NUMBER

Child's Full Name _____ Parent or Legal Guardian's Signature _____ Date _____

VIDEO RELEASE

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 videotaped.

☐ I do NOT give permission for my child to be photographed or videotaped.

Child's Full Name _____ Parent or Legal Guardian's Signature _____ Date _____

STUDENT BEHAVIOR EXPECTATION FORM

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

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

- Students are always subject to the authority of all the YMCA Staff.
- It is a state law that everyone riding a bus must remain seated.
- Students must keep their hands to themselves while on the bus and at After School. 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.
- Students will be responsible for keeping their bus clean from garbage. Garbage is to be put in the trash can and not thrown out the windows.
- Students should keep noise level to a minimum. When crossing railroad tracks, state law requires silence on the bus.
- Students should be on time for scheduled activities. Tardiness results in everyone being inconvenienced.
- Students are expected to care for their personal belongings. We strongly encourage all jewelry and electronics to be left at home. The After School will not be responsible for lost items.
- Students are expected to show consideration and respect for their fellow After Schoolers, tutors, bus drivers, and other YMCA staff. Fighting and disrespect will not be tolerated.
- Students must respect the YMCA property, facilities, and equipment. Any damages or theft of supplies will be paid for by the After Schooler or their parent/guardian.
- Student Phone use is prohibited in our childcare programs, especially in the locker room/ restroom. This includes talking, texting, choosing a song on a play list, checking emails, social media, internet sites and video calls.

Personal Property

Students may not bring alcohol, drugs, personal sports equipment, vehicles, animals or weapons of any kind. Bringing these will result in immediate dismissal. Any After Schooler 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 After School
- 4th Offense (if in regard to transportation): Student will no longer be allowed to use bus transportation.
- 5th Offense (if in regard to behavior at After School): Possible Dismissal from After School Program.

The YMCA reserves the right to dismiss any Student who repeatedly disregards After School Rules, or endangers the safety of the students or others. Severity of offense will be dealt with at discretion of After School Director. After reading these rules, I understand the importance of good behavior as it relates to After School.

STUDENT SIGNATURE: _____

PRINT STUDENT NAME: _____ Date _____

PARENT/GUARDIAN SIGNATURE: _____

PRINT PARENT/GUARDIAN NAME: _____ Date _____

OHIO DEPARTMENT OF CHILDREN AND YOUTH

TRAVEL PERMISSIONS FOR CHILD CARE

FOR OFF SCHOOL ONLY: TRAVEL PERMISSION FORMS

Please note that 5 Travel Permission Forms are required for all students. These forms must be completed entirely and in advance for each field trip your child will attend throughout the duration of the 2026/2027 School Year. Complete all forms, even if you're unsure whether your student will attend a particular trip.

IMPORTANT REMINDERS: Students must be signed in and dropped off no later than **9:00 AM** on field trip days.

FIELD TRIP INFORMATION

Date of trip: **DECEMBER 29TH 2026**
Field trip destination and address: **CONFETTI HOUSE: 7495 California Ave, Youngstown, OH. 44512**
Approximate time of departure: **10:00 AM** Approximate time of return: **4:00 PM**
Mode of transportation: Provider Vehicle/Bus
During this field trip children will have access to water that is 18 inches or more in depth: ☐ Yes ☐ No
Water activities are planned: ☐ Yes ☐ No

CHILD'S INFORMATION

Child's full name: _____
My child is: ☐ 8 years and/or over 4' 9" ☐ Over 4 years and 40 lbs

SIGNATURE

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

Parent's signature: _____ Date: _____

FIELD TRIP INFORMATION

Date of trip: **JANUARY 18TH 2027**
Field trip destination and address: **NINJA NATION: 7386 Market St Suite A, Boardman, OH. 44512**
Approximate time of departure: **10:00 AM** Approximate time of return: **4:00 PM**
Mode of transportation: Provider Vehicle/Bus
During this field trip children will have access to water that is 18 inches or more in depth: ☐ Yes ☐ No
Water activities are planned: ☐ Yes ☐ No

CHILD'S INFORMATION

Child's full name: _____
My child is: ☐ 8 years and/or over 4' 9" ☐ Over 4 years and 40 lbs

SIGNATURE

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

Parent's signature: _____ Date: _____

FOR OFF SCHOOL ONLY: TRAVEL PERMISSION FORMS (CONTINUED)

FIELD TRIP INFORMATION

Date of trip: **FEBRUARY 15TH 2027**
Field trip destination and address: **DAVE & BUSTERS: 5555 Youngstown Warren Rd #700-01, Niles, OH. 44446**
Approximate time of departure: **10:00 AM** Approximate time of return: **4:00 PM**
Mode of transportation: Provider Vehicle/Bus
During this field trip children will have access to water that is 18 inches or more in depth: ☐ Yes ☐ No
Water activities are planned: ☐ Yes ☐ No

CHILD'S INFORMATION

Child's full name: _____
My child is: ☐ 8 years and/or over 4' 9" ☐ Over 4 years and 40 lbs

