



YMCA Perry Childcare Center Registration Packet

Welcome to the YMCA Perry Childcare Center! Our Center is dedicated to enriching the lives of the children we serve by providing quality, hands-on-experiences, centered around Christian values. Enclosed in this packet, 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, we ask that you please be sure to fill out all of the information required completely.

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

There is a one week waiting period from the time we receive your child's completed enrollment forms until the date they can actually begin receiving care. This allows us proper time to be sure we have all of the required information and that our files have been updated. This period also allows for a better transition for your child into our program, while also allow the teachers adequate time to prepare for their arrival.

Please be sure that you have been given a copy of our Parent Handbook. Acknowledgement of the handbook is included in your registration paperwork. We ask that you please take time to look over the handbook, as it contains our policies and procedures. If you have any questions after reading over the handbook, please let us know.

It is required that all children not yet attending kindergarten have a medical statement on file within thirty days of admission into a licensed childcare center, annually from that point forward. This form must be completed by a physician. You will find the "Child Medical Statement" form included in your packet.

Also included in this packet you will find our tuition rate sheet. If after looking it over you have any questions, please let us know. Tuition is due on a weekly basis, at the beginning of each week, prior to receiving care. If you would like a receipt for your payment, please be sure to leave a note with your payment as you place it in the payment box, located on our office door. All checks should be made out to the YMCA. If needed for reimbursement or tax purposes, our Tax ID number can be found on the first page of your handbook.

Please feel free to contact us if you have any questions, concerns, or comments. Our phone number is (440) 259-4596. You can also email us at areed@lakecountnymca.org.

Thank you for considering the YMCA for your childcare provider. We look forward to serving you and your child!

We build strong kids, strong families, and strong communities!

Frequently Asked Questions:

May I tour the Childcare Center before I enroll my child?

Absolutely! We encourage families to take a guided tour and to meet with their child's prospective teachers before beginning our program. Please contact the Center's Administrator at (440) 259-4596 to set up an appointment.

Does the Center provide meals or snacks?

The Childcare Center does provide a morning and afternoon snack. Parents provide a packed healthy lunch each day. We provide either milk or juice. Please make us aware of any food allergies on the enrollment form. Additional forms and supplements may be required.

What if we need to change my child's schedule after they are enrolled?

We will accommodate change in schedules as long as enrollment allows. We ask that you give the teachers and the administrator as much notice as possible before making any changes. This would include absences due to illness or vacation credits.

What is your policy for sick children?

If a child shows any sign of illness; including a fever, vomiting, discolored discharge, or excessive coughing, we ask that you find alternative care until they are symptom free for at least 24 hours. If the child begins to display any of these signs while at the center, the parent will be contacted to pick up their child and may not return until symptom free for 24 hours.

What is the Center's discipline policy?

It is our goal to help children develop self-control and problem solving skills, while also learning to express themselves correctly. It is our policy that children do not harm themselves, their friends, the staff, or equipment maliciously. If need be, teachers will assist children in working through issues that arise. "Thinking times" are used sparingly and judiciously. The rule of thumb would be one minute per year of age, if deemed necessary.

What would be appropriate dress for my child while at the Center?

While there is no dress code, we do ask that you consider the activities that your child will be participating while with us. We will be playing outside or in the gym each day, while taking part in activities that could include messy art projects and sitting on the floor. We encourage girls to wear shorts under their dresses, and that all children wear non-constrictive clothes to help promote free movement and independence. Tennis shoes are required for play outside on the equipment.

Beyond a packed lunch, is there anything else my child will need each day?

We ask that all children have a complete change of clothes on-hand, kept in a bag in their classroom. Please be sure to include a plastic bag for soiled clothes. A blanket and pillow will be needed for naptime. They may also have one comfort item for nap as well, such as a stuffed animal. Children in the infant and toddler classroom will need additional items. Please be sure to mark items from home, including lunchboxes, with your child's name.

Is my child required to sleep during "naptime"?

Children are not required to sleep during "quiet time" but are required to rest on their cots, being respectful to their friends that choose to fall asleep. After about a half hour, children that remain awake are given quiet activities to do either on their cots or at a table until "quiet time" ends.

Will the Center administer medications if need be to my child?

It is our Center's policy not to administer any over the counter medications. Prescription medications can be administered only after the correct forms are completed by a physician. These forms must be approved by the Center's Administrator.

YMCA Perry Childcare Center Childcare Registration Form

Child's Name _____ Child's Age _____

Home Phone _____ Birthdate _____

Home Address _____ City/Zip Code _____

Mother's Name _____ Birthdate _____

Home Address _____ Home Phone _____
(If different from above)

Work Phone _____ Cell Phone _____ Email _____

Father's Name _____ Birthdate _____

Home Address _____ Home Phone _____
(If different from above)

Work Phone _____ Cell Phone _____ Email _____

Child lives with: Both Parents Mother Father Other: _____

Please check the program you are interested in:

- Infant Care (Six weeks through eighteen months)
- Toddler Care (Eighteen months up to age three)
- Preschool Age Childcare (Three years – five years. Must be toilet trained)
- Preschool Learning Time (Mon.-Thurs., 8:30am-11:30am. Must be toilet trained)

Days of Attendance:

Monday Tuesday Wednesday Thursday Friday

Hours of Attendance:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Please indicate your desired start date: _____.

