



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ASHLAND YMCA KINDER, JUNIOR AND SENIOR SUMMER CAMP REGISTRATION PACKET 2026

Thank you for your interest in the Ashland YMCA Summer Camp. Enclosed is important registration information. Our center is open from 6:30am until 6:00pm. Camp will run from June 9th- July 31st. There will be care provided 8/3-8/14 at an additional cost. We are closed 8/17-8/21 for maintenance.

Preschool Camp is for children ages 3-5 who are potty-trained.

Kinder Camp is for those who have **completed** Kindergarten or will be entering Kindergarten in the fall.

Junior Camp is for those who have **completed** 1st grade through 2nd grade.

Senior Camp is for those who have **completed** 3rd grade through 5th grade.

Please complete and submit your registration paperwork along with a non-refundable \$25.00 registration fee/per child (\$50.00 maximum) for approval and acceptance by Christie Krumlaw, Child Development Director. The registration fee is waived if your child is continuing to Summer Camp from a current YMCA school program if you have already paid the registration fee for the school year.

To receive Member rates for the program, you must show proof of membership or Membership for All eligibility at the time of registration.

Due to high demand, we cannot prorate or accommodate other than what is listed.

We are planning an eventful summer for your child while they are in our care. My hope is that you and your child have a positive experience in our program this summer. We look forward to getting to know each of you and creating fond memories at the Ashland YMCA Summer Camp!

Once this packet has been completed and processed, if you decide not to attend our Summer Camp, a \$25 unenrollment fee will be charged if no attendance has occurred.

Sincerely,

Christie Krumlaw

Child Development Director

YMCA 419-289-0626

ckrumlaw@ashlandy.org

Please note: You are not considered registered until you receive email confirmation from Christie Krumlaw, Child Development Director.

Summer Camp Calendar 2026

June

9th- First Day of Summer Camp

July

31st- Last Day of Summer Camp!

August

3rd-7th- Weekly Rates for Transition Care

10th-14th- Weekly Rates for Transition Care

17th-21st- Shut Down Week (No Care Provided)

24th- First Day of School Grades 1-12 & "Y" Kids begins (Ashland City Schools)

YMCA SUMMER CAMP T-SHIRTS

Every year you may purchase matching t-shirts to wear on special days at camp. The shirts are \$11.00 and cover the cost of the shirt and the printing. You may also purchase a YMCA drawstring bag for \$7.00. Please send this in with a check made payable to the YMCA of Ashland, Ohio. **This is not required** of the children but we will have days where they will be given the opportunity to wear the shirts to Summer Camp. Please write a separate check and give to administration for proper record keeping. **This is only an option to buy until camp begins in June.**

*This is not required just something we offer to the children

-----cut here-----

Child's Name _____

Shirt Sizes:

CXS _____ CS _____ CM _____ CL _____ AS _____ AM _____ AL _____

Bag Colors:

Purple _____ Green _____ Red _____ Royal _____ Black _____

Parent/Guardian Signature _____

Administrator use only:

_____ Enclosed \$11.00 for the cost of the shirt

_____ Enclosed \$7.00 for the cost of the bag

_____ Enclosed \$16.00 for the cost of a shirt and bag

KINDER, JUNIOR AND SENIOR SUMMER CAMP REGISTRATION

Child's (**FULL**) Name _____

Address _____ City _____ State _____ Zip _____

Email _____

Grade Completed This School Year _____ Birthday _____

Mother/Guardian _____ Phone _____ Work _____

Father/Guardian _____ Phone _____ Work _____

*Please Mark Days and Times Your Child Will Attend.

Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____
 IN/OUT IN/OUT IN/OUT IN/OUT IN/OUT

SUMMER CAMP

WE WILL NEED CARE THE WEEK OF:

Members	Guest	Members	Guest
_____ 3 days \$440/month	_____ 3 days \$650/month	_____ 8/4-8/8 _____ 8/11-8/15 3 days \$130/week	_____ 8/4-8/8 _____ 8/11-8/15 3 days \$180/week
_____ 5 days \$640/month	_____ 5 days \$800/month	_____ 8/4-8/8 _____ 8/11-8/15 5 days \$180/week	_____ 8/4-8/8 _____ 8/11-8/15 5 days \$220/week

*Prices reflected above are based on a monthly basis. We do not offer part time care, or prorating. The prices listed above is the rate to be paid each month of the summer. **There will be a \$10 discount if scheduled payments are set up.**

Parent Signature **Date**

Financial Agreement

I agree to pay the Ashland YMCA Summer Camp the stated amount of tuition indicated for my child's care. Tuition is due June 1st through July 31st. A two-week notice of withdrawal is required from camp. To receive the member rate, I understand that my child must be an active member. That membership must be in place a minimum of 2 weeks prior to camp starting. 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. I understand that scheduled payments are an option and if I choose to utilize that option payments will be set up on or before the 14th of each month. If I choose a later date, I understand that the payment will be taken the month prior to the month it is the payment for.