SIGNATURE

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

Parent's signature: _____ Date: _____

FIELD TRIP INFORMATION

Date of trip: **MARCH 25TH 2027**
Field trip destination and address: **Climb Youngstown: 1221 W Western Reserve Rd, Youngstown, Oh. 44514**
Approximate time of departure: **10:00 AM** Approximate time of return: **4:00 PM**
Mode of transportation: Provider Vehicle/Bus
During this field trip children will have access to water that is 18 inches or more in depth: ☐ Yes ☐ No
Water activities are planned: ☐ Yes ☐ No

CHILD'S INFORMATION

Child's full name: _____
My child is: ☐ 8 years and/or over 4' 9" ☐ Over 4 years and 40 lbs

SIGNATURE

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

Parent's signature: _____ Date: _____

FIELD TRIP INFORMATION

Date of trip: **MARCH 31ST 2027**
Field trip destination and address: **Oh Wow!: 15 Central Square, Youngstown, Oh. 44503**
Approximate time of departure: **10:00 AM** Approximate time of return: **4:00 PM**
Mode of transportation: Provider Vehicle/Bus
During this field trip children will have access to water that is 18 inches or more in depth: ☐ Yes ☐ No
Water activities are planned: ☐ Yes ☐ No

CHILD'S INFORMATION

Child's full name: _____
My child is: ☐ 8 years and/or over 4' 9" ☐ Over 4 years and 40 lbs

SIGNATURE

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

Parent's signature: _____ Date: _____

Ohio Department of Children and Youth

CHILD ENROLLMENT FORM FOR EARLY CARE AND EDUCATION PROGRAMS

Parents: Complete this form or an electronic version in its entirety prior to the child's first day of attendance, review annually, and update as needed. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.

Child's Name	Date of Birth	First Day at Program
Address		
City	State	Zip Code

Parent #1 Name	Parent #1 Phone Number		
Parent #1 Address ☐Same as Child's	City	State	Zip Code
Parent #1 Email Address (if applicable)	Parent #1 Cell Phone (if applicable)		
Parent #1 Work/School Name (if applicable)	Parent #1 Work/School Phone Number (if applicable)		

Check here if Not Applicable ☐ Parent #2 Name	Parent #2 Phone Number		
Parent #2 Address ☐Same as Child's	City	State	Zip Code
Parent #2 Email Address (if applicable)	Parent #2 Cell Phone (if applicable)		
Parent #2 Work/School Name (if applicable)	Parent #2 Work/School Phone Number (if applicable)		

Primary Emergency Contact #1 Name (cannot be parent/guardian)	Check here if Not Applicable ☐ Optional Emergency Contact #2 Name (cannot be parent/guardian)
Primary Emergency Contact #1 Phone Number	Optional Emergency Contact #2 Phone Number
Primary Emergency Contact #1 Other number or email address for emergency contact *(if applicable)*	Optional Emergency Contact #2 Other number or email address for emergency contact *(if applicable)*
My child may be released to this emergency contact ☐ Yes ☐ No	Optional My child may be released to this emergency contact ☐ Yes ☐ No

Does your child have a chronic health condition or diagnosis that requires the program to: observe or monitor symptoms, administer medication, serve medical foods, perform medical procedures, avoid specific foods/environmental conditions/activities, or allow a school age child to carry and administer their own medication?

☐ Yes (complete or provide a Health Care Plan, documentation from a licensed physician, or an electronic equivalent)
☐ No

Child's Name	Date of Birth

Information on my child's development: (personal, behavior, patterns, habits, and individual needs, etc.)

☐ N/A

The following accommodation(s) may be helpful to most effectively meet my child's needs while at the program:

☐ N/A

My child will receive specialized/individual services at the program:

☐ Yes
☐ No

Name of service provider(s) and frequency

☐ N/A

Emergency Transportation Authorization

☐ **The program 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.

☐ **The program 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:

SIGNATURE

This form should be reviewed 12 months from the date the parent acknowledges accuracy and receipt of policies and procedures.

Parent Acknowledgement of Accuracy and Receipt of Policies and Procedures

By signing this form, I attest that the information is accurate and that I have reviewed and received a copy of the program's policies and procedures (parent handbook).

Parent Signature	Date

Program Acknowledgement of Completion

By signing this form, I attest that I have reviewed for completeness and that this form has been signed by the parent/guardian. This form is to be completed prior to the child receiving care.

Program Administrator/Designee Signature			Date
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

Ohio Department of Children and Youth

PERMISSION TO PARTICIPATE IN WATER AND SWIMMING ACTIVITIES FOR CHILD CARE

Written parental permission is required for the water activities your child will be engaging in when:
(check all that apply for this activity)

- ☐ Water is directly accessible to child (no water activities planned)
- ☐ Child swimming or playing in water 18 inches or more in depth
- ☐ Infants and toddlers using wading pools

The program is providing additional adults or child care staff members that exceed the licensing ratio requirements for the water/swimming activity.
(The program is to meet the minimum ratio requirements outlined in rule).

