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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Ashland YMCA "Y" Kids

Registration Packet

Thank you for your interest in the Ashland YMCA Y Kids before/after school program. Enclosed is important registration information. **THIS PROGRAM IS FOR K-5TH GRADE AGED CHILDREN.**

Please complete and submit your registration paperwork along with a nonrefundable \$25.00 registration fee per child for approval and acceptance by Christie Krumlaw, Child Development Director. *Registration must be returned with the packet in the form of a check or cash. The fee may be scheduled if you are doing scheduled payments and will be scheduled one week after registration is processed.* If you attend 12 months a year you do not need to pay the registration fee. The front desk will not process your registration, this needs to be done by the Child Development Director to be following state regulations properly.

To receive member rates for the program, you must have the membership or Partner with Youth eligibility up to date at the time of registration.

Due to high demand, we cannot prorate or accommodate other than what is listed. We cannot enroll a child that has an overdue balance at the Y.

We are planning on an eventful school year for your child while they are in our care. My hope is that you and your child have a positive experience in our program. We look forward to getting to know each and every one of you and creating memories at the Ashland YMCA "Y" Kids program.

Thank you,

Christie Krumlaw

Christie Krumlaw
Child Development Director
Ashland YMCA
419-289-0626 (phone)
419-289-9121 (fax)
ckrumlaw@ashlandy.org

Please note: You are not considered registered until you receive email confirmation from Christie Krumlaw, Child Development Director. This is first come, first serve basis. No spot is guaranteed.



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Ashland YMCA "Y" Kids Program Supply List

We need:
100% Juice
Spoons
Bowl/Plates
Napkins
Clorox Wipes
Tissues
Paper Towels

The items listed above are a one time ask and will be provided by the center the rest of the year.

If you **want**:
Markers
Colored Pencils
Pencils
Crayons
Erasers
Glue Sticks

The want items are not necessary just if you would like to help supply these items.

After the school year begins, all items listed on the supply list will be replaced by the program.



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2024/2025 School Year Calendar

September

First day of care will be the Wednesday after Labor Day

for those who attend our Summer Camp program there will be transition care provided the week after Shut Down and before Preschool begins.

October

Mid month- No school but care provided. Sign up in advance

November

Thanksgiving Break NO School

Care Provided on days other than days listed below

Center Closed Thursday and Friday for Thanksgiving

December

Christmas Break NO School

Care Provided except for Christmas Eve, Christmas day, New Year's Eve and New Year's Day. Sign up in advance

January

Center closed the first weekday after New Year's for deep cleaning

MLK Day NO School

Care provided sign up in advance

February

President's Day NO school

Care Provided sign up in advance

March/April

Spring Break

Care Provided during break sign up in advance

Center Closed- Good Friday

May

Last Day of Care the Friday before Memorial Day

Care provided for families transitioning into Summer Camp for the time between School and Summer Camp. Sign up in advance

We will provide care for any Early Release, Delay or Cancellation decided on by Ashland City Schools. Please check your email, our Facebook page and/or Homeroom page for updates due to weather.

There may be other days off that use a Fun Club Day that will be communicated in the newsletters and Google Calendar.



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"Y" Kids Program Registration

Child's (FULL) Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Email _____ Grade _____ School _____

Mother/Guardian _____

Phone _____ Work _____

Father/Guardian _____

Phone _____ Work _____

Days and Times:

Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____
IN/OUT	IN/OUT	IN/OUT	IN/OUT	IN/OUT

Days Attending	Member	Guest
2-3 Days AM Only	\$120	\$150
2-3 Days PM Only	\$130	\$200
2-3 Days Both	\$200	\$310
4-5 Days AM Only	\$130	\$170
4-5 Days PM Only	\$150	\$225
4-5 Days Both	\$230	\$340
Delays/Early Release	\$10/day	\$20/day
Snow Days/Fun Club Days	\$45/day	\$75/day

*If you do not sign up in advance for Fun Club Days you will be charged an additional \$20/day. Fun Club Day payments will be due on the next business day. If you do scheduled payments it will be automatically paid the next business day. If you pay each month in person it will be due the next business day or will receive a late fee.

My child will need care on Snow Days _____ Delays _____ Early Release _____

 (Initial) I would like to have my payments paid through Scheduled Payments and will file proper paperwork with the Preschool/Youth Director. Payments will be taken the first of every month, unless otherwise stated. I DO NOT HAVE TO BE A MEMBER TO USE THIS OPTION.