JFS Families only: If I am a JFS family I will have all the 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 Initials _____ 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 the YMCA swimming program. The center will always have two supervising staff and certified lifeguards on duty.

My child also has permission to participate in gymnastics. Children will be supervised and assisted during gymnastics, to maintain a safe and healthy environment.

My Child has permission to ride the Ashland Transit from the YMCA to Brookside Park Pool on the pool special event day and other occasions transit is needed. Children will be taught safety while on walking trips, under the supervision of the classroom teachers.

My child has permission to participate in Kids Fit with the Sports Director once a week during camp time.

My Child is a _____ Swimmer (Can swim in the deep end if they pass the swim test)

_____ Non-swimmer (Must stay in the shallow end)

_____ Needs a Life Jacket (Stays in the shallow end with life jacket)

*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 _____

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 severe 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 _____

Brookside Rules and Permission

A minimum of one time this summer, usually the week of the Ashland Chautauqua, the Kinder, Junior and Senior Campers will go to Brookside Park to swim. Ashland Transit will transport us to the park. Pick up that day will be at Brookside Park. Below are the rules for Brookside Park.

*Campers may bring up to \$5 for the concession stand but it is not required. Camper is responsible for any money brought. Staff not held liable for lost money or how money is spent.
*Sunscreen will be applied during each adult swim.

*No floatation devices permitted. Only goggles that do not cover the nose.

*Campers must remain in the pool area until picked up by a parent.

*Parents must pick up from Brookside on these special event days

*Campers must bring a suit and towel. Campers may not share towels.

*Campers must pass Y swim test to be permitted to go into the deep end at Brookside.

*Campers must have a buddy with them whenever changing location and tell a staff person when changing location.

*Campers must be responsible for their own personal property. Staff will not be held responsible for lost items.

*If a camper cannot follow these rules, a parent will be called to pick up and camper will not be permitted to attend future pool days.

Parent Signature _____

Date _____

Transit Permission

Child's Name _____ DOB _____

____ Has my permission to go with the Summer Camp staff to Brookside Park Pool or any other field trip that requires transportation on the Ashland Transit. I have read and agree with the safety rules. Staff to child ratios will be maintained at all times. Emergency and First Aid kit will be taken each time. Staff are First Aid and CPR certified and will have access to a phone at all times.

____ Does not have permission to go to Brookside Park Pool and we will make other arrangements for our child on Pool days.

Parent Signature _____

Date _____

**Ashland Family YMCA Kinder, Junior & Senior Summer Camp
Emergency Pickup Information**

Persons authorized to pick up child from camp 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 preschools to have a roster of all children enrolled in preschool. 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

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.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 with 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 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, 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.

Printed Name (of child): _____ Age: _____

Address: _____

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

Signature of parent or legal guardian: [redacted]

Printed name: _____

Sign this portion only if you give permission to use your child’s picture on the YMCA website, social media or advertisement

Homeroom Page Photo Release

The Ashland YMCA Preschool 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.

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 _____

Summer Camp 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 Summer Camp. (please circle the appropriate **category** and **amount of days**.)

CHILD'S NAME

3 DAYS

Member

5 DAYS

Guest

8/4-8/8 Care

8/11-8/14 Care

Amount Paid _____ on the _____ of each month (if no date is given it will be taken on the first of every month, if date is after the 14th it will be applied the month prior to the month of care)

Checking _____ Bank Name _____

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

Account # _____ Routing # _____

Credit Card _____ Mastercard _____ Visa _____ Discover _____ Other _____

Account # _____

Expiration Date ____/____

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. The change of payment will not affect other provisions and terms of my contract.

Signature _____ **Date** _____

Scheduled Payment Agreement

I UNDERSTAND that when enrolling in the Ashland YMCA Preschool 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 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 \$20.00 charged.

Initials _____

****There is a 3% charge for card payments.**

Family Information For Step Up to Quality "Y" Kids

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? <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 must 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?	
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

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:

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 Children and Youth
**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 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. 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 DCY 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 DCY 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 DCY 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 DCY 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a DCY 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 Permission to Transport

Do Not Give Permission to Transport

Program or Home Name

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.

OR

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:

Do not sign both

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.

Table with 4 columns: Parent/Guardian Initials, Date of Review, Administrator/Designee Initials, Date of Review. Three rows for tracking reviews.

Note:

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5180:2-12-15, 5180:2-13-15, and 5180:2-14-04.

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.

