



We build strong kids, strong families, strong communities.

YMCA Y-KEY PROGRAM FOR THE PAINESVILLE CITY SCHOOLS REGISTRATION AND POLICY INSTRUCTIONS

1. **The attached forms MUST be completed with EVERY LINE filled in at the time of registration.** Your child CANNOT begin the program until these forms are complete and on site at the school your child attends. We no longer need a copy of a shot record or a signed physician's statement for school-age children.
2. A non-refundable registration fee of \$25.00 MUST accompany all registration forms.
3. If your childcare will be paid through the Department of Job and Family Services, please mark the proper line on the registration form. **A copy of your service authorization letter must accompany this registration form before you can receive service.** *Department of Job and Family Services funding will cover your registration fee.*
4. **Payments are due in advance** on the Friday before the week that care is being given. Late payment fees will be charged if payment is not received on time.
5. All questions regarding the Y-Key program should be directed to Nancy Hudecek, Director of Childcare Services at 440-354-5656.


YCHILD CARE™

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Lake County Y-Key Registration Form

Child's Information	Name		Birth Date	
	Age		Grade in 2009-2010	
	Home Address		Home Phone	
	City/Zip		Registration Fee	Amount Paid _____ Date Paid _____
Mother's Information	Name		Date of Birth ____/____/____	
	Home Address (if different from child's) _____		Work Phone	
	Email Address		Home Phone (if different from child's) _____	
Father's Information	Name		Date of Birth ____/____/____	
	Home Address (if different from child's) _____		Work Phone	
	Email Address		Home Phone (if different from child's) _____	
Child's School	Please check the school your child will attend this fall.			
	Chestnut [<input type="checkbox"/>] Maple [<input type="checkbox"/>] Elm [<input type="checkbox"/>]			
Child's Schedule	I would like my child to start on _____ (date). My child's schedule will be			
	Monday [<input type="checkbox"/>] Tuesday [<input type="checkbox"/>] Wednesday [<input type="checkbox"/>] Thursday [<input type="checkbox"/>] Friday [<input type="checkbox"/>] Before School [<input type="checkbox"/>] After School [<input type="checkbox"/>] Both Before and After School [<input type="checkbox"/>]			
Payment Information	_____ My childcare tuition will be paid by the Department of Job and Family Services Must provide a copy of DHS approval letter prior to child's first day.			
	_____ I will be paying the childcare tuition myself.			
Financial Assistance for YKey is available based on need.				

Lake County YMCA Mission Statement
The YMCA is a membership organization dedicated to improving the quality of life in our community. The YMCA's programs, services and leadership build healthy spirit, mind and body by putting Christian principles into practice. The YMCA is open to all. Financial assistance is available based on need.



Please consider a contribution to the YMCA Strong Kids Campaign. Contributions help the YMCA provide programs and services to those less fortunate in our community.

YMCA Strong Kids Campaign Contribution
\$ _____

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: _____

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					
Where can you be reached while your child is in this program?					
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					
Where can you be reached while your child is in this program?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you 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

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

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

Give <u>Permission</u> to Transport		OR Do not sign both	<u>Do Not Give Permission</u> to Transport	
Center or Type A Home Name			Center or Type A Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the 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.