



# INTENTIONALLY AWESOME Summer Day Camp Orrville YMCA



June 1-August 17, 2017  
Entering Grades 1-6

The completed registration packet and payment for the first week must be received before your child may attend. **ALL OUTSTANDING BALANCES MUST BE PAID IN FULL** before your child can be registered for Summer Day Camp.

Please return this completed packet to the Orrville YMCA as soon as possible and allow three days to process.

## WHEN & WHERE

Monday-Friday  
AM/PM Care:  
6:00-9:00AM  
4:00-6:30PM

Camp:  
9:00AM-4:00PM

## DAY CAMP

Entering grades 1-6

## MEMBER

Part Time \$107  
Full Time \$125

## NON-MEMBER

Part Time \$120  
Full Time \$150

### Fill out and return the following pages:

- Child Information
- ODJFS Health Enrollment forms
- Family Information Forms
- Field Trip & Routine Permissions
- Permission to Participate in Swimming Activities
- Behavior Expectations and Discipline Policies
- Schedule and Tuition Agreement

\*Special Care Plans & Medication Distribution forms are required for children with allergies or special medical conditions.

\*\*Camp Staff are CPR, First Aid, Communicable Disease & Child Abuse Awareness Certified

Proud Partner



WEEK	THEME	TRIP
#1 June 5-8	The Camp Awakens	No trip
#2 June 12-16	Once Upon a Y	Akron Zoo
#3 June 19-23	Ohio Adventures	Great Lakes Science Center
#4 June 26-30	Child vs. Wild	Character Olympics
#5 July 3-7	Party in the USA	McKinley Museum
#6 July 10-14	Captain Character & the Super Heroes	MAPS Museum & Boettler Park
#7 July 17-21	Jingle in July	Kroc Park
#8 July 24-28	Wacky & Wonderful	Akron Rubber Ducks Game
#9 July 31-Aug 4	Camp Rewind	Arboretum at OARDC
#10 Aug. 7-11	Ooey Gooy	Wooster Memorial Park/Creek Exploration
#11 Aug. 14-18	Camp Got Talent	No trip

## THINGS TO KNOW:

- APPLY SUNSCREEN EVERY DAY BEFORE ARRIVAL.
  - The Y will provide generic sunscreen for application throughout the day.
- BREAKFAST BEGINS AT 8:30 AND ENDS AT 8:50 EACH MORNING.
- PACK YOUR LUNCH EACH DAY IN A REUSABLE LUNCH BOX
  - The state requires that the children have the following items in their packed lunches: a carbohydrate (bread, crackers, pretzels), a protein (meat, peanut butter, cheese), a fruit and a vegetable or two fruits.
  - You will be charged \$1 per item if we have to substitute any items.
  - No candy or pop
  - You will be charged \$5 for each missing lunch.
- BRING YOUR SWIMSUIT AND TOWEL EACH DAY
- BRING AN EXTRA SET OF CLOTHES EACH DAY. (We will get messy!)
- BRING A REUSABLE WATER BOTTLE WITH NAME ON IT
- WEAR TENNIS SHOES AND SOCKS EVERYDAY (no sandals or crocs)
- CHILDREN MUST WEAR THEIR CAMP SHIRTS ON TRIP DAYS
- LEAVE ALL ELECTRONICS, CELL PHONES, TOYS AND MONEY AT HOME
- PUT YOUR NAME ON EVERYTHING THAT COMES TO CAMP

**ORRVILLE YMCA  
SUMMER DAY CAMP REGISTRATION 2017**

**CHILD'S INFORMATION**

Child's Name (first/last) \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Male  Female Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade (School year 2017/18) \_\_\_\_\_

Membership Status (Please circle one):            Member            Non-Member

1<sup>st</sup> Parent \_\_\_\_\_ Birthdate \_\_\_\_\_ Contact Phone # \_\_\_\_\_

2<sup>nd</sup> Parent \_\_\_\_\_ Birthdate \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Parent Email \_\_\_\_\_

Marital Status:            Married            Separated            Divorced            Single

Custody/Contact restrictions (Equal access to the center and child will be granted to each parent in the absence of a Court order, which must be provided to the YMCA, specifying otherwise).

**Please list the persons permitted to pick-up your child.**

\_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

T-Shirt Size (circle one):    XS (2-4)    S (6-8)    M (10-12)    L (14-16)    AS    AM

Child's Camp:  Day Camp (Grades 1-6)             Extended Care (630-9AM & 4-6PM)

Ohio Department of Job and Family Services  
**CHILD ENROLLMENT AND HEALTH INFORMATION  
 FOR CHILD CARE**

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 Program/Home	
Home Address				City	
State		Zip Code		Home Telephone Number	
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City			State		Zip
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name			Relationship to Child		
Home Address			Home Telephone Number		
City			State		Zip
Email Address (if applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
<b>Emergency Contacts:</b> Parents <b>cannot be listed</b> as emergency contacts. List the name of <u>at least one person</u> 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. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
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 perform child specific care, such as: 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 family child care 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 your 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, or perform child specific care such as: to 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 <b>medical personnel</b> 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.

