

# REGISTRATION PACKET

# YDAY CAMP™

We build strong kids, strong families, strong communities.

MASSILLON FAMILY YMCA

131 TREMONT AVE SE  
MASSILLON, OHIO 44646  
330-837-5116

**Jodi Smer, Director**

Revised 04/2010

WWW.WESTSTARKYMCA.ORG

AVAILABLE FOR GRADES ENTERING K THRU 6  
AGES 5 THRU 12  
6:00 AM TO 6:00 PM

## FEES

**REGISTRATION FEE \$25**

### PART TIME

1 to 3 days a week

Regular \$66 per week

Members \$60 per week

### FULL TIME

4 or 5 days a week

Regular \$105 per week

Members \$95 per week

**NO EXTRA FEE FOR FIELDTRIP DAYS**

## WE'LL PROVIDE:

Day camp t-shirt to wear on fieldtrip days

Water bottle

Morning snack (until 8:15 am)

Afternoon snack

Fieldtrips at no extra charge

## PLEASE DO SEND THE FOLLOWING:

Packed Lunch - with items from the 4 food groups...protein, grain, fruit/vegetable, dairy

Gym Shoes (sandals or other open toed shoes are not appropriate)

Flip Flops only for swim time!!!

Wear play clothes (shorts & t-shirt)

Swim suit and towel

Water bottle

Sunscreen - we'll be outside a lot

Bag to keep all of these things in

## PLEASE DO NOT SEND:

Radios, CD or MP3 players

Cell phones

Electronic games

Valuables

Trading cards

Toys

\*On special days we may allow some of these items.

You will be notified ahead of time.

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## Child Information

Child's Name \_\_\_\_\_ Child's Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Age \_\_\_\_ Grade (entering) \_\_\_\_ Child's Nickname \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Home Phone \_\_\_\_\_ School District \_\_\_\_\_  
Child's Shirt Size: (circle) YS YM YL AS AM AL XL  
YMCA Members    Non Member    Government Assistance - JFS

## Parent/ Guardian Information

*If there is custody issues involved with your child, you must provide the center directors with full court papers indicating who has permission to pick up the child. The program may not deny a parent access to his/her child without proper documentation.*

Name _____	Name _____
D.O.B. _____	D.O.B. _____
Home _____	Home _____
Work _____	Work _____
Cell _____	Cell _____

Child Lives With: \_\_\_\_\_

Names and Ages of Siblings: \_\_\_\_\_  
\_\_\_\_\_

## Authorized Persons to Pick Up Child

*Your child will only be released to a parent/guardian or persons listed in this section. Staff will require government issued identification before releasing your child.*

Name: _____	Name: _____
Relationship _____	Relationship _____
Name: _____	Name: _____
Relationship _____	Relationship _____
Name: _____	Name: _____
Relationship _____	Relationship _____

## Weeks Child Will Be Attending Camp

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Week 01 June 07- June 12 | <input type="checkbox"/> Week 05 July 05-July 09 | <input type="checkbox"/> Week 09 Aug 02-Aug 06 |
| <input type="checkbox"/> Week 02 June 14- June 18 | <input type="checkbox"/> Week 06 July 12-July 16 | <input type="checkbox"/> Week 10 Aug 09-Aug 13 |
| <input type="checkbox"/> Week 03 June 21- June 25 | <input type="checkbox"/> Week 07 July 19-July 23 | <input type="checkbox"/> Week 11 Aug 16-Aug 20 |
| <input type="checkbox"/> Week 04 June 28-July 02  | <input type="checkbox"/> Week 08 July 26-July 30 |  |

\*Please remember that you still need to register weekly. The schedule above is considered a guide for reference.



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

**Please Read Carefully and Respond to the Following Permission Forms**

**Photograph Consent**

I give permission for my child \_\_\_\_\_ to be in photographs, slides, or videotapes for promotion of the YMCA.

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

**Permission for Routine Walks**

As part of our curriculum, and weather permitting, we routinely include walks, either daily or weekly. I grant permission for my child \_\_\_\_\_ to accompany his/her group on routine walks to designated field trips. Massillon Public Library, N/S Sippo Park, Oak Knoll Park, and around the area of the Massillon YMCA/downtown.

*I understand my child will be walking on these trips and may have access to water 2ft. or more in depth.*

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

**Swimming**

Licensing rules 5101:2-12-17 and 5101:2-13-17 require parental permission for water activities your child will be engaging in: Before the child swims in water two feet or more in depth.

The center will be providing additional adults (lifeguards) above the required staff/child ratio.

Ratio of 18:1

I give permission for my child to swim in the Massillon YMCA pool.

Child's Name \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

My Child is a **SWIMMER**                       My Child is a **NON SWIMMER**

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

**Child Drop-Off Policy/Pick-Up Policy**

When you enroll your child in any YMCA Day Camp, it is to be understood our policy is for you to **bring your child into the center each morning, sign the attendance sheet, and let one of the staff members know your child has arrived.** Please note, we are not legally responsible for your child when he / she is dropped off outside of the building. As a parent or guardian, I am aware the YMCA staff is not responsible for my child unless I bring my child into the classroom and sign him / her in upon arrival each day. I understand state law requires me to **sign my child in and out** each day. I also understand state law requires I **notify staff my child is leaving** for the day.

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



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

### Center Policies Agreement

#### Read and Initial the following:

\_\_\_\_\_ I understand there is a \$25.00 non refundable registration fee per child. I also understand the fee is non renewable annually. Includes t-shirt and water bottle.

\_\_\_\_\_ Payment is due the Friday prior to services rendered. I understand my receipt should be kept as a record for filing taxes.

\_\_\_\_\_ I understand that my JFS co-payment is due on the first of every month. Excessive absences may result in dismissal from the Day Camp program.

\_\_\_\_\_ I understand if my childcare payments fall two weeks behind I will be asked to withdraw my child until payment is made in full or I have made payment arrangements with the Child Care Director, Jodi Smer or Finance Director, Tom Schall.

\_\_\_\_\_ I understand if a check comes back NSF twice, and/or if a credit/debit card payment is submitted and declined, it will be turned over for collection and there is a \$15.00 fee for **each** NSF check.

\_\_\_\_\_ I understand that if I have any outstanding balance within the entire Western Stark County Association I am unable to register for any programs or membership until this balance is paid in full.

\_\_\_\_\_ I understand state licensing requires all forms in this registration packet to be completely filled out and turned in prior to my child's admission to the program.

\_\_\_\_\_ I have read the YMCA Day Camp and School Age Child Care Parent Handbook and Registration Packet and agree to all terms therein for my child to receive childcare. I also understand I forfeit the privilege of childcare at the center if all policies are not followed.

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

\*\*\*There is a Mandatory Parent Meeting that you must attend. There will be two scheduled days to choose from to help with attendance.

\_\_\_\_\_ I will be able to attend the Mandatory Parent Meeting on Wednesday, June 2nd at 8:00pm.

OR

\_\_\_\_\_ I will be able to attend the Mandatory Parent Meeting On Thursday, June 3rd at 8:00pm