



# West Carrollton YMCA

Your children will be safe, make new friends, learn new skills and have fun!

We are pleased to offer licensed, educational before and afterschool enrichment programs in the schools at West Carrollton, Miamisburg, and Valley View school districts, and Bishop Leibold West Campus.

**NEW this year, the extended day Kindergarten program in the Miamisburg Schools: Bauer, Jane Chance, Kinder, Medlar View, and Mound will have extended day learning in their buildings, and we will bus Bear, and Mark Twain students to Kinder (and Mound, if needed) for the program. This is a very exciting opportunity to continue your Kindergarten child's learning day with KidzLit and KidzMath curriculum in the classroom environment. Space is limited.**

**We continue to offer all day early learning and before and afterschool enrichment at Shade ECC, and school age before and afterschool care at Holliday, Russell, Schnell and Valley View, with aftercare only at Bishop Leibold in Miamisburg.**

The Y will follow all the school Open House schedules and provide the opportunity to meet our teachers, see classrooms, and get needed information and documentation before school starts. Please see your school's calendar.

Registration begins:  
June 1, 2012

Packets are now available at the Y front desk, and on the community tables at your school.

Licensed by ODJFS

Curriculum based program

School lunches available for Extended day Kindergarten program

Afterschool snack provided by the YMCA

Financial Assistance is Available.

Publicly Funded Child Care (Title XX) Accepted.

**Contact:**

**RHONDA THEIL at 937-866-9622 with any questions.**

**SITES:**

**West Carrollton:**

- Harry Russell Elementary
- C.F. Holliday Elementary
- Harold Schnell Elementary
- Water Shade ECC Elementary\*

**Miamisburg:**

- LaVeta Bauer Elementary\*
- H.V. Bear Elementary
- Jane Chance Elementary\*
- Kinder Elementary\*
- Mark Twain Elementary
- Medlar View Elementary\*
- Mound Elementary\*

**Private:**

- Bishop Leibold West campus

**Germantown:**

- Valley View Elementary schools

**Program hours:**

- West Carrollton: Open at 6:00 a.m.
- Miamisburg: Open at 6:30 a.m.
- Valley View: Open at 6:00 a.m.
- Bishop Leibold: Open at 3:00 p.m. (West)

All sites close at 6:00 p.m.

\*indicates "all day sites"



**Fees:** Y member/ (non-member)  
Registration: \$30/family (\$45/family)

Before **OR** After care: \$50/(\$65)

Before **AND** After care: \$80/(\$95)

**KINDERTIME** \$75-\$125 depending on program choices. Details at the Y front desk and enrollment packet.

\*fees are weekly, registration is one-time

**No school days and snow day information**

Our policy is to provide care when the YMCA is open for business. National holidays when schools and the Y are closed, there is no childcare provided.

If school closes for weather, we provide care at the Y or as designated at each site and announcements are made on Channel 2, Facebook, and our private Shutterfly share sites for parents.

Occasionally, a two hour delay at the school site may cause us to continue care at the site for the day unless busing is safely an option to transport to the Y.

Break weeks are usually hosted at the YMCA, advance notice will be given.

VISIT US at [www.ymcaonline.org](http://www.ymcaonline.org) for more programming information and news.

**WEST CARROLLTON YMCA  
SACC 2012-2013 SCHOOL YEAR RATES**

	YMCA Member Price	Program Member Price
<b>**Registration Fee**</b>	\$30/family	\$45/family
Before <b>OR</b> After Care Only—FT	\$50/week	\$65/week
Before <b>OR</b> After Care only—PT	\$40/week	\$55/week
Before & After Care-FT	\$80/week	\$95/week
Before & After Care-PT	\$60/week	\$75/week
Early Release <b>OR</b> Late Start days *	\$5/day **	\$10/day **
No School Day *	\$10/day **	\$15/day**
Break Week-FT	\$125/week	\$140/week
Break Week-PT	\$75/week	\$90/week
Kindertime (Shade / Miamisburg Schools)	\$75/week	\$90/week
Kindertime w/Before <b>OR</b> After(Shade/Miamisburg)	\$100/week	\$115/week
Kindertime w/ Before & After (Shade /Miamisburg)	\$110/week	\$125/week
*w/year round enrollment in program	**without year round enrollment \$25/day	**without year round enrollment \$35/day