Note that your child's start date must be confirmed by the Administrator.
Please include the registration fee of \$25 per child.

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	Do Not Give <u>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.

Walking Field Trip Permission Form

Dear Parents,

We love for our children to have an opportunity to get “out and about”, for both a change of scenery and to enjoy nature. We would love to take the children for short walking field trips around the School. This may include walks down the sidewalk, to the library, or a trip to the nearby park so the children can play and run around while experiencing the outdoors.

We do need your permission to go on our little “excursions”. Please know that we will never walk out of sight of the School without putting safety first, making sure to ensure proper staffing, as well as leaving a notice for your near our sign in area as to which direction we went.

Would you please take a minute and complete the following for us.

Sincerely, Your YMCA Staff

I give my child, _____, permission to go on walking field trips around the School and near by community. I am aware that the staff has my child's emergency contact information with them at all times. I am also aware that these trips will be taken randomly, as weather allows.

Parent's Signature

Date

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: _____

Requirements for Lunches Provided by Parents

(A) (2) A meal shall meet **one-third** of the recommended daily dietary allowances as most recently specified by USDA child and adult care component. This includes at a minimum, one serving of fluid milk (the YMCA will provide milk), one serving of meat or meat alternative, two servings of vegetables an/or fruits (one serving of each is recommended) and one serving of bread or grains.

Fruits and Vegetables

**1-½ cups of fruits and 1-½ cups of vegetables
(½ cup recommended each of fruits and
vegetables per lunch)**

Serving Suggestions:

Vegetables

Dark-Green Leafy

1 cup romaine lettuce, spinach or mixed green salad
2 cooked broccoli spears
½ cup cooked turnip or collard greens kale or mustard greens

Deep-Yellow

1 ½ whole carrots, cooked
*7-8 carrot sticks (3' long)

½ cup winter squash

Starchy

½ cup potato salad
½ cup green peas
½ cup lima beans

Other

1/3 medium cucumber
½ cup cooked green beans
½ cup cole slaw

Fruits

½ cup blueberries
¼ medium cantaloupe or 1/8 medium honeydew
¾ cup 100% fruit juice
½ grapefruit
1 large kiwi
1 medium orange
7 medium strawberries
1 medium tangerine
½ cup watermelon
1 medium apple
*11 cherries
2 medium apricots
½ cup applesauce
*12 grapes
1 small pear
½ cup cut-up fresh, canned or cooked fruit

Meat and Beans (Protein)

4 ounces per day (1 ½ ounces per lunch)

Serving Suggestions:

1 ½ ounces cooked lean meat
1-½ ounces cooked poultry or fish
1 egg equals 1 ounce
2 tablespoons peanut butter equals 1 ounce
1 ½ hot dog equals 1 ounce
2 slices bologna or lunchmeat equals 1 ounce
¼ cup drained canned tuna equals 1 ounce
½ cup cooked kidney, pinto or white beans equals 1 ounce
2 ounces of cheese

Grains

4 ounces per day (1 ½ ounces per lunch)

Serving Suggestions:

Whole grains

½ cup cooked brown rice
2-3 graham cracker squares
5-6 whole grain crackers
½ cup cooked oatmeal
*3 cups popcorn
*3 rice or popcorn cakes
1 ounce ready-to-eat whole grain cereal
1 slice pumpernickel, rye or whole wheat bread

Enriched

½ cup cooked rice or pasta
½ cup cooked spaghetti
½ English muffin or bagel
1 slice white, wheat, French or Italian bread
½ hot dog or hamburger bun
1 small roll
6 crackers (saltine size)
1 4-inch pita bread
1 4-inch pancake
9 3-inch pretzels
1 ounce ready-to eat non-sugar coated cereal
1 7-inch flour tortilla

*May cause choking in 2 to 3 year olds

The YMCA will provide milk.

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) _____

Immunizations (enter month, day, and year)					
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



**Lake County YMCA Perry Childcare Center
Tuition Rate Sheet
Effective August 17, 2009**

CHILDCARE

Infants (6 weeks-18 months) (Full time only)	\$160.00 per week
Toddler (18 months –age 3) (Full time only)	\$150.00 per week
Preschool age childcare (3-5 years, Potty Trained)	
Part-time (1-3 days)	\$105.00 per week
Full-time (4-5 days per week)	\$125.00 per week
Preschool Learning Time Only (3yrs-Pre-K, Potty Trained) Monday through Thursday, 8:30-11:30am	\$180.00 per month

There is a \$25.00 non-refundable registration fee due upon enrollment.

A 10% sibling discount applies when two or more children are enrolled from the same family in either of the YMCA Perry Childcare Programs.