****There will be a monthly discount of \$10 if you set up the scheduled payments****

Total to be paid MONTHLY _____

Parent Signature _____ Date _____



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"Y" Kids Financial Agreement

I agree to pay the Ashland YMCA "Y" Kids the stated amount of tuition indicated for my child's care. Tuition is due September through May. A two week notice of withdrawal from program is required. This could be done in person or in writing. To receive the member rate, I understand that my child must be an active member. Tuition is due monthly by the first week of each month, and a late fee of \$20 will be assessed after the 10th of that month. If I participate in Fun Club Days or Delay/Early Release days, I agree that I will pay the invoice the next business day or agree to have the payment scheduled the next business day after Fun Club or Delay/Early Release day care ends. Christmas and Spring Break will be due at the end of the week of care.

JFS Families only: If I am a JFS family I will have all proper paperwork completed before attendance begins and will keep up on my entries to receive these benefits. If I am more than 10 days behind on entries, I agree that I will self-pay for the time that has been used at the rate of \$45/day.

*Parent/Guardian Signature _____ Date _____

Administrator Signature _____ Date _____

Swimming, Gymnastics and Walking Field Trip Permission

Child's Name _____ DOB: _____

Please check all that apply:

My child has my permission to participate in swimming at the YMCA that will take place in the West Pool in the main building. The center will have two supervising staff and a certified life guard on duty at all times. This will take place on some Snow Days and all Fun Club Days.

My child also has permission to participate in Kid's Fit and activities. Children will be supervised and assisted during these activities, to maintain a safe and healthy environment.

My child is a Swimmer (can swim in the deep end once they pass the swim test

Non-swimmer (must stay in the shallow end)

Need's a life jacket/puddle jumper (must stay in shallow end)

There will not be extra staff above the licensing requirements.

*Parent signature _____ Date _____

Parent notes or relevant information regarding these activities: _____

I do not give permission to participate in any of the activities listed above

*Parent signature _____ Date _____



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Handbook Acknowledgment

Parents, after reading the handbook, please sign and return this page to the director. This is due before the child attends the center. Please feel free to ask the director any questions about the policies in the handbook.

I acknowledge that I have received a copy of the parent handbook for the Ashland YMCA "Y" Kids. I agree to follow all policies outlined within.

Signature of parent/guardian

Date

Signature of parent/guardian

Date

*The handbook is on our website to read. If you need a paper copy, please let the Child Development Director know.

Photo Release

The Ashland YMCA "Y" Kids shares photographs of classes and participants on our gethomeroom.com web-site to show families what we do all day. We would like your permission to use photographs of our day on our website. If you do not grant permission, please indicate this below. There will be another form at the end of this packet for permission to use photographs on the website/Facebook page.

I give the YMCA permission to use photographs of my child/children on the website.

X _____ Date _____

OR

I **DO NOT** grant permission and the YMCA may not use my photos on the website.

X _____ Date _____



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Behavior Management Policy

It is our goal here at the Ashland YMCA "Y" Kids program to provide a fun, healthy, safe and secure environment for our students. The YMCA teaches core values of caring, honesty, respect, and responsibility. Children who attend this program are expected to follow the behavior guidelines and to interact appropriately in a group setting.

Behavior guidelines:

- *Children are **responsible** for their actions
- *We **respect** each other and the environment
- ***Honesty** will be the basis for relationships and interactions
- *We will **care** for ourselves and those around us

When a child does not follow the behavior guidelines we will take the following steps:

1. Staff will redirect the child to a more appropriate behavior/activity.
2. The child will be reminded of the behavior guidelines and will have a constructive discussion. The child may be placed in a quiet area to compose themselves and find the appropriate behavior and/or be removed from the activity.
3. A parent will be contacted if positive results are not gained.
4. Staff will document all behavior and the action that was taken.
5. Staff will schedule a meeting with the parent if unable to resolve the issue.
6. If at any time the child's behavior threatens the safety of that child, other children or a staff member, the parent will be notified and expected to pick up the child immediately.
7. If a problem becomes persistent and the child continues to disrupt the program, the Ashland YMCA reserves the right to suspend the child from the program. Expulsion from the program will be considered only in extreme situations.

Expulsion Process

- *3 warnings will be given before a written acknowledgment is signed by staff, child and parent
- *3 written acknowledgments will result in the expulsion that will be implemented immediately with the third acknowledgment

I have read and understand the above stated discipline policy

Parent/Guardian Signature _____ Date _____



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Ashland YMCA "Y" Kids Emergency Pickup Information

Persons authorized to pick up child from school other than custodial parent: Must name AT LEAST one.