# West Carrollton YMCA

School Age Child Care  
2012/2013 school year  
Enrollment Packet

Child's Name \_\_\_\_\_ dob \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Additional Information/Phone Numbers, etc. \_\_\_\_\_

**TYPE OF CARE NEEDED:** Please note: Full-time care includes care 4-5 days/week. Part-time care includes 1-3 days/week. The Kinder-time rates are for children attending Shade ECC. Kinder-time hours are for children needing care during the school day.

\_\_\_\_\_ Before and After Care Full-Time      \_\_\_\_\_ Before Care Only Full-Time      \_\_\_\_\_ After Care Only Full-Time  
\_\_\_\_\_ Before and After Care Part-Time      \_\_\_\_\_ Before Care Only Part-Time      \_\_\_\_\_ After Care Only Part-Time

### SHADE ECC West Carrollton AND Miamisburg Schools ONLY:

\_\_\_\_\_ Before and After Care with Kindertime      \_\_\_\_\_ Before Care with Kindertime      \_\_\_\_\_ After Care with Kindertime

### PAYMENT AGREEMENT:

By signing below, you understand that you owe a weekly fee based on the type of care requested above. In addition, you also owe a one time registration that is non-refundable. If you choose to terminate care, you must fill out a termination of care form at the West Carrollton YMCA two weeks in advance. We cannot refund any weekly fees past the due date. At time of termination you must pay any unpaid fees from previous weeks of care.

Parent/Guardian signature \_\_\_\_\_ dated \_\_\_\_\_

### Office Use Only:

Staff who accepted/initially reviewed the form: \_\_\_\_\_ date: \_\_\_\_\_

Staff who reviewed the form/called parent: \_\_\_\_\_ date: \_\_\_\_\_

Child's approved start date: \_\_\_\_\_ Weekly Fee: \_\_\_\_\_ TXX copay: \_\_\_\_\_

Payments scheduled: YES NO Payment method: \_\_\_\_\_

Scholarship amount (if applicable): \_\_\_\_\_

Copy for: \_\_\_\_\_ Master \_\_\_\_\_ Site Notes: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ Withdrawal Reason: \_\_\_\_\_

**West Carrollton YMCA, 900 S. Alex Road, West Carrollton, Ohio 45449 (937-866-9622)**

\_\_\_\_\_ Bishop \_\_\_\_\_ Holliday \_\_\_\_\_ Russell \_\_\_\_\_ Schnell \_\_\_\_\_ Shade ECC\*\*K OR Preschool AM or PM  
\_\_\_\_\_ Bauer\*\* \_\_\_\_\_ Bear\*\* \_\_\_\_\_ Jane Chance\*\* \_\_\_\_\_ Kinder\*\* \_\_\_\_\_ Medlarview\*\* \_\_\_\_\_ Mound\*\*  
\_\_\_\_\_ Mark Twain\*\* \*\*Kindergarten in Miamisburg \_\_\_\_\_ AM or \_\_\_\_\_ PM \_\_\_\_\_ Valley View

**No School Days/Break Weeks:** (Please check days your child will attend. Indicate full-time or part-time for break wks)  
**No School Day Agreement:** The West Carrollton YMCA does not refund for absenteeism. You, therefore, do not receive a discounted rate if your child doesn't attend a no school day. Nor do you receive a refund if you indicate your child needs care on a no school day or break week and then do not attend. Please make sure you properly indicated any and all no school days and break weeks your child will be attending. Please be advised, if we only have school age child care three days or less on a particular week, you will be assessed the part-time rate for care, and then \$10 or \$15 no school day rate for the remaining days.

