

## **YMCA Perry Y-Key Registration Packet** (School age childcare)

Welcome to the YMCA Perry Y-Key! Enclosed you will find all of the forms required by the State of Ohio as well as the YMCA for enrollment into our program. To help make the registration process go smoothly and to avoid any delays, we ask that you please be sure and fill out all of the information required completely. Be sure to put street addresses where needed as well as all physician and dentist information.

After your completed registration papers are returned, along with the \$25.00 registration fee, we will add your child to our roster as long as there is space available. Please note that registrations are taken on a first come, first served basis. You will be notified if there is waiting list for the program you are interested in. If this does happen, we will notify you as soon as a space becomes available.

Please note that there is a one-week waiting period from the day we receive your child's enrollment form to the date they can actually begin receiving care. This allows us proper time to be sure we have all of the required information as well as ensures that our files have been properly updated. We apologize for any hardship this might cause you but we know this grace period allows for a better transition for your child and will allow his or her teacher adequate time to prepare for their arrival.

Please be sure that you take home a copy of our Parent Handbook. We do ask that you take time to look it over so that you are aware of the policies and procedures that we follow. An acknowledgement form has been included in your registration packet stating you have received and have read the handbook.

A rate sheet is also included at the end of this packet. If after looking it over, you have any questions, please feel free to give us a call. Tuition is expected on a weekly basis and is due on Monday of each week. Please make your check payable to the YMCA. Please be sure to give cash payments directly to a staff person and they will provide you a receipt. For those that need it, our tax ID number can be found on the first page of our handbook.

Our "home base" will be located in the middle school cafeteria. There you will find our payment box, your family folders and the sign in/out sheets. This will also be where you will drop off and pick up your children.

As we look forward to serving you and your child, please feel free to call the Nancy Hudecek if you have any questions or concerns at 440-354-5656.

Thank you for considering the YMCA as you childcare provider where  
"We build strong kids, strong families and strong communities."

2009-2010  
Fall Y-Key Registration

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

Birthdate \_\_\_\_\_ Grade in the fall \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Parent's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_

(If different from child)

City, State, Zip \_\_\_\_\_

Work phone \_\_\_\_\_

Please let us know whether you need care in the morning, afternoon or both morning and afternoon as well as days and approximate times.

\_\_\_\_\_ Mornings

Days: M T W TH F

Approximate drop off time \_\_\_\_\_

\_\_\_\_\_ Afternoons

Days M T W TH F

Approximate pick-up time \_\_\_\_\_

\*\* Please include the \$25.00 registration fee per child.

# Lake County YMCA

## CONSENT of SUBJECT RELEASE FORM

I hereby consent to, and authorize the use and reproduction by the Lake County YMCA of any and all photographs/videotape for the purpose of promotion, without compensation to me. I hereby certify that I am 18 years of age or older.

Subject signature: \_\_\_\_\_

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

Witnessed by: \_\_\_\_\_

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IF SUBJECT IS UNDER 18...

I hereby certify that I am the parent/legal guardian of \_\_\_\_\_  
(child's name)

And do hereby give my consent without reservation to the forgoing on behalf of him/her/them.

Signature \_\_\_\_\_

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

Witnessed by: \_\_\_\_\_

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					
City		State		Zip	
Home Telephone Number			Cell Phone		
Work/School Telephone Number			Work/School Name		
Work/School Address				City	
Please indicate if this name should be included on a parent roster <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number above to list on the roster <input type="checkbox"/> Work number <input type="checkbox"/> Cell number <input type="checkbox"/> Home number					
<b>Where can you be reached while your child is in this program?</b>					
Parent/Guardian Name			Relationship to Child		
Home Address					
City		State		Zip	
Home Telephone Number			Cell Phone		
Work/School Telephone Number			Work/School Name		
Work/School Address				City	
Please indicate if this name should be included on a parent roster <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please indicate which number above to list on the roster <input type="checkbox"/> work number <input type="checkbox"/> cell number <input type="checkbox"/> home number					
<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 <b>at least one person</b> 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 and at least one person listed must be within one hour of the center/home and able to take responsibility for the child in case you cannot be contacted.					
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 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, 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
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List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or <b>medical personnel</b> in an emergency situation.
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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.
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**Diapering Statement**

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No
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 sign both</b>	<b><u>Do Not Give 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>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      Date		Parent's Signature      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.

Parent/Guardian Signature	Date
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**Signatures**

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. 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 to indicate the date reviewed.			
Parent/Guardian Signature(s)		Date	
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

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.