**Diapering Statement**

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the following)
The program's policy is to check diapers every ____ hours. Please indicate if you want your child's diaper checked according to the program'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>
Program or Home Name <b>Orrville YMCA</b>		Program or 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 program's or home's policies and procedures/handbook.    Yes    No  
(check one)

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.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
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 child care providers to meet the requirements to rules 5101:2-12-15 and 5101:2-13-15. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

Ohio Department of Job and Family Services  
**FAMILY INFORMATION**  
**FOR STEP UP TO QUALITY PROGRAMS (SUTQ)**

Child's Name <i>(Last)</i>	<i>(First)</i>	Nickname <i>(If any)</i>
<p><i>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.</i></p>		
Who is in the child's immediate family?		
Who lives at home with your 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, etc.? Additional Details?		
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details?		
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)		
Do you have any pets at home? If so, what are they and what are their names?		
Has your child had a previous care arrangement? <input type="checkbox"/> Yes or <input type="checkbox"/> No Additional Details? (Center based, in home, with family, with parents, etc.)		
My child drinks <input type="checkbox"/> milk, <input type="checkbox"/> formula, <input type="checkbox"/> juice or <input type="checkbox"/> water. <i>(Check all that apply)</i> How much and how often?		
Does your child have any favorite foods?		
Does your child dislike any foods?		
Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)		

Please check all of the words that best describe your child's personality and behavior

- active  adventurous  affectionate  anxious  bossy  bright  busy  calm  cautious  cheerful  
 content  creative  curious  easily-angered  emotional  energetic  excitable  friendly  gives-in-easily  
 happy  hesitant  insecure  jealous  likes structure/routines  loud  loving  mellow  outgoing  
 prefers adult attention  quiet  sensitive  serious  shares-well  social  spontaneous  stubborn  tentative  
 other:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

My child sits in a  high chair,  booster,  child size chair or  adult size chair. (Check the one that applies.)

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

What time(s), and for how long, does your child usually nap?



Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain.	
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?	
What other information would be helpful for the staff caring for your child to know?	
Parent/Guardian's Signature	Date



# FIELD TRIP PERMISSION

CHILD'S NAME \_\_\_\_\_  
 DOB \_\_\_\_\_

By initialing & signing below, I hereby grant permission to the Orrville YMCA for my child to travel by foot or by bus from the Orrville YMCA to the following locations for summer field trips on the dates indicated.

\*Field Trip schedules are subject to change based on extenuating circumstances.

\*\* Water with a depth greater than 2-feet will be present on the grounds of this trip.

WK	DATE	FIELD TRIP	TIMES	PARENT INITIALS
2	June 15, 2017	<b>Akron Zoo**</b> (500 Edgewood Ave, Akron, OH 44307 330.375.2550)	9:30AM-3:00PM	
3	June 22, 2017	<b>Great Lakes Science Center</b> (601 Erieside Avenue, Cleveland, OH)	9:30AM-3:00PM	
4	June 30, 2017	<b>Character Olympics at Lake Community YMCA**</b> (428 King Church Ave. SW, Uniontown, OH 44685 330.877.8933)	9:00AM-3:00PM	
5	July 6, 2017	<b>McKinley Museum</b> (800 McKinley Monument Drive NW, Canton OH 330.455.7043)	9:00AM-2:30PM	
6	July 13, 2017	<b>MAPS Museum &amp; Boettler Park**</b> (2260 International Pkwy, North Canton, OH 44720 330.896.6332) (5300 Massillon Rd, North Canton, OH 44720 330.896.6621)	9:15AM-3:00PM	
7	July 20, 2017	<b>Kroc Community Center Park **</b> (527 E. Liberty St, Ashland. OH 419.281.8001)	10:00AM-2:00PM	
8	July 27, 2017	<b>Akron Rubber Ducks Game **</b> (Canal Park, 300 S. Main St, Akron, OH 330.253.5151)	9:30AM-2:00PM	
9	Aug. 3, 2017	<b>OARDC Secrest Arboretum **</b> (1680 Madison Avenue, Wooster, OH 44691 330.263.3761)	10:00AM-4:00PM	
10	Aug. 10, 2017	<b>Spangler-Wooster Memorial Park**</b> (Township Hwy 4, Wooster, OH 44691 330.263.5207)	9:30AM-2:30PM	
	I give permission for my child to walk to Orr Park (400 N. Elm St, Orrville, OH) one day each week they attend between the dates of June 1 and Aug. 18, 2017 to utilize the park playground and to participate in planned activities.			

