LEARNING HAPPENS HERE

TUSCARAWAS COUNTYYMCA
DAY OFF PROGRAM

Have agreat time while school is out!

Hours: 9:00 AM - 4:00 PM

Extended Hours Available 7-9 AM and 4-6 PM at no additional charge

This state-licensed program will include: Swimming, Snack, Art & Craft Activities, and Group Games & Sports.

This School Day Off / Snow Day Program follows the Dover/New Philadelphia School's Calendar.

DAILY RATES

Per Student

Y Member $40
Community Member $50

FINANCIAL ASSISTANCE AVAILABLE & PUBLICLY FUNDED ASSISTANCE ACCEPTED

Questions/Concerns Contact:
Youth and Family Director Jeff Bray at 330-365-5511 Ext. 310 or jeff@tuscymca.org

TUSCARAWAS COUNTY YMCA
600 MONROE STREET, DOVER, OHIO 44622 330-364-5511 WWW.TUSCYMCA.ORG

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NO SCHOOL? NO PROBLEM!

TUSCARAWAS COUNTY YMCA
DAY OFF / SNOW DAY INFORMATION GUIDE

Students Kindergarten - 8th Grade

Our Day Off Program at the Y gives parents peace of mind that their child is well cared for in a safe, nurturing environment. Parents can drop off their child[ren] on their day off of school to make new friends, create science projects, and participate in other academic enrichment activities, as well as provide many opportunities to play.

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YMCA DAY OFF PROGRAM

ESSENTIALS

Mission: **The Tuscarawas County YMCA Day Off Program provides a safe and healthy environment based on the Character Counts Values. Homework assistance and physical activity will be provided daily.**

Hours: 9:00 AM - 4:00 PM

Note: Parents must pick children up every day by 6:00 PM.
Extended hours 7-9 AM and 4-6 PM.

*The YMCA is not responsible for lost, broken, or stolen items.

Meals

Lunch will start at 11:30 AM. Students should bring their lunch with them to the program. A healthy snack will be provided for the afternoon.

Swimming

Swimming will be from 2:00 PM - 3:00 PM daily. Please have your child bring a swim suit and towel. Appropriate swim attire for girls and boys is: one-piece swimsuit for girls and short-styled swim trunks or board shorts for boys. Locker rooms will be supervised by counselors.

A DAILY SNAP SHOT

DAY OFF/SNOW DAYS CHEDULE

7am-9am:	Extended Care
9am-9:20am:	Welcome and Lesson
9:20am-9:30am:	Bathroom Break
9:30am-10am:	Gym Time/Outdoor Time
10am-11am:	Centers
11am-11:10am:	Bathroom Break
11:10am-Noon:	Lunch
Noon-1:20pm:	Gym Time/Outdoor Time/Craft/Movie
1:20pm-1:45pm:	Change for Swim
1:45pm-2:45pm:	Swimming
2:45pm-3:10pm:	Change from Swim
3:10am-3:30pm:	Snack Time
3:30pm-4pm:	Free Play
4pm-6pm:	Extended Care

*Daily schedule is subject to change.

GETTING STARTED

DAY OFF / SNOW DAY ENROLLMENT FORMS

IMPORTANT: ALL paperwork must be completed and returned before the first day. Please read handbook and check over camp procedures.

A DCY-01234 Medical Form must be up to date and on file before child starts.

Date of Admission for Day Off/Snow Day Program I want my camper to start _____

Child's Name: _____

Child's Birth Date: _____

Parent/Guardian: _____

Phone Number: _____

Parent/Guardian: _____

Phone Number: _____

Emergency Contacts: Must be an adult(18 or over). Please provide 2 contacts.

Name:_____ Name:_____

Relationship to child: _____ Relationship to child: _____

Phone Number: _____ Phone Number: _____

List any special concerns for your child: (IEP's, food allergies, medical conditions, etc.) If any medications must be given during program hours, authorization paperwork must be completed by parent.

_____

_____

_____

_____

If you have any questions please contact
Youth and Family Director Jeff Bray at 330-365-5511 Ext. 310 or jeff@tuscymca.org

Parent/GuardianName(PRINT):_____

Parent/GuardianSignature(Required): _____ Date: _____

TUSCARAWAS COUNTY YMCA DAY OFF / SNOW DAY PROGRAM

BACKGROUND INFORMATION

Child's Name:_____Child's Birth Date:_____

Child's Address:_____

PARENT INFORMATION

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Occupation:_____ Work Number: _____

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Occupation:_____ Work Number: _____

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Occupation:_____ Work Number: _____

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Occupation:_____ Work Number: _____

Isthere a court order, judgement entry, or custody paper concerning this child? If yes, papers need to be in child's file for his/her protection. ☐ YES ☐ NO

What activities is your child involved in?

_____

_____

_____

What method of behavior modification do you use at home?

_____

_____

_____

Are there special concerns we should know about?

_____

_____

_____ Is

Is there anything that makes your child upset?

_____

_____

_____

TUSCARAWAS COUNTY YMCA DAY OFF / SNOW DAY PROGRAM

PICK UP PERMISSION

These people have permission to pick up my childfrom theTuscarawas County YMCA Day Off/Snow Day Program. I will notify staffwho (from the list below) will pick upmy child on a daily basis.

For first time pick up, please have Photo ID for verification.

