



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Dear Families,

Welcome to the YMCA and welcome to the Y After and Before School Sessions, YABSS!!!! We are very excited about this partnership with Findlay City Schools. We understand that by choosing us, you have entrusted us with your greatest treasure, your child. Thank you for allowing us this opportunity!

We strive to be a leader in early childhood education in our community and try to convey our qualities through programs that promote a healthy mind, body, and spirit. It is our goal to make sure all children reach their fullest potential. Our school age program provides a safe and healthy environment to build lasting relationships and support families while they work.

Please see the attachments to register for the YABSS program. Once all forms are completed, return them to the front desk at the Findlay YMCA **Child Development Center at 231 E. Lincoln Street**. We will begin processing registrations mid-July. Once your registration forms are reviewed and processed, you will receive confirmation of your child's registration for the 2023-2024 school year with YABSS. We will be charging the first weeks tuition as well as the registration fee to hold your spot for the Fall school year. We will also be providing an open house in August. More information on this will be coming soon.

We are very excited about this partnership and supporting the families of the Y and Findlay City Schools. If you have any questions or concerns, please feel free to email or call the YMCA at 419-422-3174.

Thank you,

Kari H. Redman  
Child Development District Director  
YMCA Child Development Center  
419-422-3174  
kredman@findlayymca.com

Nicole Goshe  
Child Development Administrative Director  
YMCA Child Development Center  
412-422-3174  
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## Findlay YMCA After and Before School Sessions Tuition Agreement

Child's Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Parent (s)/Guardian Name:

\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Family YMCA Member \_\_\_\_\_yes \_\_\_\_\_no

Reg. Fee: \_\_\_\_\_

\$15/one child

\$25multiple children

Findlay City Schools Employee: \_\_\_\_\_yes \_\_\_\_\_no

2023-2024 School Attending: \_\_\_\_\_

YABSS School Attending: \_\_\_\_\_

\*Please fill out the bussing form attached if needed

Grade Entering: \_\_\_\_\_

**Before School Only:** \_\_\_\_\_

Member/FCS Employee: \$73

Non Member: \$81

**After School Only:** \_\_\_\_\_

Member/FCS Employee: \$73

Non Member: \$81

**Both Before and After School:** \_\_\_\_\_

Member/FCS Employee: \$135

Non-member: \$150

**Would you like more information on child attending "School Day Out" at the downtown YMCA? (for holidays, cancellations, etc.)**

\_\_\_\_\_yes \_\_\_\_\_no

I agree to pay **in advance** for the program fee that I have signed my child up for **even if I choose not to send him/her for every day scheduled.** "School Day Out" is available for all children in kindergarten and older when school is not in session as available, additional fees may be added.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Family Information:

Please Help Us Get to Know Your Child...by providing this information you will be assisting staff in creating a positive experience for your child.

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

1. Please list everyone who lives with your child? (including pets)

Name

Relationship

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2. What is the primary language spoken in your child's home? \_\_\_\_\_

3. Are there special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? \_\_\_\_\_yes \_\_\_\_\_no

\_\_\_\_\_

4. Has your child had previous care arrangements such a center based, in home with family, with parents, etc.? \_\_\_\_\_yes (please circle previous arrangement) \_\_\_\_\_no

5. What might you and/or your child be anxious about as he/she starts this program?

6. Does your child have any favorite foods?

7. Does your child dislike any foods?

8. How would you describe your child's personality?

9. What causes your child to feel angry or frustrated or frightened?

10. What routines/actions or items do you use to comfort your child?

11. What methods do you use to respond to your child's negative behavior?

12. Please describe any recent family events or changes (death, divorce, marriage, new sibling, moving):

13. Is there anything else that you think your child would like me to know about him/her?

14. Other information you feel would be helpful for the staff caring for your child?

\_\_\_\_\_

These questions were answered by \_\_\_\_\_ Date \_\_\_\_\_

Ohio Department of Job and Family Services  
**CHILD ENROLLMENT AND HEALTH INFORMATION  
 FOR CHILD CARE**

