



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MAKE AN EXCITING DIFFERENCE

AFTER
SCHOOL
CHILD CARE
2024-25

INFORMATION GUIDE
STRASBURG PROGRAM



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

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 Help

4:30-5:00 PM Small Group Activities

5:00-5:30 PM Gross Motor Play

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: ALL 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: _____

Parent's Name: _____

Phone Number: _____

Parent's Name: _____

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:

Child Care Director SARAH DICKSON: 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 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 child 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 After School 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 after school program, your child 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 Child Care Director at 330-364-5511 ext. 309.
- _____ 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.

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.

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: 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)

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 Child Care Director 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 Account Type: Credit Card Debit Card
 Weekly Bi-Weekly

Credit Card Type: MasterCard VISA Discover American Express

Issuing Bank Name _____

Name on Card _____ Exp. Date _____

Account # _____

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.

Parent Name (PRINT): _____

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: _____

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 after school experience?



TUSCARAWAS COUNTY YMCA AFTER SCHOOL PROGRAM
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: _____

5. Name: _____

Parent Name (PRINT): _____

Parent Signature (Required): _____ **Date:** _____

TUSCARAWAS COUNTY YMCA AFTER SCHOOL PROGRAM
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 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 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): _____

Parent Signature (Required): _____ Date: _____

TUSCARAWAS COUNTY YMCA AFTER SCHOOL PROGRAM
POLICY REVIEW STATEMENT

Parent/Guardian: I acknowledge that I have read and received a copy of the parent handbook for the Tuscarawas County YMCA After School Program. I agree to follow all policies within.

Child's Name: _____

Parent Name (PRINT): _____

Parent Signature (Required): _____ Date: _____