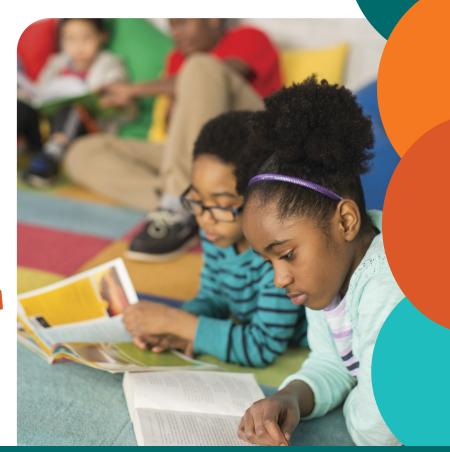


FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MAKE AN EXCITING DIFFERENCE

AFTER
SCHOOL
CHILD CARE
2023-24

INFORMATION GUIDE STRASBURG PROGRAM



ENGAGE LEARN SHINE



TUSCARAWAS COUNTY YMCA AFTER SCHOOL PROGRAM

The YMCA's After School Care is for students entering Kindergarten through 8th Grade. The program is licensed by the State of Ohio, and we provide a curriculum focused on education, leadership, and character development.

The program includes homework assistance, enrichment, art, music, physical activity, character development, healthy snacks and fun!

Questions/Concerns Contact:

SARAH DICKSON TUSCARAWAS COUNTY YMCA CHILD CARE DIRECTOR 330-365-5511 ext. 309 SARAH@TUSCYMCA.ORG

WEEKLY RATES

RATES ARE BASED BY MEMBERSHIP TYPE

Members \$50 Weekly Others \$60 Weekly

PUBLICLY FUNDED
ASSISTANCE ACCEPTED

FINANCIAL ASSISTANCE AVAILABLE



A DAILY SNAP SHOT

AFTER SCHOOL SCHEDULE

ARRIVAL

3:00-3:30 PM Children report to cafeteria from class dismissal

ROOM ACTIVITIES

3:30-4:30 PM Snack and Homework

4:30-5:30 PM Gross Motor Games

DEPARTURE

5:30 PM

Daily Schedule is subject to change based on activities that occur throughout the week.

QUESTIONS/CONCERNS CONTACT:

SARAH DICKSON, TUSCARAWAS COUNTY YMCA CHILD CARE DIRECTOR

330-365-5511 ext. 309 or SARAH@TUSCYMCA.ORG

GETTING STARTED

AFTER SCHOOL ENROLLMENT FORMS

IMPORTANT: <u>ALL</u> paperwork must be completed and returned before the first day. Please read handbook and check over procedures. Please sign all the forms before the first day.

Date of Admission for After School Child Care: I want my child to start		
Child's Name:		
Child's Birth Date:		
Name:	Name:	
Relationship to child:	Relationship to child:	
Phone Number:	Phone Number:	
	ld: (IEP's, food allergies, medical conditions, etc.) If any medica- ours, authorization paperwork must be completed by parent.	
If you have any questions please cont Child Care Director SARAH DICKSON:	act: sarah@tuscymca.org or 330-364-5511 ext 309	
Parent Signature Required	Application Date:	

TUSCARAWAS COUNTY YMCA AFTER SCHOOL PROGRAM AUTOMATIC PAYMENT AGREEMENT POLICIES

Child's Name:	Child's Birth Date:
Please initial each of the follo	wing:
I understand I will be cha	rged for the program and rate for which I signed up my child.
	st be submitted to the Child Care Director at least two weeks in advance, Il be charged based on the schedule for which child was signed up.
Program payment is draft	ted in advance of attendance per your agreed upon draft schedule.
will be contacted to reco	of 2 weeks or more will be considered delinquent. The responsible parent ncile the balance and keep the account current. If a payment agreement It is not made, child care services may be suspended.
Payments/Refunds will be fees.	e applied to any outstanding Y balances first, then to current program
fee is charged after 6:00	fter School Program closes at 6:00 PM. A \$1 per minute per child late PM. All late fees will be added to the next week's draft payment. If late five times during the after school program, your child placement may be
	tuition is not adjusted for days missed due to illness, unless the child is ent/guardian notifies the Child Care Director at 330-364-5511 ext.
	ed for NSF drafts. Should my bank, for any reason, not honor any debit, I ayment and the NSF fee. The payment and fee may be collected party.
Failure to communicate a services.	ny draft issues within 5 business days may result in termination of
I will be paying by:	Bank Draft Credit Card Draft
attends, in the amount of the agi	automatic payments for my child care fees, for the program my child reed upon weekly payment rate. Drafts will occur automatically until care ogram ends. A minimum of 10 business days notice is required to stop or
Parent Name (PRINT):	
Parent Signature (Required):	Date:

TUSCARAWAS COUNTY YMCA AFTER SCHOOL PROGRAM AUTOMATIC PAYMENT ENROLLMENT FORM

Participant Information:	
Child's Name	Date of Birth
Membership Status: \square Family Membership \square Yout	h Member Non-Member/Community Member
Program: Tuscarawas County YMCA After School Program	
Responsible Parent/Guardian Information:	
Name:	
	2nd Phone:
Are you responsible for entire tuition payment?	
(If "no" please explain below)	2.110
(ii iio piease explain below)	
Ohio Department of Jobs & Family Services Assistance:	
Are you receiving assistance through Ohio Jobs and Family	Services?
If yes, please specify copay amount:	
*Please see ODJFS policy document from your Child Care Dir	estor for all responsibilities for approved cases
Please see ODI 3 policy document from your clind care bit	ector for an responsibilities for approved cases.
PAYMENT OPTIONS: 1. Bank Draft (Please include a voided check) ☐ Weekly ☐ Bi-Weekly	Account Type: Checking Savings
,	
Account #	
2. Credit Card Draft	
☐ Weekly ☐ Bi-Weekly	Account Type: 🛘 Credit Card 🗘 Debit Card
Credit Card Type: ☐ MasterCard ☐ VISA	☐ Discover ☐ American Express
Issuing Bank Name	
Name on Card	Exp. Date
Account #	
	child care fees for the program my child attends in the amount of omatically until care is terminated in writing or the program ends. A edit drafts.
Parent Name (DRINT).	

Parent Signature (Required): ______ Date: _____

TUSCARAWAS COUNTY YMCA AFTER SCHOOL 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 you	use at home?
Are there special concerns we should know abo	out?
Is there anything that makes your child upset?	
What are your expectations from your child's a	ifter school experience?

PICK UP PERMISSION

These people have permission to pick up my child from the Tuscarawas County YMCA After School 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:	
Parent Name (PRINT):	
	Date:
	YMCA AFTER SCHOOL PROGRAM
	AIVER
Child's Name:	Birth Date:
premises of the Tuscarawas County YMC/ participation in activities whether on the assigns hereby waive, release and agree of Tuscarawas County YMCA and its officers understand the risks and dangers involve	A, the use of its equipment or facilities, or their premises or at another location. I and my heirs and to hold free from all claims of damages for of the directors, members, employees, or agents. I ed in participating in the programs and activities at of participating in such programs. My child agrees at may injure themselves or others.
Parent Name (PRINT):	
Parent Signature (Required):	Date:

TUSCARAWAS COUNTY YMCA AFTER SCHOOL 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 Name (PRINT):				
	Date:			
POLICY REVIE	ICA AFTER SCHOOL PROGRAM			
Parent/Guardian: I acknowledge that I have read at Tuscarawas County YMCA After School Program. I	agree to follow all policies within.			
Child's Name:				
Parent Name (PRINT):				
Parent Signature (Required):	Date:			