**This form shall be completed prior to the child's first day of attendance and updated annually and as needed.**

|  |  |                       |  |  |     |
|--|--|-----------------------|--|--|-----|
| Child's Name   |  | Date of Birth         |  | First Day at Program/Home                                      |     |
| Home Address   |  |                       |  | City   |     |
| State  |  | Zip Code              |  | Home Telephone Number  |     |
| Parent/Guardian Name #1  |  |                       |  | Relationship to Child  |     |
| Home Address <input type="checkbox"/> Same as Child's  |  |                       |  | Home Telephone Number <input type="checkbox"/> Same as Child's |     |
| City   |  |                       | State  |  | Zip |
| Email Address (if applicable)  |  |                       | Cell Phone (if applicable)   |  |     |
| Parent's Work/School Name  |  |                       | Parent's Work/School Telephone Number                                |  |     |
| Parent's Work/School Address   |  |                       |  | City   |     |
| Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                       |  |  |     |
| If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email   |  |                       |  |  |     |
| Where can you be reached while your child is in this program/home?   |  |                       |  |  |     |
| Parent/Guardian Name #2  |  |                       |  | Relationship to Child  |     |
| Home Address <input type="checkbox"/> Same as Child's  |  |                       |  | Home Telephone Number <input type="checkbox"/> Same as Child's |     |
| City   |  |                       | State  |  | Zip |
| Email Address (if applicable)  |  |                       | Cell Phone   |  |     |
| Parent's Work/School Name  |  |                       | Parent's Work/School Telephone Number                                |  |     |
| Parent's Work/School Address   |  |                       |  | City   |     |
| Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                       |  |  |     |
| If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email   |  |                       |  |  |     |
| Where can you be reached while your child is in this program/home?   |  |                       |  |  |     |
| <b>Emergency Contacts:</b> Parents <b><u>cannot be listed</u></b> as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness <b>if you cannot be reached</b> . Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age. |  |                       |  |  |     |
| Name   |  |                       | Name   |  |     |
| City   |  | State                 |  | City   |     |
| Telephone Number   |  | Relationship to Child |  | Telephone Number   |     |
| Other numbers where emergency contact can be reached (if applicable)   |  |                       | Other numbers where emergency contact can be reached (if applicable) |  |     |
| Name of Physician or Clinic/Hospital   |  |                       |  |  |     |
| Street Address   |  |                       |  |  |     |
| City   |  | State                 |  | Telephone Number   |     |

Child's Name

**Allergies, Special Health or Medical Conditions, and Medical Foods**

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

☐ No

☐ Yes - *check all that apply*    ☐ Food    ☐ Medication    ☐ Environmental    Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

☐ No

☐ Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (*check one*)

☐ No

☐ Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

☐ No

☐ Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

☐ No

☐ Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

☐ No

☐ Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

☐ No

☐ Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

☐ No

☐ Yes - written instructions from the child's health care provider must be on file.

☐ N/A - program does not provide meals or snacks to the child.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff **or medical personnel** in an emergency situation.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

☐ Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

☐ Not applicable

|              |
|--------------|
| Child's Name |
|--------------|

### Diapering Statement

|   |   |
|---|---|
| Is your child toilet trained? <input type="checkbox"/> Yes <i>(If yes, skip to Emergency Transportation Authorization section)</i><br><input type="checkbox"/> No <i>(If no, fill out the following:)</i> |   |
| The program's policy is to check diapers every ____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:  |   |
| <input type="checkbox"/> I agree with the program's schedule  | <input type="checkbox"/> I do not agree, please check my child's diaper every ____ hours. |

### Emergency Transportation Authorization

| Give <u>Permission</u> to Transport  | OR | Do Not Give <u>Permission</u> to Transport  |
|--|----|---|
| Program or Home Name   |    | Program or Home Name  |
| <b>has permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported. |    | <b>does not have permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken: |
| <div style="display: flex; justify-content: space-between;"> <span>Parent's Signature</span> <span>Date</span> </div>  |    | <div style="display: flex; justify-content: space-between;"> <span>Parent's Signature</span> <span>Date</span> </div>   |

### Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. ☐ Yes ☐ No *(check one)*

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

|                                  |      |
|----------------------------------|------|
| Parent/Guardian Signature(s)     | Date |
| Administrator/Designee Signature | Date |

|   |                |                                 |                |
|---|----------------|---------------------------------|----------------|
| The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form. |                |                                 |                |
| Parent/Guardian Initials  | Date of Review | Administrator/Designee Initials | Date of Review |
| Parent/Guardian Initials  | Date of Review | Administrator/Designee Initials | Date of Review |
| Parent/Guardian Initials  | Date of Review | Administrator/Designee Initials | Date of Review |

**Note:**

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

**FINDLAY CITY SCHOOLS**  
**PRE-SCHOOL – GRADE 5 BABYSITTER BUS SERVICE REQUEST FORM**

This form is valid only during the 2022-2023 school year.