Child's Name _____

Child's birthdate _____ Email _____

Address _____

Parent who should be contacted **FIRST:**

(name of parent) _____ (phone number) _____

Person to contact **SECOND**/relationship/phone

(name of contact) _____ (phone number) _____

Authorized pick up individuals:

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
1. _____		
2. _____		
3. _____		
4. _____		

Roster Permission

The State of Ohio requires before/after school programs to have a roster of all children enrolled in the program. HOWEVER, the only thing I need to have on it is the child's name. I make a roster of parent's names, phone, address and email for your convenience. You are welcome to use this info to invite children to play or for party invitations. We do not use it to solicit or harass our families. You can choose what information you wish to share; all or just a few things

Pick what you wish to be listed on roster:

_____ Mom's name _____ Dad's name _____ Email _____ Future School System

_____ Address

_____ Phone

_____ Child's birthday



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"Y" Kids Scheduled Payment Authorization/Agreement

I _____ authorize my bank to make payment to the Ashland YMCA by method indicated below, and post it to my account for my child _____'s care at the Ashland YMCA "Y" Kids Program.

(please circle the appropriate **category, amount of days, and membership status.**)

- AM ONLY 4-5 DAYS Member
- PM ONLY 2-3 DAYS Non-member
- BOTH

DELAYS/EARLY
RELEASE

SNOW/FUN CLUB DAYS

Amount Paid _____ on the _____ of each month (if no date is given it will be taken on the first of every month)

Checking _____ Bank Name _____

NOTE: for checking account authorization, a voided check is needed

Credit card or Bank Account # _____

Routing (for bank account)# _____

Credit Card _____ Mastercard _____ Visa _____ Discover _____ Other _____

Expiration Date ____/____/____ (For credit card payments)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

I understand that I am in full control of my payment, and if at any time I decide to make any change or discontinue the service, I will call or write the above company. A two-week notice is needed to make any changes. Change of payment will not affect other provisions and terms of my contract.

Signature _____ Date _____

Staff Witness _____ Date _____

Scheduled Payment Agreement

I UNDERSTAND that when enrolling in the Ashland YMCA "Y" Kids using Scheduled Payment as the method of payment, I am committing to a nine-month period of time for the school year, which will be taken out of my checking, savings, or credit card account monthly on the **first of every month**. I understand that payment for Fun Club or Delay/Early Release days will be taken out of my account the next business day after care has been completed. I also understand that any outstanding payments not received within 60 days will be turned over to RBC Collection agency. Returned items or denied transactions will have a fee of \$15.00 charged. **Initials** _____



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YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

1. video film or footage of me,
2. sound track recordings of me
3. photo reproductions of me
4. any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

1. All works shall belong to YMCA of the USA;
2. The Y has no duty of confidentiality regarding any licensed uses;
3. YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
4. The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: _____ **Date:** _____

Printed Name: _____ Age: _____

Address: _____

I am the parent or legal guardian of _____ . I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____

Sign this form only if you give permission to use your child's picture on the YMCA website, social media or advertisements



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Family Information For Step Up to Quality "Y" Kids

Child's Name (Last)	(First)	Nicknames (if any)
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By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities, or personality that you feel will be helpful to the staff while caring for your child

Who is in the child's immediate family?	
Who lives at home with the child?	
What is the primary language spoken in your child's home?	
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, divorce, new home, death or birth of a family member, friend or pet.	
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, etc)	
Has your child had a previous care arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes circle one: Center based, in home, with family, with parents, other_____)	
Are there foods your child dislikes/ likes that we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Likes	Dislikes
Are there any foods that your child should not be fed? (allergies, culture, religion based) <i>Licensing documentation be completed for children with food allergies and/or dietary restrictions</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe your child's personality and behavior
Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?
Other comforting techniques you may use?
What can cause your child to be angry or frustrated? How do you respond?
What is the discipline policy in your home?
Does your child need assistance using the toilet? How do they let you know when they need to use the toilet? (words, gestures, signs)
What might you and/or your child be anxious about as he/she starts in this program?
What are you and/or your child excited about as he/she starts in this program?
What are your expectations of this program?
Any other information that would be helpful for the staff caring for your child to know?

Parent Signature

Date

JFS FORM 0511

"Y" Kids Packet Checklist

Child's name _____ DOB _____

School Attended _____ Grade _____

___ Registration Form

___ Registration fee

___ Child Enrollment and Health Information

___ Medical Care Plan

___ Financial Agreement

___ General Permission (Swim, Gymnastics, Walk)

___ Swimmer

___ Non-swimmer

___ Life jacket

___ Handbook

___ Photo Release

___ Y Photo Release

___ Behavior Management Policy

___ Family Information Sheet

___ Pick up information

___ Roster Permission

___ Scheduled Payment Agreement

Registration completed when: (office use only)

___ Daxko

___ Scheduled Payment ___ Y ___ N

___ Swim List

___ Photo Release ___ Y ___ N

___ Roster

___ Medical Alerts

___ Attendance

___ Email List

___ Google Calendar

____Welcome email sent_____