

# 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









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.



# 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:** <u>ALL</u> 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 D	ay Program I want my camper to start
Child's Distal Date	
Daront/Guardian	
Phone Number:	
Parent/Guardian:	
Phone Number:	
Name:	Name:
Relationship to child:	Relationship to child:
Phone Number:	Phone Number:
	(IEP's, food allergies, medical conditions, etc.) If any medicaurs, authorization paperwork must be completed by parent.
If you have any questions please conta Youth and Family Director Jeff Bray at	act 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:		
What activities is your child involved in?			
What method of behavior modification do y	ou use at home?		
Are there special concerns we should know	about?		
	<del></del>		
Is there anything that makes your child ups	et?		

### 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.

1. Name: \_\_\_\_\_

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

2. Name:	
3. Name:	
4. Name:	
5. Name:	
Parent/Guardian Name (PRINT):	
Parent/Guardian Signature (Required):	Date:
TUSCARAWAS COUNTY YMCA DAY	
Child's Name:	Birth :
Participant specifically assumes all risk of injury are premises of the Tuscarawas County YMCA, the use participation in activities whether on the premise assigns hereby waive, release and agree to hold for Tuscarawas County YMCA and its officers, director understand the risks and dangers involved in participate the YMCA. My child is physically capable of participate in any other activity that may in	e of its equipment or facilities, or their s or at another location. I and my heirs and ree from all claims of damages for of the rs, members, employees, or agents. I icipating in the programs and activities at ipating in such programs. My child agrees
Parent/Guardian Name (PRINT):	
Parent/Guardian Signature (Required):	

## TUSCARAWAS COUNTY YMCA DAY OFF / SNOW DAY PROGRAM PHOTO/VIDEO RELEASE

	that may include images or voice for purposes of YMCA programs. This can include, but is not limited	
	recordings that may include images or voice for awas County YMCA programs. This can include, but	
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, or "PG" rated movie. The "PG" rated movie will be app		
Child's Name:		
Parent/Guardian Name (PRINT):		
Parent/Guardian Signature (Required):	Date:	
SWIMMING ACTIV	/ITY PERMISSION	
Child's Name:	Birth Date:	
I permit my child to participate in	swimming/water activities. A deep-end ake place at the Tuscarawas County	
Check one:		
My child is: $\square$ a swimmer (deep end)	$\square$ 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):		

#### **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: