



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

READY SET SUMMER

TUSCARAWAS COUNTY YMCA

KIDDIE CAMP 2026

INFORMATION GUIDE
AGES 3-5



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

PRESCHOOL SUMMER KIDDIE CAMP

TUSCARAWAS COUNTY YMCA

HOURS:

MONDAY-THURSDAY

8:00 AM-11:30 AM

Children will do crafts, play games, sing songs, dance, enjoy a snack and play with water. Special visits from **Community Heroes** like firefighters, police officers, and more!



June 15-June 18

June 22-June 25

June 29-July 2

July 6-July 9

Questions:

Preschool Coordinator Elizabeth Sickinger 330-364-5511
or elizabeth@tuscymca.org

- Bring a clearly marked book bag with extra clothes.
- Please apply sunscreen before getting to the Y. Campers must be able to use the bathroom on their own and change their clothes with minimal help.
- Please make sure your camper is picked up at 11:30. Photo ID required for pick up.

IMPORTANT: Your child cannot attend camp until all paperwork is completed and returned. Drop off paperwork before first day of camp at the Y or email to elizabeth@tuscymca.org.



WEEKLY RATES

REGISTRATION FEE

\$25

NON-REFUNDABLE

YMCA Member

\$55 per week/per camper

Community Member

\$70 per week/per camper

FINANCIAL ASSISTANCE

AVAILABLE &

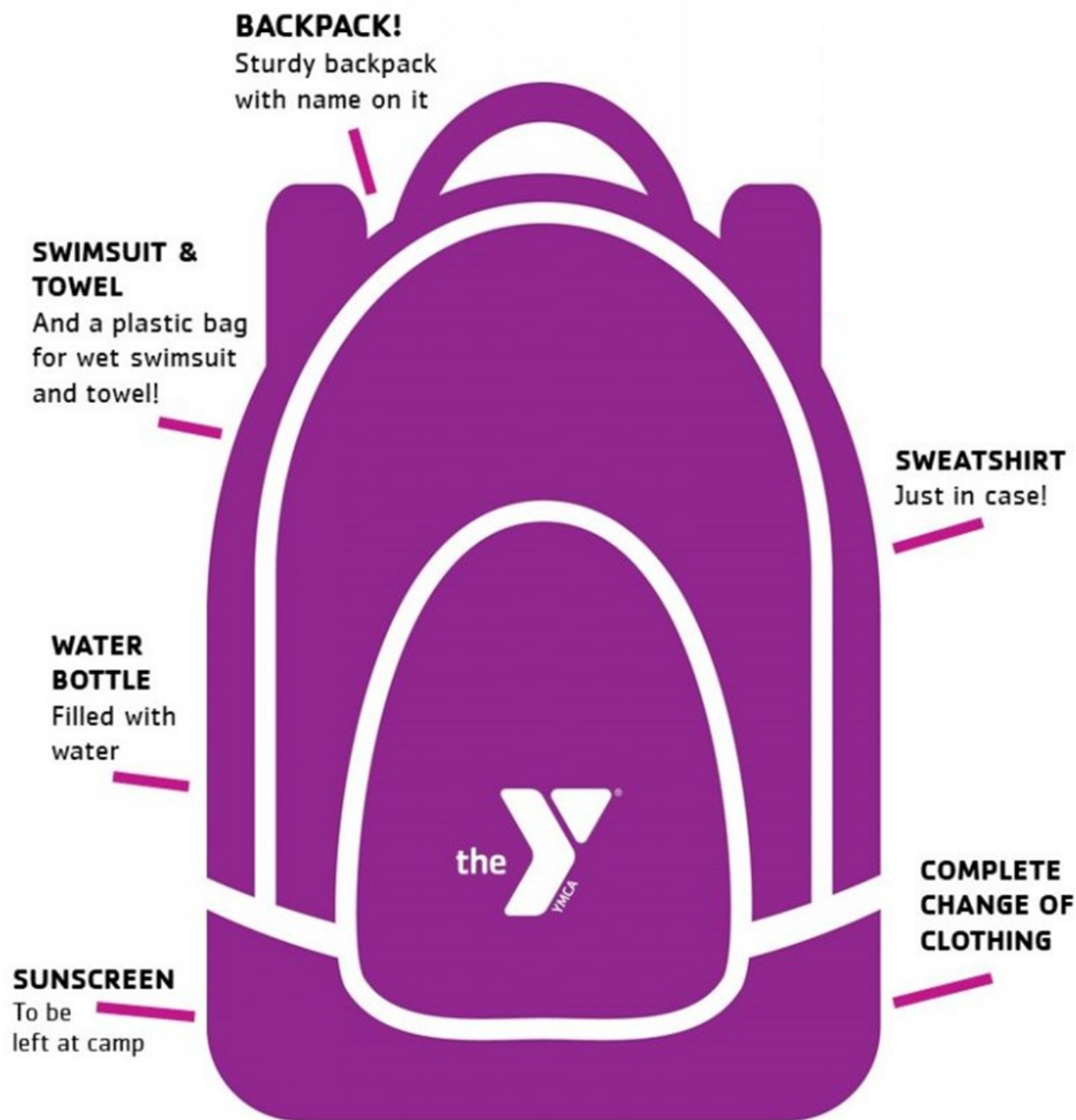
PUBLICLY FUNDED

ASSISTANCE ACCEPTED

TUSCARAWAS COUNTY YMCA

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

WHAT TO BRING



PLEASE ADD THEIR NAME TO EVERYTHING THEY BRING TO CAMP.