**Bishop Leibold:**

- 9/3 Labor Day No School
- 10/12 No school Prof Dev day
- 11/19 Conference No School
- 11/20 Conference No School
- 11/21 Thanksgiving Break (11/21-11/25)
- 12/24 Christmas Break (12/24-1/6)
- 1/21 MLK No School
- 2/18 President's Day No School
- 3/1 No School Professional Development
- 3/29 Easter Break (3/29-4/7)
- 5/27 Memorial Day No School

**Schnell Only:**

- 8/27 No School Teacher Workday
- 9/3 Labor Day No School
- 9/24-10/12 Fall Break No School
- 10/16 QPT early release at Noon
- 10/19 no School conferences
- 11/21-11/23 Thanksgiving Break No School
- 12/17-1/4 Winter Break, No School
- 1/21 MLK No School
- 2/18 President's Day No School
- 3/15 No School Conferences
- 3/18-4/5 Spring Break No School
- 5/27 Memorial Day No School

**Miamisburg Schools (Bauer, Bear, Chance, Kinder, Medlar View, Mound, Twain)**

- 9/3 Labor Day No School
- 9/12 (2) hour Late Arrival
- 10/10 (2) hour Late Arrival
- 10/29-11/2 Fall Break & Parent conferences
- 11/14 (2) hour Late Arrival
- 11/21-11/23 Thanksgiving Break No School
- 12/20-1/2 Winter Break No School
- 1/21 MLK No School
- 2/15 No School Professional Development
- 2/18 President's Day No School
- 3/6 (2) hour Late Arrival
- 4/1-4/4 Spring Break No School
- 4/5 No School Conferences
- 4/10 (2) hour Late Arrival
- 5/27 Memorial Day No School

**Valley View:**

- 09/03 Labor Day No School
- 09/12 1hr 45min early release
- 09/26 1hr 45min early release
- 10/10 1hr 45min early release
- 10/24 1hr 45min early release
- 11/14 1hr 45min early release
- 11/21-11/23 Thanksgiving Break No School
- 11/28 1hr 45min early release
- 12/24-01/04 Christmas Break
- 01/09 1hr 45min early release
- 01/21 MLK No School
- 01/23 1hr 45min early release
- 02/13 1hr 45min early release
- 2/18 President's Day No School
- 02/27 1hr 45min early release
- 03/13 1hr 45min early release
- 03/27 1hr 45min early release
- 04/01-04/05 Spring Break No School
- 04/06 No School Conferences
- 04/10 1hr 45min early release
- 04/24 1hr 45min early release
- 05/08 1hr 45min early release
- 05/22 1hr 45min early release
- 05/27 Memorial Day No School

**West Carrollton Schools (Holliday, Russell, Shade)**

- 9/3 Labor Day No School
- 9/11 ECC No Preschool (QPT day)
- 10/12 No School
- 10/16 ECC No Preschool (QPT day)
- 11/09 No School Conferences
- 11/12 No School at ECC conferences
- 11/13 ECC No Preschool (QPT day)
- 11/21-11/23 Thanksgiving Break No School
- 12/11 ECC No Preschool (QPT day)
- 12/24-1/4 Winter Break No School
- 1/15 ECC No Preschool (QPT day)
- 1/21 MLK No School
- 02/12 ECC No Preschool (QPT day)
- 2/18 President's Day No School
- 3/12 ECC No Preschool (QPT day)

**West Carrollton Schools (Holliday, Russell, Shade) (cont'd)**

- 4/1-4/5 Spring Break No School
- 4/16 ECC No Preschool (QPT day)
- 5/27 Memorial Day No School

\*1 day rates apply to no school days \*\*Break week rates apply to break weeks

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

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

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

Child's Name

### Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or type A home.

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

- No  
 Yes - check all that apply     Food     Medication     Environmental    Please list and explain:

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

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

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

- No  
 Yes - please explain

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

- No  
 Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? *(check one)*

- No  
 Yes - please explain

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

- No  
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.  
 N/A - program does not administer any medications.

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

- No  
 Yes - please explain

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

- No  
 Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."  
 N/A - child does not attend a full time program.