**Requests will be processed to and/or from a babysitter based on the following conditions:**

1. Submit this form to the Transportation Office after all requested information has been completed.
2. The babysitter residence must be located in the eligible bus area of the child's school of attendance.
3. New stops will not be created. Requested stop must be on an existing route. Seating space must be available on the bus.
4. Students must ride the same bus each morning and board from one designated bus stop.  
Students must ride the same bus each afternoon and depart the bus at one designated bus stop.  
The morning bus and afternoon bus assignment may be different; but both must remain consistent every day.
5. Shared parenting arrangements will be recognized per court orders and accommodated when possible.
6. Approved requests are valid for one school year only. Parents who want to participate again the following school year must complete and submit a new Babysitter Bus Service Request Form prior to the annual June 30th deadline.  
Please note that priority is given to eligible riders without transportation services from their home neighborhood during the first few months of each school year. As a result, forms submitted after June 30th may not get processed until October.

**RETURN FORM TO: [transportationadmins@findlaycityschools.org](mailto:transportationadmins@findlaycityschools.org)**

**PARENT: Please provide the following information:**

Today's date \_\_\_\_\_ Requested start date \_\_\_\_\_  
Student's name \_\_\_\_\_ School \_\_\_\_\_  
Home address \_\_\_\_\_ Grade: ☐ PS ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5  
Parent/Guardian name \_\_\_\_\_ Email \_\_\_\_\_  
Home phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Parent's signature \_\_\_\_\_ Principal's signature \_\_\_\_\_

**BABYSITTER: Please provide the following information:**

Name \_\_\_\_\_  
Address \_\_\_\_\_ Home phone \_\_\_\_\_  
Sitter's signature \_\_\_\_\_ Cell phone \_\_\_\_\_  
Student is currently an eligible bus rider. ☐ No ☐ Yes Student rides bus # \_\_\_\_\_ Bus stop \_\_\_\_\_  
List bus stop being requested. Leave blank if unknown. Transportation will review & determine closest stop meeting state safety regulations.  
**Morning** service requested from ☐ home neighborhood or ☐ sitter neighborhood. Stop requested: \_\_\_\_\_  
**Noon** service requested to/from ☐ home neighborhood or ☐ sitter neighborhood. Stop requested: \_\_\_\_\_  
**Afternoon** service requested to ☐ home neighborhood or ☐ sitter neighborhood. Stop requested: \_\_\_\_\_

**THE SECTION BELOW WILL BE COMPLETED BY THE TRANSPORTATION OFFICE.**

\_\_\_\_ Access could not be approved. Reason \_\_\_\_\_

\_\_\_\_ Access confirmed. **For safety reasons, bus service cannot begin before the designated start date below.**

**Date student may begin requested bus service** \_\_\_\_\_

Student assigned to A.M. Bus # \_\_\_\_\_ Assigned bus stop \_\_\_\_\_

Student assigned to noon Bus # \_\_\_\_\_ Assigned bus stop \_\_\_\_\_

Student assigned to P.M. Bus # \_\_\_\_\_ Assigned bus stop \_\_\_\_\_

Transportation Director's/designee's signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Copy on file in office \_\_\_\_ Copy to bus driver & route book updated \_\_\_\_ Principal copy emailed \_\_\_\_ Parent copy mailed/emailed



# YABSS AT BIGELOW HILL

## Parent Handbook

**Findlay YMCA YABSS at Bigelow Hill School**  
**300 Hillcrest Ave**  
**Findlay, OH 45840**  
**419-422-3174**  
[ngosche@findlayymca.com](mailto:ngosche@findlayymca.com)

YABSS is a before and after school program licensed by the Ohio Department of Job and Family Services, license #2230028387 and operated by the Findlay Family YMCA. This license is posted on the bulletin board at the check in desk for review and a toll-free telephone number is listed and may be used to report a suspected violation of the licensing law or administrative rules. We operate August through May, Monday through Friday, 6:15am-9:15am and 3:15pm-6:00pm and follow the Findlay City Schools calendar for closings/delays/etc.