The Center will provide one additional staff member for every 18 children when we are offsite and one additional staff member per 10 children for swimming fieldtrips and routine trips.

I understand that field trips will leave promptly each day. All children who go will participate in the activities planned on that trip. I understand that swimming will be part of some of these activities. I understand my child must be at the Orrville YMCA by time listed above on field trip days or he/she may miss transportation to the field trip location. If this happens, the YMCA will not provide care for my child that day. We will return from trips by time listed above unless extenuating circumstances arise.

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

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

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

- Y N I give permission for my child to be included in publicity pictures connected with the program including those used on our website and Facebook page.
- Y N I give permission for my child to walk outside of the YMCA Program building with the staff for the occasional walking trip. Any trips requiring a specific permission slip would be provided including the exact nature of the activity, destination, transportation being used, specific time period, time of departure and return to the center.
- Y N I give permission for my child to participate in youth sports activities that are part of the child care program while at the YMCA.
- Y N I give permission for my child to participate in child care related activities in other areas of the YMCA, including, but not limited to, the Multi-Purpose Room and Karate Studio.

I, the undersigned parent/guardian, do hereby accept all responsibility for, and assume the risk of any injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participation in an Orrville YMCA program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA, the various branches and subdivisions expressly including but not limited to the Board of Trustees of the YMCA, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of the release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns. The Orrville YMCA is not responsible for misplaced or stolen items.

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

\_\_\_\_\_  
Date

Ohio Department of Job and Family Services  
**PERMISSION TO PARTICIPATE IN SWIMMING ACTIVITIES**  
**CHILD CARE CENTERS AND TYPE A HOMES**

Licensing rules 5101:2-12-17 and 5101:2-13-17 require parental permission for the water activities your child will be engaging in: (check all that apply for this activity)

- Before the child swims in water two feet or more in depth.
- Before the child participates in activities *near* water two feet or more in depth - no water activities planned.
- Before infants and toddlers use wading pools.
- Before school children participate in swimming activities in lakes, rivers, ponds, creeks, or other similar bodies of water.

(Check one)

- The center will be providing 1/10 additional adults above the required staff /child ratios.
- The center will NOT be providing additional adults above the required staff /child ratios. (Required ratio is: \_\_\_\_\_ )

**I give permission for my child to participate in the following swimming/water activities:**

Swim site	Orrville YMCA
Date(s)	Designated swim days between June 1, 2017 – August 18, 2017
Departure/Arrival Times from Center	On site- swim from 12 PM – 3 PM
Mode of Transportation (parent's driving, provider vehicle, public transportation, school bus, etc.)	N/A – Swim on site
Child's Name and Date of Birth	
My child is a: <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer	

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

This is a sample form provided by ODJFS.

# Orrville YMCA Summer Day Camp

## BEHAVIOR GUIDANCE / MANAGEMENT POLICY

Our goal is to set guidelines and limitations to develop a feeling of self-worth and competence. Each site has rules that need to be followed by each child. The Camp Director/Counselors will review these rules with the groups and they will be posted.

When children are on field trips or at the YMCA for swimming or other activities participants will be expected to abide by the rules pertaining to each program area and on the bus.

When behavior management problems arise, staff will use a problem-solving approach to support children in resolving conflicts. In this six step approach, a staff will:

1. Approach calmly, stopping any hurtful actions or language.
2. Acknowledge the children's feelings using simple descriptive words.
3. When the children are calm, gather information by asking the children to describe the problem in their own words.
4. Restate the problem to clarify issues and restate any hurtful language.
5. Ask the children for ideas and choose a solution together involving natural consequences.
6. Give follow-up support to make sure the problem is solved and the children are satisfied.

All direct care staff and support staff (i.e. food service or janitorial) will follow this policy. At no time will any form of corporal punishment or shaming be used. Children are never deprived of food as a form of discipline. The entire group is not punished for the actions of one or a few. Children are not restricted from activities for extended periods of time. If the conflict resolution steps and redirection to other activities fail, the next step will be a discussion with the parent or guardian to develop a behavior plan consistent with our discipline policy and licensing guidelines.

If the behavior still continues, a suspension will result. The number of days suspended will be determined by the severity of the action. A last resort will be to expel the child from the program.

Our disciplinary steps are always based on an understanding of the individual child's needs and stage of development. It is our desire to help each child develop self-control, as well as respect for the rights of others.

