



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Ashland YMCA "Y" Kids

2025/2026 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 follow state regulations properly. A Welcome email will be sent out to inform you that you are registered. Welcome emails will not be sent until on or after June 15th, once Summer Camp is underway. Communication about "Y" Kids will be mainly email so please watch your email once you have received the Welcome email and throughout the school year for updates.

To receive member rates for the program, you must have a membership or Membership for All 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.

2025/2026 School Year Calendar

August

Center closed for Shut Down- 3rd week of August

Care provided first day of school

September

Labor Day- Center closed no care provided

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.

"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

\$140

\$180

2-3 Days PM Only

\$160

\$230

2-3 Days Both

\$220

\$340

4-5 Days AM Only

\$150

\$200

4-5 Days PM Only

\$170

\$255

4-5 Days Both

\$250

\$370

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 Child Development Director. Payments will be processed on 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****

Parent Signature _____ Date _____

"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 initials

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(s) 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 initials

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 always have two supervising staff and a certified lifeguard on duty. 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 _____

**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

"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** _____

YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parents or legal guardian have 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.soundtrack 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 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 the YMCA of the USA;
- 2.The Y has no duty of confidentiality regarding any licensed uses.
- 3.The 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, soundtrack 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 (of child): _____ 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

Homeroom Page Photo Release

The Ashland YMCA "Y" Kids shares photographs of classes and participants on our gethomeroom.com website 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. _____ Parent initial

OR

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

Family Information Sheet

Child's Name _____ Nickname _____

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? __Yes __No (if yes circle one: Center based, in home, with family, with parents, other_____)	
Are there any foods that your child should not be fed? (allergies, culture, religion based)	
Describe your child's personality and behavior	
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)	
Any other information about your child you feel will be helpful to us?	
Parent Signature	Date

Family Needs Survey for Step up to Quality

We want to support any needs you or your family may have. The information you provide on this for is CONFIDENTIAL

Please circle Y (Yes) or N (No) to best describe your current situation for each topic. If you circle Y for an item, please briefly list the CONCERN if this is an area of need for your child or family. Our goal is to provide resources to support you and your family, based on your answers.

Child/Children's Name(s):	Caretaker's Name:	Date Completed:
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TOPICS	Briefly List CONCERN
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Child Development and Education- Does anyone in your family have any need for resources or support in the areas listed below?

Y	N	Information on growth and development.	
Y	N	Guiding and supporting a child's behavior.	
Y	N	Medical or disabilities or possible conditions for any child or adult in the family.	
Y	N	Obtaining toys or activities to use to help any child in your home.	
Y	N	Preparing your child for kindergarten.	

Child and Family Health- Does anyone in your family have any need for resources or support in the areas listed below?

Y	N	Health insurance and/or access to regular medical care, dental care or medications.	
Y	N	Medical or health supplies or supports that anyone in your family needs.	
Y	N	Accessing immunizations.	
Y	N	Finding a pediatrician, general practitioner, dentist, therapist, psychologist, optometrist, or other specialty practitioner.	
Y	N	Concerns with depression, anger, anxiety, or mental health needs.	
Y	N	Concerns with alcohol, drug or addiction problems.	

Financial and Household Supports- Does anyone in your family have any need for resources or support in the areas listed below?

Y	N	Help paying for childcare.	
Y	N	Help finding housing or safe housing.	
Y	N	Help paying your mortgage or rent.	
Y	N	Help with food expenses.	
Y	N	Finding household items such as furniture, clothing, or school supplies.	
Y	N	Access to transportation or transportation expenses.	
Y	N	Attending school (such as GED, Certifications or college degrees)	
Y	N	Help finding work or job training	

Are there other needs you or your family have that are not listed above:

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Parent Signature:	Date:
Administrator or Designee Signature:	Date:

FOR STAFF USE:

Resources provided to the family:
Administrator or Designee Signature and Date:
Referrals provided to the family:
Administrator or Designee Signature and Date:

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 #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)		Cell Phone (if applicable)			
Parent's Work/School Name		Parent's Work/School Telephone Number			
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information 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 #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)		Cell Phone			
Parent's Work/School Name		Parent's Work/School Telephone Number			
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information 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?					
Emergency Contacts: Parents cannot be listed 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 if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be 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 Medical Foods

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 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/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 to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

☐ No

☐ Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or 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 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

☐ No

☐ Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

☐ No

☐ Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

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 file.

☐ N/A - program does not provide meals or snacks to the child.

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.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

☐ Not applicable

Child's Name

This portion does not pertain to this program

Diapering Statement

Is your child toilet trained? ☒ Yes (If yes, skip to Emergency Transportation Authorization section)
☐ No (If no, fill out the following:)

The program's policy is to check diapers every N/A hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

☐ I agree with the program's schedule ☐ I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport		Do Not Give <u>Permission</u> to Transport
Program or Home Name Ashland YMCA	OR Do not sign both	Program or 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		Parent's Signature
Date		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, 5101:2-13-15, and 5101:2-14-04. 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.

****We are a fully potty trained facility.**

We cannot diaper the children in our care.***