**Philosophy:** Our program is designed to enhance the lives of children and to provide a positive environment for independent growth. All children will be provided time for learning, planning, investigating, and problem solving. Valuable time spent with their peers will allow for the development of social skills. Constructive, developmentally appropriate child guidance and management techniques are always to be used. Adults will model values and carefully guide children into making positive decisions. Children's positive character development is built by thought, choice, determination, and the encouragement to do their best.

**YMCA Values:**

|                       |  |
|-----------------------|--|
| <b>Caring</b>         | Red-The heart to put others before yourself                                  |
| <b>Honesty</b>        | Blue-To act in such a way that you are worthy of trust                       |
| <b>Respect</b>        | Yellow-The golden rule to value the work of every person, including yourself |
| <b>Responsibility</b> | Green-To be accountable for your behavior and obligations                    |

| <b>Ratio</b> |                      |            |
|--------------|----------------------|------------|
| Age Group    | Staff to child ratio | Group Size |
| School Age   | 1:18                 | 36         |

Ratio and group size are always to be maintained. No child may be left alone or unsupervised. Please be sure to escort your child(ren) to their assigned classroom and sign them in on the parent sign in sheet provided.

## **Sample Schedule**

### **School Age (School year):**

|               |                                 |
|---------------|---------------------------------|
| 6:15am-7:30am | Arrival                         |
| 7:30am-8:15am | Gym/planned activities          |
| 8:15am-9:15am | Breakfast                       |
| 3:30pm-4:00pm | Return from school/snack        |
| 4:00pm-5:00pm | Gym/planned activities/homework |
| 5:00pm-6:00pm | Group time/games                |

### **Admission Policy:**

All parents/guardians enrolling a child in YABSS are expected to meet with the School age coordinator or designee and discuss the program and their child. It is at this time that the philosophy, curriculum, and program policies can be discussed in detail. YABSS does require that all parents grant consent for transportation to the source of emergency treatment (located on the child enrollment and health form) All forms must be turned in before noon the Friday before care begins.

### **Children's Safety:**

Ensuring the safety of all children while they attend YABSS is a top priority. Program staff work in partnership with parents to maintain a safe, nurturing environment while teaching children skills to enhance their safety and well-being. A parent or guardian is the best person to begin teaching a young child about the importance of personal safety. Program staff will also be communicating safety messages and it is important that other adults share similar messages. Keeping in mind the age of your child is critical to delivering safety information in a manner that is helpful and prepares children to ultimately become stewards of their own personal safety.

Professional boundaries with children and families will be maintained at all times by staff. Early childhood is a time when children are to be nurtured as they navigate their growth and development. Examples of improper boundaries between staff and families include but are not limited to: staff becoming personally involved with families; staff giving exclusive attention to one child; staff giving gifts to one single child. If at any time a parent experiences a suspected breach of a professional boundary, a supervisor should be contacted immediately.

Each employee of the program is a mandated reporter of suspected child abuse or child neglect to the local authorities.

### **Accidents and Injuries:**

Through appropriate supervision and low staff/child ratios, staff can prevent many accidents and injuries from occurring. Because some accidents and injuries will

inevitably occur, all staff are provided with First Aid and CPR training. If an accident does occur, the following steps are taken:

1. Staff with first aid training responds to the child's immediate needs. Most accidents and injuries that occur are minor and can be resolved quickly.
2. An incident report is completed for any injury that requires first aid. Parents are asked to sign the report upon receipt and a copy is kept on file. Serious incidents must also be reported to the Ohio Department of Job and Family Services by the administrator.
3. Any significant bump or blow to the head will be reported to parents immediately, even if it appears to be minor.
4. If it is determined that the injury may be severe, an adult summons the office to let them know that help is needed. The administrator or designee will call 911 for assistance. The family is contacted at the same time or after the emergency call is placed. Emergency personnel or parents will determine further treatment. If transportation to the hospital is needed, emergency personnel will provide transportation, as indicated on the child's enrollment and health form.

The YMCA does not furnish accident insurance. All medical bills are the responsibility of the child's parent/guardian.