1. Name: _____
2. Name: _____
3. Name: _____
4. Name:_____
5. Name: _____

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature (Required): _____ Date: _____

TUSCARAWAS COUNTY YMCA DAY OFF / SNOW DAY PROGRAM

WAIVER

Child's Name: _____ Birth :_____

Participant specifically assumes all risk of injury arising out of his/her presence on the premises of the Tuscarawas County YMCA, the use of its equipment or facilities, or their participation in activities whether on the premises or at another location. I and my heirs and assigns hereby waive, release and agree to hold free from all claims of damages for of the Tuscarawas County YMCA and its officers, directors, members, employees, or agents. I understand the risks and dangers involved in participating in the programs and activities at the YMCA. My child is physically capable of participating in such programs. My child agrees not to participate in any other activity that may injure themselves or others.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature (Required): _____ Date: _____

TUSCARAWAS COUNTY YMCA DAY OFF / SNOW DAY PROGRAM

PHOTO/VIDEO RELEASE

_____ I DO give permissiontothe Tuscarawas County YMCA to use, without limitation or obligation, photographs, filmfootage, or taperecordings that may include images or voice for purposes of promoting or interpreting Tuscarawas County YMCA programs. This can include, but is not limited to, social media platforms, commercials, or internet websites.

_____ I DO NOT give permission to the Tuscarawas County YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings that may include images or voice for purposes of promoting or interpreting Tuscarawas County YMCA programs. This can include, but is not limited to, social media platforms, commercials, or internet websites.

Child's Name: _____

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature (Required): _____ Date: _____

PARENT RELEASE FOR MOVIE DAYS

We show movies during free time. By signing below, you are giving permission for your child to see a "G" or "PG" rated movie. The "PG" rated movie will be approved by the Child Care Director.

Child's Name: _____

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature (Required): _____ Date: _____

SWIMMING ACTIVITY PERMISSION

Child's Name:_____Birth Date:_____

I permit my child to participate in swimming/water activities. A deep-end test will be given. Swimming will take place at the Tuscarawas County YMCA, 600 Monroe Street, Dover, Ohio, 44622.

Check one:

My child is: ☐ a swimmer (deep end) ☐ non swimmer (shallow end)

The YMCA will always have two lifeguards on duty swim time. At least two additional staff (which will be over the licensing ratio requirement) will also be on duty.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature (Required): _____ Date: _____

TUSCARAWAS COUNTY YMCA DAY OFF / SNOW DAY PROGRAM

POLICY REVIEW STATEMENT

Parents/ Guardians, after reading the handbook, please sign acknowledging that I have read and received acopy of the parent handbook for the Tuscarawas County YMCA Day Off Program. I agree to follow all policies within.

Child's Name: _____

Parent/Guardian Name (PRINT): _____
Parent/Guardian Signature (Required): _____Date: _____

TUSCARAWAS COUNTY YMCA DAY OFF / SNOW DAY PROGRAM

SCHEDULE AND PAYMENT AGREEMENT POLICIES

Child's Name: _____ Child's Birth Date: _____

Please initial each of the following:

_____ I understand I will be charged for the program and rate for which I signed up my child.

_____ A change in schedule must be submitted to the Child Care Director at least two weeks in advance, otherwise the account will be charged based on the schedule for which the student was signed up.

_____ Program payment is drafted in advance of attendance per your agreed upon draft schedule.

_____ Accounts with a balance of 2 weeks or more will be considered delinquent. The responsible parent will be contacted to reconcile the balance and keep the account current. If a payment agreement is not reached or payment is not made, child care services may be suspended.

_____ Payments/Refunds will be applied to any outstanding Y balances first, then to current program fees.

_____ The Tuscarawas YMCA Program closes at 6:00 PM. A $1 per minute per child late fee is charged after 6:00 PM. All late fees will be added to the next week's draft payment. If late pick up occurs more than five times during the summer program, your camp placement may be in jeopardy.

_____ A $30 fee will be assessed for NSF drafts. Should my bank, for any reason, not honor any debit, I am responsible for the payment and the NSF fee. The payment and fee may be collected electronically by a third party.

_____ Failure to communicate any draft issues within 5 business days may result in termination of services.

TUSCARAWAS COUNTY YMCA DAY OFF / SNOW DAY PROGRAM

I will be paying by: ☐ Bank Draft ☐ Credit Card Draft

Draft Authorization: I authorize automatic payments for my child care fees, for the program my child attends, in the amount of the agreed upon weekly payment rate. Drafts will occur automatically until care is terminated in writing or the program ends. A minimum of 10 business days notice is required to stop or edit drafts.

Participant Information:

Child's Name_____ Date of Birth_____

Membership Status: ☐ Family Membership ☐ Youth Member ☐ Non-Member/Community Member

Program: Tuscarawas County YMCA After School Program

Responsible Parent/Guardian Information:

Name: _____

Phone: _____2nd Phone: _____

Are you responsible for entire tuition payment? ☐ YES ☐ NO

(If "no" please explain below)

_____

_____

OhioDepartment of Jobs & Family Services Assistance:

Areyoureceiving assistance through Ohio Jobs and Family Services? ☐ YES ☐ NO

Ifyes,please specify copay amount:_____

*Pleasesee ODJFS policy document from your Child Care Director for all responsibilities for approved cases.

DraftAuthorization: I authorize automatic payments for my child care fees for the program my child attends in the amount of the agreed upon weekly payment rate. Drafts will occur automatically until care is terminated in writing or the program ends. A minimumof 10 business days notice is required to stop or edit drafts.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature (Required): _____ Date: _____