



LEARNING HAPPENS HERE



TUSCARAWAS COUNTY YMCA DAY OFF PROGRAM

Have a great time
while school is out!

Hours: 9:00 AM – 4:00 PM at no additional charge
Extended Hours Available 7-9 AM and 4-6 PM

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.

Questions/Concerns Contact:

TUSCARAWAS COUNTY YMCA
Youth and Family Director Jeff Bray at 330-365-5511 Ext. 310 or jeff@tuscymca.org

DAILY RATES

RATES ARE BASED BY
MEMBERSHIP TYPE

Per Student

YMCA Member \$30

Community Member \$35

FINANCIAL ASSISTANCE

AVAILABLE

&

PUBLICLY FUNDED

ASSISTANCE ACCEPTED



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NO SCHOOL? NO PROBLEM!

TUSCARAWAS COUNTY YMCA DAY OFF / SNOW DAY INFORMATION GUIDE

Students Age 5-14

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.



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



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 DAY SCHEDULE

7:00-9:00 AM	Extended Care
9:00-9:30 AM	Arrival / Ice Breaker
9:30-10:00	Gym Time
10:00-10:30	Indoor Games for Gross Motor Skills
10:30-11:00	Music / Dance / Yoga
11:00-11:30	Restroom Break /Water Break
11:30-12:30	Lunch
12:30-2:00	Independent Exploration
2:00-3:00 PM	Swim Time
3:30-4:00 PM	Snack / Center Time
4:00- 6:00	Extended Care (Supervised Free Play)

Daily Schedule is subject to change.

QUESTIONS/CONCERNS CONTACT:

Youth and Family Director Jeff Bray at 330-365-5511 Ext. 310 or jeff@tuscymca.org

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.

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: _____

Relationship to child: _____

Phone Number: _____

Name: _____

Relationship to child: _____

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/Guardian Name (PRINT): _____

Parent/Guardian Signature (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: _____

Is there a court order, judgement entry, or custody paper concerning this child? YES NO

If yes, papers need to be in child's file for his/her protection.

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 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 child from the Tuscarawas County YMCA Day Off/Snow Day Program. I will notify staff who (from the list below) will pick up my 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 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.

_____ 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 a copy 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.

<p>Participant Information:</p> <p>Child's Name _____ Date of Birth _____</p> <p>Membership Status: <input type="checkbox"/> Family Membership <input type="checkbox"/> Youth Member <input type="checkbox"/> Non-Member/Community Member</p> <p>Program: Tuscarawas County YMCA After School Program</p>
<p>Responsible Parent/Guardian Information:</p> <p>Name: _____</p> <p>Phone: _____ 2nd Phone: _____</p> <p>Are you responsible for entire tuition payment? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(If "no" please explain below)</p> <p>_____</p> <p>_____</p>
<p>Ohio Department of Jobs & Family Services Assistance:</p> <p>Are you receiving assistance through Ohio Jobs and Family Services? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, please specify copay amount: _____</p> <p>*Please see ODJFS policy document from your Child Care Director for all responsibilities for approved cases.</p>
<p>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.</p>

Parent/Guardian Name (PRINT): _____

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