### **Emergency Procedures:**

**Shelter in place:** Staff are trained and practice monthly the steps to take in the event of an emergency that requires shelter-in-place. This action may be necessary when there is a potentially harmful situation in or near the facility and it is safer to stay inside rather than evacuate. A lock down may be required if violence is threatened. When information is received or when a potentially harmful situation is recognized by program staff, the following steps are taken:

- Staff quickly move children to their classroom or closest safe space and choose the safest place within the room or area to gather. In the event of dangerous weather, groups move to their designated safe space.
- Staff complete a face to name attendance check of children and adults.
- In the event of a lockdown, staff also close and lock doors, turn out lights, and cover windows or doors if possible.
- Staff keep children as quiet and calm as possible until given further directions by the school age coordinator or emergency personnel.

**Evacuation emergencies:** Staff are trained and practice monthly the steps to take in the event of an emergency that requires evacuation. This action may be necessary when there is a potentially harmful situation in or near the facility and it is safer to evacuate the building. When information is received or a potentially harmful situation is recognized by program staff, the following steps are taken:

- Staff gather children and prepare to leave the building with children files, any emergency medications, a first aid kit, and other emergency supplies.
- Staff complete a face to name attendance check of children and adults before leaving the building and after exiting the building.
- Staff move children to the pre-determined evacuation assembly point and complete another face to name attendance check.
- Staff keep children as quiet and calm as possible until given further directions by the school age coordinator or emergency personnel.
- If it is determined that children may not reenter the building, families will be alerted to come to the evacuation assembly point to pick up their children.

**Emergency Telephone Number:**

|                                |                     |
|--------------------------------|---------------------|
| Emergency Squad                | 419-422-3838 or 911 |
| Fire Department                | 419-424-7129 or 911 |
| Poison Control                 | 1-800-589-3897      |
| Children's Protective Services | 419-424-7022        |
| Police Department              | 419-422-4242 or 911 |
| Blanchard Valley Hospital      | 419-423-4500        |

In the event of a power outage or heat failure, the YABSS will close. Parents will be notified to immediately pick up their children.

**Daily Safety and Security:**

1. All children are actively supervised at all times by staff responsible for their care.
2. Children are marked in attendance upon arrival and an attendance sheet accompanies classroom groups as they move about the building or outside. Staff completes face-to-name attendance checks before leaving any area to move to another.
3. Each family will receive 1 key badge to enter the facility through the main doors to escort their child to the gym area. If your badge is lost or stolen, please report this to the School age coordinator immediately.
4. The person who brings a child to YABSS must bring the child to the staff responsible for the child's care, ensure the staff are fully aware of the child's presence, and sign the child in on the parent sign in/out chart before departing each day.
5. Family members are responsible for the supervision of their children when children are not in the care of staff, such as during arrival and departure times. Children may not be unaccompanied outside the building, on the side walk, or in parked cars.
6. When a child custody issue exists, it is the responsibility of the residential parent to provide official court documentation if there are restrictions or

limitations placed on the nonresidential parent. The program does not deny a parent access to their child without proper documentation.

7. The only persons who may pick up a child from the program are those listed on the authorized release form. Staff will not release a child to anyone not listed on the form without additional written instructions. Staff will ask to see photo identification of people they do not recognize.
8. If the person responsible for picking up the child has not arrived by 6:00pm, the staff will contact persons listed as emergency contacts on the enrollment and health form. After forty-five minutes, if the person responsible for the child or an emergency contact has not arrived or been contacted, Hancock County Children's Services will be contacted and will determine if the child should be brought to their agency.
9. When children are scheduled to attend from another educational program and do not arrive, staff will contact the parent or the educational program to determine the whereabouts of the child.
10. No smoking is permitted indoors or immediately outside of the facility; no firearms, weapons, or other hazardous materials are permitted on YMCA Child Development Center or Findlay City Schools property.

#### **Your Child's First Day:**

- In accordance to State of Ohio licensing regulations, the parent/guardian must escort each child to their classroom and sign the child in/out each day.
- Photo ID is required for anyone who may be picking your child up (for identification purposes)
- Reminder: please label your child's belongings. This will help reduce misplaced items. Please note YABSS is not responsible for lost or misplaced items.

#### **Arrival and Departure Procedures:**

- The parent/guardian or designee is required by State of Ohio licensing regulations to personally bring the child into the proper child care area and sign them in and out daily. All children must be accompanied by an adult and signed in and out daily. Children will be released only to those adults listed on the Child Release Form. Additions to this list must be made in writing to the program. All child care staff members are required to ask for photo identification before releasing a child to an adult they are unfamiliar with. Children will not be released from our care to another child.
- If at any time the administration feels that a child's safety is in jeopardy due to a parent/guardian or designee's possible alcohol or drug use, we will notify the City of Findlay Police Department.
- No child or group shall be left alone or unsupervised at any time.
- If a child does not return to the program from school or another program on a day they are scheduled to return, the office will immediately contact the parent/guardian or designee to locate the child.