When there are recurring problems, sufficient attempts to follow the above steps have failed, and the behavior involved may result in unsafe conditions for the child, others or the program environment, immediate removal from the program may be necessary. Examples may include running from staff to an unsafe area, bringing a weapon to child care, or physical or verbal confrontations with another child or staff. Such confrontations will result in an immediate "pick-up" for the day.

Abusive language or actions of parents may also result in dismissal of the child.

**Please initial each statement and sign below:**

\_\_\_\_\_ I understand that in a crisis situation, my child may be physically held to prevent bodily harm to self  
initials and/or others, or the destruction of property. Physical holding shall be utilized for the minimum frequency and duration possible and shall not be used as punishment, convenience for staff, or as a means for compliance with behavioral expectations.

\_\_\_\_\_ I have read and understand the above stated Discipline Policy.  
initials

**SIGNATURE** \_\_\_\_\_  
(Parent or Guardian)

**DATE** \_\_\_\_\_

**ORRVILLE YMCA**  
**Schedule and Tuition Agreement**  
**Summer 2017**

Child's Name \_\_\_\_\_ Start Date \_\_\_\_\_

Are you responsible for entire tuition payment? \_\_\_\_\_ (If "no" please explain)

Are you receiving assistance through Ohio Jobs and Family Services? YES NO Copay? \_\_\_\_\_

**Please circle your tuition schedule:**

Program	Y Member 1-3 days	Non-Member 1-3 days	Y Member 4-5 days	Non-Member 4-5 days
Day Camp	\$107	\$120	\$125	\$150

**Please put an "X" on each week that your child will attend camp.**

If he/she will be attending part-time, please circle the days of the week that he/she will be in attendance.

<b>1</b> 6/5-6/8	<b>2</b> 6/12-6/16	<b>3</b> 6/19-6/23	<b>4</b> 6/26-6/30	<b>5</b> 7/3-7/7	<b>6</b> 7/10-7/14
M T W H F	M T W H F	M T W H F	M T W H F	M W H F	M T W H F
<b>7</b> 7/17-7/21	<b>8</b> 7/24-7/28	<b>9</b> 7/31-8/4	<b>10</b> 8/7-8/11	<b>11</b> 8/14-8/18	
M T W H F	M T W H F	M T W H F	M T W H F	M T W H F	

**Payment Options**

1. Bank Drafting (Please include a voided check). Drafts will occur on the 1<sup>st</sup>, 11<sup>th</sup>, and 21<sup>st</sup> of each month.

Account Type:  Checking  Savings

Bank \_\_\_\_\_

Bank Address/City/State/Zip \_\_\_\_\_

Transit & Route # \_\_\_\_\_

Account # \_\_\_\_\_

2. Credit Card Draft. Drafts will occur on the 1<sup>st</sup>, 11<sup>th</sup>, and 21<sup>st</sup> of each month.

Credit Card  Debit Card

MasterCard  VISA  Discover  American Express

Issuing Bank Name \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Account # \_\_\_\_\_ CVV# \_\_\_\_\_

**Payment Policy:**

- Camp fee payment is due one week in **advance** of attendance.
- ODJFS Co-pays are due weekly.
- Accounts that have a balance of 2 weeks or more will be considered delinquent – Y staff will be contacting the responsible parent to reconcile balance and keep the account current.
- Payments/Refunds will be applied to any outstanding Y balances first then to current programming fees.
- The Orrville YMCA Day Camp closes at 6:30PM. A \$1 per minute per child late fee is charged after 6:30PM.
- I understand I will be charged for the program and rate for which I signed up my child.
- I understand that weekly tuition is not adjusted for days missed due to illness.
- A **2 week written notice** is required for any change in camp schedule, otherwise the account will be charged based on the schedule for which you signed up.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Grant and United Way Information**

Agencies like the United Way allocate funds to the YMCA every year. We use this money to help with financial assistance to those who need it which in turn keeps fees lower. Please fill in the information requested below to help the Child Care Programs with our funding requests.

Child's Gender (circle): Male                  Female

Child's Race (please circle one below)

American Indian/Alaska Native

Asian

Black/African American

Hispanic/Latino

Native Hawaiian/Pacific Islander

White

Family Size (please circle one): 2      3      4      5      6      7      8

Household Income Level (please check one):

\_\_\_\_\_ \$0-\$9,999

\_\_\_\_\_ \$30,000-\$39,999

\_\_\_\_\_ \$10,000-\$19,999

\_\_\_\_\_ \$40,000-\$49,999

\_\_\_\_\_ \$20,000-\$29,999

\_\_\_\_\_ \$50,000+

**Thank you for completing the information above. It is greatly appreciated and will be very beneficial in our grant application process.**