Please dress your child appropriately for outdoor play and send your child in sneakers.

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

Outdoor play and physical activity will be provided daily.

ROLE CALL

PROGRAM INFORMATION

RULES & REGULATIONS

Program Enrollment: All students are accepted for this program. A child is considered enrolled in the center only after the administrator confirms the availability of the space and the required paperwork is received. The child health and enrollment form must be completed. Withdrawal from the program will be agreed upon by the parent and/ or the Preschool Coordinator.



BEHAVIOR

Good behavior is key to our success and we want all students to have a great time! Rules are made to keep everyone safe. Respectful language and behavior is expected at all times. Back talk and being disrespectful will not be tolerated. Inappropriate gestures referring to sex, profanity, or racial slurs (directly or indirectly) will not be tolerated. Repeated offenses will result in dismissal from the program.

STUDENT CODE OF CONDUCT AND CORE VALUES

I will be respectful, I will be kind, I will be caring, I will be honest, I will follow the rules, I will do my best and if I fail I will learn from my experience and pledge to do better the next time. I will be a friend and accept the responsibility to be a helper, making the program a great place to be for all.

ABSENCES

It is the parent/guardian's responsibility to notify the staff if a child will be absent from child care due to illness, vacation, or for personal reasons. If an absence is not communicated, staff will contact a parent/guardian in order to verify an absence. In the event that a parent/guardian cannot be reached, staff will call the designated emergency contact and will continue trying to contact parent/guardian until the location of the child is verified.

Program Information > continued on next page

MORE PROGRAM INFORMATION

ILLNESSES

For the health and safety of all participants, please keep children at home when ill. In the event that children are exposed to a communicable disease, staff will promptly post a notice to communicate to all participant families. Staff will also communicate to the parent/guardian of a child who has been exposed to immediately pick up their child in the following scenarios:

- Child is feeling ill during program hours for 20 minutes or longer
- Child has a fever of 101° or higher
- Child is vomiting, has diarrhea, a consistent cough, watery or inflamed eyes, acute skin rash or sore throat
- Child has head lice

MEDICATIONS

If a child requires any self-administered prescription medication, parents are required to bring the medication directly to the YMCA staff in the original prescription container labeled with the child's name, date, directions, and physician's name. A Medical Authorization form must be completed to identify specific instructions for medication use. Emergency medication such as Epi-Pens or inhalers must be accompanied by an individual health care plan form, which can be found at the YMCA program site. If a child needs to take medication home at the end of the day or the week, it is the parent's responsibility to pick it up from YMCA staff. Sharing of medications between the YMCA and schools is not permitted.

ACCIDENTS

If an accident occurs in our care, staff will communicate to parent/guardian at the time of pick up. Staff caring for the child will complete an incident report for any accident considered serious, detailing the first aid provided. If the accident involves a head injury, parent/guardian will be notified as soon as possible. If emergency treatment is warranted, the staff will immediately notify parents. The child will be transported by ambulance, along with a staff member, to the nearest medical facility specified by the parent in the child's file.

EMERGENCY PLAN

All YMCA staff are prepared and trained to activate emergency procedures in the event of severe weather, fire, or other conditions that require building evacuation or other immediate safety measures. YMCA program location has a disaster emergency plan, please ask YMCA staff if you would like to obtain a copy.

If you have any questions please contact

Preschool Coordinator Elizabeth Sickinger at elizabeth@tuscymca.org or 330-364-5511 ext 312

A DAILY SNAP SHOT

KIDDIE CAMP SCHEDULE

8:00-8:15	Arrival/ Attendance
8:15-8:45	Songs & Dance
8:45-9:15	Arts & Crafts
9:15-9:45	Gross Motor Games
9:45-10:15	Independent Exploration
10:15-10:45	Snack
10:45-11:30	Clean Up/Goodbyes

Daily Schedule is subject to change.