- All children must be escorted into and out of the classroom and on/off the playground—there are no exceptions to this.

### **Custody Agreements:**

Both parents shall be permitted unlimited access to the Center and be afforded the same rights, unless there is court documentation on file that limits the access and conditions of the non-residential parent. All custody matters will be confidential and strictly enforced by YABSS.

In the event attendance information is required for court proceedings, documentation will only be released by court subpoena. A reasonable length of time (minimum 10 business days) is required to process the request. Forms may be blacked out to maintain the confidentiality of other children enrolled.

### **Parent Participation:**

YABSS encourages parents to play an active role in their child's care. Parents are welcome any time to visit and will be invited to family events through the school year. If you need assistance with problems or concerns related to the program, please stop by the office and speak with the School age coordinator. The School age coordinator's hours of availability are always posted on the bulletin board at the front desk.

### **Parent/Staff Relations:**

The success of YABSS depends upon the quality of the relationships between the program staff and the families we serve. We strive to address and resolve any issues or concerns that arise with parents, children, and staff. Please feel free to address any questions or concerns with the YABSS Site Supervisor or School Age Coordinator.

### **Behavior Management Guidelines:**

#### **1. YABSS:**

- We expect all children to respect the rights and feelings of others and avoid disruptive behavior that would interfere with program activities. Aggressive behaviors such as hitting, kicking, biting, tripping, spitting, verbal "put downs" and bullying are not acceptable.
- We expect all children to follow all directions given by the program leaders regarding safety procedures and to stay with the group for all scheduled activities.
- We expect all children to respect the privacy of others.

#### **2. Behavior Guidelines:**

- Our goal is for children to develop a positive self-image. Children will be encouraged to make good choices that prevent them from harming themselves and/or others. This can be accomplished through close supervision, gentle guidance, and redirection.

- Children who have conflicts or problems while at our Center will be encouraged to verbalize their anger and concerns. The role of the adult is to be a helper with positive conflict resolution. Our staff will guide, rather than punish.
- Children in our program **will not** receive physical punishment. No child will be humiliated, shamed, frightened, or subjected to verbal or physical abuse while on the premises or during field trips by a **staff member or parents.**
- If a child's behavior is disruptive to the program, the parent/guardian may be asked to find alternative care for a time specified by the administration.

### **BEHAVIOR GUIDANCE PLAN FOR PARENTS**

YABSS believes that all children should experience success. We strive for a classroom setting that provides children with opportunities to explore their environment within consistent, age-appropriate limits; in such an atmosphere, most behavioral issues are prevented. However, if behavioral issues occur, our philosophy is to help children learn human values, problem solving skills and to take responsibility for their own choices. By using the following progressive guidance techniques, we strive to minimize inappropriate behavior while creating a positive environment for all our children:

- I. Classroom Management: Our teachers will manage individual classrooms by:
  - Modeling and reinforcing appropriate behavior
  - Maintaining consistent supervision
  - Setting reasonable expectations for children's behavior based on their developmental levels and individual differences
  - Becoming familiar with an individual child's special needs
  - Providing interesting, challenging, age-appropriate activities to do in a timely manner
- II. Ignoring Negative Behavior: Some negative behavior is exhibited by a child to seek attention; however, it can be stopped when it does not get the attention desired. We will utilize this technique unless a safety issue is involved.
- III. Redirection / Distraction: We will offer alternatives to children engaged in undesirable behavior by offering a different toy, suggesting a new activity, engaging the child in an activity with a teacher or another child, or by suggesting independent play.
- IV. Verbal Intervention: The teacher explains to the child the inappropriate behavior and shows him/her the appropriate way to handle the situation. For example, a teacher might say, "instead of hitting Sarah, say, 'I am angry because you took my truck'".
- V. Logical Consequences: Here, the teacher helps the child understand the logical consequences of his/her actions by removing an object, activity,

- etc. that is causing the problem. For example, if a child uses blocks to hit other children, the consequence is to remove the blocks from the child.
- VI. Take A Break: The child is separated from the group, to allow him/her to relax and calm down, and to enable him/her to not be influenced by peers. The process used for "Take A Break" is:
- The child is assisted to an area in the room where he/she can be supervised at all times. The child will have access to activities and materials while in "Take A Break".
  - If "Take A Break" occurs two or more time in one day, parents will be notified when the child is picked up at the end of the day.
  - The child may return to the group as soon as the negative behavior stops or is significantly reduced.
  - "Take A Break" will not be used for children under the age of 18 months; instead, redirection or distraction techniques will be used.
  - If "Take A Break" is not working effectively, the Persistent Inappropriate Behavior Procedure will be instituted.