Child's Name
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff <b>or medical personnel</b> in an emergency situation.
List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

**Diapering Statement**

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the following)
The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the center/type A home's policy or another:
<input type="checkbox"/> I agree with the program's schedule <input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

**Emergency Transportation Authorization**

<b>Give <u>Permission</u> to Transport</b>	<b>OR</b>	<b>Do Not Give <u>Permission</u> to Transport</b>
Center or Type A Home Name		Center or Type A Home Name
<b>has permission</b> 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.	<b>Do not sign both</b>	<b>does not have permission</b> 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		Parent's Signature
Date		Date

**Acknowledgement of Policies and Procedures**

I have reviewed and received a copy of the center's or type A home's policies and procedures/handbook. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i>	
This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care. After the child is attending the program the administrator shall have the parent/guardian review and initial the form when any changes/updates are made and at least annually. The parent/guardian and the administrator or designee shall initial and date the form in the section below to indicate when the form was last reviewed.	
Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.			
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

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

Ohio Department of Job and Family Services  
**CHILD MEDICAL STATEMENT**  
 For Child Care Centers and Type A Family Child Care Homes

Child's Name ( <i>print or type</i> )	Date of Birth
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This is to certify all of the following:

- I have examined this child and found that he or she is in suitable condition for participation in group care.
- The child has had the age appropriate immunizations recommended by the Ohio Department of Health.
- My office has entered the child's immunizations record below or attached a printed record of the immunizations or found that this child should be exempt from immunizations for the following reasons: \_\_\_\_\_

List any limitations or health conditions for this child (including allergies, daily medication, dietary restrictions) \_\_\_\_\_

<b>Recommended Immunizations</b> ( <i>enter month, day, and year</i> )					
Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DTaP)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Inactivated Polio					
Varicella (chicken pox)					
Influenza					
Pneumococcal Conjugate (PCV)					
Rotavirus					
Hepatitis A					
Other					

The immunizations above are recommended by the Centers for Disease Control and Prevention and the Ohio Department of Health.

**Recommended Assessments/Screenings:**

Vision:  Yes  No Date: \_\_\_\_\_      Hearing:  Yes  No Date: \_\_\_\_\_  
 Dental:  Yes  No Date: \_\_\_\_\_      Lead:  Yes  No Date: \_\_\_\_\_  
 BMI:  Yes  No Date: \_\_\_\_\_      Other: \_\_\_\_\_

Signature of examining Physician/Physician's Assistant/Advanced Practice Nurse	Date of Examination
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**Ohio Administrative Code rules 5101:2-12-37 and 5101:2-13-37 require that this examination be given no more than twelve months prior to the date of admission to the child care center or type A home.**

Name of Physician /Physician's Assistant/Advanced Practice Nurse	Telephone Number
Street Address	
City, State and Zip Code	

This is a sample form used to meet the requirements of rules 5101:2-12-37 and 5101:2-13-37 of the Administrative Code.



**Photo Release:** Completion and signature of this form gives photo/video permission of my child to the YMCA of Greater Dayton for use in YMCA materials and all media. Please contact the staff at your local YMCA with any questions.

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Parent/Guardian Signature

Date

**Field Trip Permission:** By signing below, I release the YMCA of Greater Dayton, its agents and staff from liability for accidents or injuries to my child, provided that the YMCA has exercised reasonable care and supervision of my child's activities.

\*Some of our School Age Child Care sites have short walking field trips. Do you give permission for YMCA staff to take your children on short walking field trips?

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Parent/Guardian Signature

Date

\*On Spring Break and/or no school days, the child may take field trips, both walking and/or busing. Do you give your child permission for the YMCA to transport your child to and from field trips?

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Parent/Guardian Signature

Date

**Homework Agreement:** We would like for you to respond to the following questions so we will know your expectations on this topic. Please review your expectations with your child.

Do you want your child to do his/her homework while at our program?