If you have any questions please contact
Preschool Coordinator Elizabeth Sickinger at elizabeth@tuscymca.org or 330-364-5511 ext 312



GETTING STARTED

KIDDIE CAMP ENROLLMENT FORMS

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

Date of Admission for Summer Camp 2023: I want my camper to start _____

T-Shirt Size (select one): Youth Sizes ☐XS (2-4) ☐YS (6-8) ☐YM (10-12) ☐YL (14-16)

Child's Name: _____

Child's Birth Date: _____

Parent's Name: _____

Phone Number: _____

Parent's Name: _____

Phone Number: _____

Emergency Contacts: Must be an adult (18 or over). Please provide 2 additional 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 camp hours, authorization paperwork must be completed by parent.

Parent Signature Required: _____ Application Date: _____



TUSCARAWAS COUNTY YMCA KIDDIE CAMP
BACKGROUND INFORMATION

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

Child's Address: _____

PARENT INFORMATION

Parent/Guardian Name: _____ Phone Number: _____

Occupation: _____ Work Number: _____

Email: _____

Parent/Guardian Name: _____ Phone Number: _____

Occupation: _____ Work Number: _____

Email: _____

Parent/Guardian Name: _____ Phone Number: _____

Occupation: _____ Work Number: _____

Email: _____

Parent/Guardian Name: _____ Phone Number: _____

Occupation: _____ Work Number: _____

Email: _____

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?

What are your expectations from your child's summer experience?



TUSCARAWAS COUNTY YMCA KIDDIE CAMP PICK UP PERMISSION

These people have permission to pick up my child from the Tuscarawas County YMCA Summer Camp 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 Name (PRINT): _____

Parent Signature (Required): _____ Date: _____

TUSCARAWAS COUNTY YMCA KIDDIE CAMP CAMP WAIVER

Child's Name: _____ Birth Date: _____

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 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, 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 Name (PRINT): _____

Parent Signature (Required): _____ Date: _____

TUSCARAWAS COUNTY YMCA KIDDIE CAMP 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 Name (PRINT): _____

Parent Signature (Required): _____ Date: _____

TUSCARAWAS COUNTY YMCA KIDDIE CAMP 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 Kiddie Camp Program. I agree to follow all policies within.

Child's Name: _____

Parent Name (PRINT): _____

Parent Signature (Required): _____ Date: _____

TUSCARAWAS COUNTY YMCA KIDDIE CAMP SUNSCREEN AND TOPICAL CREAM PERMISSION SLIP

I give permission for (child's name) _____ to keep and to use
(exact name of Product*) _____

**Please make sure the product is not expired and the exact name of product is listed above. Example: Banana Boat Kids SPF 50 cream sunscreen. This slip is good for one calendar year from the date signed. Parents/families are responsible for providing products. This permission slip is good for Sunscreen lotion and any non-prescription topical cream. No aerosol spray permitted.*

At the Tuscarawas County YMCA Kiddie Camp Program.

Parent Name (PRINT): _____

Parent Signature (Required): _____ Date: _____

TUSCARAWAS COUNTY YMCA KIDDIE CAMP

CAMP SCHEDULE AND PAYMENT AGREEMENT POLICIES

Camp Weeks	Week 1 June 15 To June 18	Week 2 June 22 To June 25	Week 3 June 29 To July 2	Week 4 July 6 To July 9
Mark an X in the box for each week attending				
Pricing	Member \$55 Other \$70	Member \$55 Other \$70	Member \$55 Other \$70	Member \$55 Other \$70

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 Preschool Coordinator at least two weeks in advance, otherwise the account will be charged based on the schedule for which camper 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 Kiddie Camp closes at 11:30 AM. A \$1 per minute per child late fee is charged after 12:00 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.
- _____ I understand that weekly tuition is not adjusted for days missed due to illness, unless the child is hospitalized, and the parent/guardian notifies the Preschool Coordinator at 330-364-5511 ext. 312.
- _____ 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 KIDDIE CAMP AUTOMATIC PAYMENT ENROLLMENT FORM

Participant Information:

Child's Name _____ Date of Birth _____

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

Program: Tuscarawas County YMCA Kiddie Camp Program

Responsible Parent/Guardian Information:

Name: _____

Phone: _____ 2nd Phone: _____

Are you responsible for entire tuition payment? ☐ Yes ☐ No

(If "no" please explain below)

Ohio Department of Jobs & Family Services Assistance:Are you receiving assistance through Ohio Jobs and Family Services? ☐ Yes ☐ No

If yes, please specify copay amount: _____

*Please see ODJFS policy document from your Preschool Coordinator for all responsibilities for approved cases.

PAYMENT OPTIONS:

1. Bank Draft (Please include a voided check)

Account Type: ☐ Checking ☐ Savings
☐ Weekly ☐ Bi-Weekly

Bank _____

Transit & Routing # _____

Account # _____

2. Credit Card Draft

☐ Weekly ☐ Bi-Weekly Account Type: ☐ Credit Card ☐ Debit CardCredit Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ American Express

Issuing Bank Name _____

Name on Card _____ Exp. Date _____

Account # _____ CCV: _____

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.