☐ Yes ☐ No

Swim Site

Date(s)

Departure/Arrival Times from Program

Mode of Transportation *(parents driving, provider vehicle, public transportation, school bus, etc.)*

I give permission for my child to participate in the swimming/water activity listed above.

Child's Name	Child's Date of Birth
My child is a ☐ Swimmer ☐ Non swimmer	
Parent's Signature	Date

Reset Form

Ohio Department of Children and Youth

ROUTINE TRIP PERMISSION FOR CHILD CARE

Routine Trip Information

Routine Trip Destination(s)

Date of Permission *(valid for one year)*

Mode of Transportation (*walking, school bus, public transportation, parent vehicles, provider vehicle and driver)*

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

Are water activities planned in water that is 18 inches or more in depth? ☐ Yes ☐ No
(if yes, a swimming permission slip is required)

Child's Information

Child's Name

My child is
☐ not over 4 years and/or 40 lbs ☐ over 4 years and 40 lbs ☐ 8 years and/or over 4' 9"

Signature

I grant permission for my child to participate in the routine trips described above.

Parent's Signature	Date

Reset Form

Ohio Department of Children and Youth

HEALTH CARE PLAN DOCUMENTATION & PERMISSION TO ADMINISTER MEDICATION FOR EARLY CARE AND EDUCATION PROGRAMS

Parents: Complete this form or an electronic version in its entirety prior to the child's first day of attendance and update annually and as needed when a child has a special chronic health condition that may require the program to perform a medical procedure or administer medication. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.

HEALTH CARE PLAN DOCUMENTATION

Child's Name	Date of Birth

If the child does not have a special chronic health condition or diagnosis check here: ☐
Skip to page 2 to give permission to administer medication/medical food.

Complete a new form or provide separate documentation for each condition that requires different actions to be taken.

☐ **Check here if additional information/documentation is attached from a licensed dentist, licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN).** This documentation may serve as a substitute for page 1.

Special Chronic Health Condition

What are the signs, symptoms, or situations which require staff to take action, perform a medical procedure and/or administer medication or medical food?

What are the activities, foods, conditions, etc. to avoid? ☐ Not Applicable

What are the instructions to care for the child or perform a medical procedure?

If the child's health condition does not improve or side effects to medication appear, trained staff will do one or more of the following:

☐ Call 9-1-1

☐ Call Parent

☐ Other:

Additional Information and/or what is needed if the child care program must be evacuated:

If the special health condition does not require administering medication/medical food: STOP HERE AND SKIP TO PAGE 3

Page 1 is completed to provide instructions for performing a medical procedure.

PERMISSION TO ADMINISTER MEDICATION

Instructions from a licensed dentist, licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) are required for administering:

- Medical foods.
- Prescription medications, including samples.
- Non-prescription medicines containing aspirin.
- Topical preventative products and lotions or non-prescription medications, when the instructions for use exceed or do not match the manufacturer's instructions or are not stored in original container.

Child's Name	Date of Birth	Weight (if needed to determine dosage)

What are the instructions to administer medication or medical food?

☐ **Not Applicable: Instructions are not required if the prescription medication is stored in the original container with prescription label that includes the child's full name, exact dosage, and directions for use.**

What actions are to be taken if the medication or medical food is not available?

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 ☐ Administer because symptoms are present	Time of Medication/Medical Food Administration ☐ Administer because symptoms are present	Time of Medication/Medical Food Administration ☐ Administer because symptoms are present

SIGNATURE PAGE

Child's Name

PARENT/GUARDIAN

By signing this form I attest that: (check all that apply)

- ☐ I have provided information for care or implementing a medical procedure
- ☐ I have trained staff and have given permission to perform the procedure
- ☐ I have trained staff and have given permission to administer medication to my child

Parent Signature	Date of Signature

LICENSED PHYSICIAN, PHYSICIAN ASSISTANT, ADVANCED PRACTICE REGISTERED NURSE, LICENSED DENTIST

Health Care Professional's signature is only required in this box if their instructions have been provided on this form, prescribed medication does not have a prescription label, or as directed by the manufacturer's instructions.

Physician Signature	Date of Signature

CERTIFIED PROFESSIONAL TRAINER

(A signature from a Certified Professional Trainer is not required if the parent/guardian has provided instructions for care, training, or administering medication)

If a Certified Professional Trainer provided instructions, my signature indicates that:

☐ I have provided instructions for care and/or training for the medical procedure.

☐ I have provided instructions for administering medication.

Certified Professionals Name (please print)	Phone Number
Certified Professionals Signature	Date of Signature

PROGRAM STAFF

Signatures of all individuals who have received instructions for care, have been trained in performing the procedure for this child and/or administering medication. Additional names and signatures can be attached on a separate sheet.

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date

DOCUMENTATION OF ADMINISTRATION OF MEDICATION OR MEDICAL FOOD			
Child's Name			Name of Medication/Medical Food
Date	**Time**	**Dosage**	**Signature of person administering medication/medical food**