YES

NO

Does NOT matter

**SACC Discipline Plan:** We do everything we can to coach, mentor, and encourage the children in our program to live by the YMCA's Core Values and the 40 Developmental Assets. Despite our teachers' and director's best efforts, not all children utilize the skills and values of the YMCA. Everybody involved with our programs follow a set of guidelines designed to keep our participants and staff safe and happy. By signing below, you understand that you will have to pick up your child immediately if he or she has earned a suspension. You understand a refund will not be assessed if your child is suspended from the program. In addition to picking up your child we will arrange a meeting with you, the parent/guardians to place your child on an Individualized Behavior Contract (IBC). We recognize that all children are different and respond to different forms of discipline. We, therefore, will individualize a behavior contract to meet their needs. If the child continues to behave in a manner not conducive to our program philosophy and goals, the staff reserve the right to expel a child from the program. Expulsion is a last resort option, and only occurs if the child requires one-on-one care or creates an environment in which staff and/or program participants do not feel safe. By signing below, I agree to the SACC Discipline Plan and its guidelines.

Thank you for participating in our program. If you have any questions or concerns, please feel free to contact Rhonda Theil, Family Life Director at 937-866-9622 or [rtheil@daytonymca.org](mailto:rtheil@daytonymca.org)

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Parent/Guardian Signature

Date



**YMCA OF GREATER DAYTON PHOTO AND VIDEO/AUDIO RECORDING RELEASE**

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

For my participation in activities to be conducted by YMCA of Greater Dayton, I hereby give my permission and consent, now and for all time, YMCA of Greater Dayton, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA of Greater Dayton and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Greater Dayton, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at YMCA of Greater Dayton I authorize, according to this Release, shall belong to YMCA of Greater Dayton, YMCA of the USA and third parties collaborating with YMCA of Greater Dayton and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA of Greater Dayton;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA of Greater Dayton will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of Greater Dayton, YMCA of the USA and third parties collaborating with YMCA of Greater Dayton and/or YMCA of the USA;
- YMCA of Greater Dayton, YMCA of the USA and third parties collaborating with YMCA of Greater Dayton and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Greater Dayton; and
- YMCA of Greater Dayton, YMCA of the USA and third parties collaborating with YMCA of Greater Dayton and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Greater Dayton for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of Greater Dayton, YMCA of the USA and third parties collaborating with YMCA of Greater Dayton and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience YMCA of Greater Dayton as described herein.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

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

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## Electronic Funds Transfer Authorization:

I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for child care payments. It is understood that my child care draft will be continuous until 30 days after written notification has been received by the YMCA. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment plus a service charge. If at any time there is to be a change, deletion or cancellation of services, it is to be submitted in writing to the YMCA. Please Note: A voided check is required with all bank draft applications

Account Holder's Name

Child's Name

Account Holder Signature

Date

### Checking or Savings Account Information:

Bank Name

Routing Number

Account Number

### Credit Card Information:

\_\_\_\_ Visa

\_\_\_\_ MasterCard

\_\_\_\_ Discover

Account Number

Expiration Date

Child's Name \_\_\_\_\_

### I would like my payments to repeat:

\_\_\_\_ Weekly on (circle day)   Monday   Tuesday   Wednesday   Thursday   Friday

\_\_\_\_ Twice a Month (please indicate exact dates you would like the funds to come out)

\_\_\_\_ Monthly (please indicate exact dates you would like the funds to come out)

I would like the payments in the amount of \$ \_\_\_\_\_ to be withdrawn on:

\_\_\_\_\_  
Twice a month or monthly, please indicate dates for the duration of the school year.

## Payment Practices and Policies:

The YMCA of Greater Dayton strives to provide quality programs at affordable rates. In an effort to maximize the quality of child care, it is essential that we enforce payment practices and policies. The guidelines which follow have been established as a foundation from which we can develop fee payment schedules which best accommodate the family.

**EFT (Electronic Funds Transfer):** Choosing EFT as a payment method is the most convenient way to make payments. We will setup your account to automatically withdrawal on the days you request.

**Self-Pay:** Fees are due and payable on the Friday before the week of service. Payments received later than Wednesday of the week of service are considered late and will be assessed a late fee of \$5.00 per day until paid. Delinquency of fees will result in a suspension of services, and the payee will be required to setup an EFT as their payment method.

**Please Note:** Self-pay is a privilege. If the payee is delinquent on payment, the West Carrollton YMCA reserves the right to suspend care until the payment has been made. Furthermore, the West Carrollton reserves the right to refuse an individual the privilege to self-pay if he or she has been delinquent in the past.

**TXX:** Copays are due and payable on the 1st of every month. Delinquency of fees will result in a suspension of services and notice sent to Title 20.

YMCA of greater Dayton Child Care provides a variety of payment options. Methods of payment include: cash, check, money order, and bank and credit cards. If the parent/guardian does not indicate how he or she would like to setup payments, the YMCA will automatically setup the electronic funds transfer on the date of service. Furthermore, if a child attends a no school day or no school week, the payment will automatically draft on the due date—unless prior arrangements have been made with the director. Any questions may be directed to the Program Director. By signing below, you agree to the terms we have put into place regarding payments.

Signature

Date



Child's Name \_\_\_\_\_

I would like my payments to repeat:

\_\_\_\_\_ Weekly      \_\_\_\_\_ Every 2 Weeks      \_\_\_\_\_ Twice a Month      \_\_\_\_\_ Monthly

I would like the payments in the amount of \$ \_\_\_\_\_ to be withdrawn on:

Mon  Tues  Wed  Thur  Fri

1  2  3  4  5  6  7  8  9  10  
 11  12  13  14  15  16  17  18  19  20  
 21  22  23  24  25  26  27  28  29  30  
 31

These withdrawals are authorized to begin on:

\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Release Form:**

Please complete the following information if you wish to authorize other persons to pick up your child from the YMCA.

1. I, \_\_\_\_\_ authorize the following list of individuals to pick up my child(ren), \_\_\_\_\_ from the YMCA.

**Please complete the following information:** The adults authorized to pick up your child must come into the YMCA program with a valid photo identification in order for our staff to release your child.

1. \_\_\_\_\_  
 Name Relationship to Child  
 \_\_\_\_\_  
 Work/Cell/Home Phone Numbers

2. \_\_\_\_\_  
 Name Relationship to Child  
 \_\_\_\_\_  
 Work/Cell/Home Phone Numbers

3. \_\_\_\_\_  
 Name Relationship to Child  
 \_\_\_\_\_  
 Work/Cell/Home Phone Numbers

4. \_\_\_\_\_  
 Name Relationship to Child  
 \_\_\_\_\_  
 Work/Cell/Home Phone Numbers

**Statement of Understanding**

1. I have received the Parent Handbook and acknowledge that the YMCA has met its obligation to inform me of its policies and procedures by providing me with the handbook.
2. I understand that my child may not be released to anyone without prior written documentation and presentation of valid photo identification.
3. I understand the YMCA cannot withhold a child from a biological parent without legal documentation (i.e. court orders, custody papers, etc).
4. I understand the YMCA child care fee policy – including the late fee policy if my child is not picked up on time.
5. I understand the YMCA DOES NOT prorate tuition.
6. I understand that if I receive public funding, it is my responsibility to maintain my eligibility or full fee will be assessed.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attendance Policy:**

The YMCA Child Care policy on absenteeism is as follows: If there is going to be any variation in your scheduled time, or if your child will be absent, please notify the YMCA as soon as possible. Further, if your child will not be attending care for more than two days in a row, please contact the program director.

Please understand the YMCA does not prorate for absenteeism, unless the director has been notified in advance. Also, if you choose to terminate care, please give the director 10 days notice, otherwise payment will be due, and refunds will not be given. If this policy presents a concern for you, or if you have any questions, please contact the director.

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

(Check one)

- The center will be providing \_\_\_\_\_ additional adults above the required staff /child ratios.
- The center will NOT be providing additional adults above the required staff /child ratios.  
 (Required ratio is: 1:12 ) age 3  
                           1:14 age 4+5  
                           1:18 age 6+

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

Swim site	WC YMCA
Date(s)	2012-2013 School Year
Departure/Arrival Times from Center	12p-3p
Mode of Transportation (parent's driving, provider vehicle, public transportation, school bus, etc.)	parents drive, walk
Child's Name and Date of Birth	

My child is a:             Swimmer             Non swimmer

Parent Signature

Date

This is a sample form provided by ODJFS.