### **GUIDELINES FOR PERSISTENT INAPPROPRIATE BEHAVIOR**

Persistent inappropriate behavior is any inappropriate behavior which continues after the progressive guidance steps have been used; any behavior which threatens the health or safety of themselves, other children, or staff; or a continuous inability to follow the rules and guidelines of our program.

YABSS will use the following progressive procedures:

1. We will observe and record the child's inappropriate behavior
2. We will document what we have done to try to change the behavior.
3. If inappropriate behavior continues, parents will be asked to participate in an immediate parent-teacher conference. Children will be invited to attend. A specific action plan will be developed at this conference to address the behavior. The action plan will outline all steps the staff will take to change the behavior, all steps the parents will take, and all steps toward dis-enrollment if the behavior persists.
4. The School age coordinator/Program Administrator may suggest outside resources to parents, and we will work with any outside resource for further guidance in responding to the child's behavior.
5. If the inappropriate behavior continues, parents will be asked to keep the child home for a specified period of time.
6. If the inappropriate behavior persists after the child is kept home, YABSS will dis-enroll the child.

**GUIDELINES FOR IMMEDIATE DISENROLLMENT:** Certain behavior may cause a significant risk of harm to the health and safety of themselves, other children, or staff. (For Example, a physical assault which results in serious bodily injury, an attempted physical assault which if completed, would result in serious bodily injury, setting or attempting to set fires,

bringing weapons to the program, substantial damage to real or personal property, etc.) YABSS will dis-enroll any child whose behavior creates a significant risk of harm to the health and safety of themselves, other children or staff, without following the guidance steps outlined above.

### **FORMS OF UNACCEPTABLE DISCIPLINE**

Our policy does not permit the use of the following forms of discipline:

- Corporal punishment
- Emotional punishment, including ridicule, embarrassment, or humiliation
- Punishing a child for lapses in toilet training habits
- Withholding food, light, warmth, clothing, or medical care
- Physical restraint, other than the restraint necessary to protect a child or others from harm

### **Management of Illness:**

In order to help keep children healthy and allow families to fulfill their responsibilities, YABSS engages in practices to help prevent and control the spread of disease. YABSS will not care for any "mildly ill" children. Staff members complete a Communicable Disease Management course upon hire. YABSS staff are required to check your child(ren) for illness or injury upon arrival and are authorized to deny care for the day if needed. Your child will not be accepted into the program if he/she has symptoms of a contagious disease, illness, or injury that might require medical attention.

According to State of Ohio licensing regulations, a child is considered to be sick and unable to attend the program without a physician's release when demonstrating any of the following symptoms:

- Temperature of at least 100 degrees Fahrenheit when in combination with any other sign or symptom of illness
- Diarrhea (three or more abnormally, unexpectedly, or unexplained loose stools within a twenty-four-hour period)
- Severe coughing, causing the child to become red or blue in the face or to make a whooping sound.
- Difficult or rapid breathing
- Yellowish skin or eyes
- Redness of the eye or eyelid, thick and purulent (pus) discharge, matted eyelashes, burning, itching, or eye pain.
- Untreated infected skin patches, unusual spots or rashes
- Unusually dark urine and/or gray or white stool
- Stiff neck with elevated temperature
- Evidence of untreated lice, scabies, or other parasitic infestations
- Sore throat or difficulty in swallowing
- Vomiting more than one time or when accompanied by any other sign or symptom of illness.

When a child begins to show the above symptoms while in care, YABSS shall:

- Isolate the sick child away from other children, but within sight and hearing at all times
- Notify the child's parents immediately if the child's condition worsens
- Wash all toys before use by another child
- Sanitize the thermometer after each use

**A child may be readmitted to the program with a Physician's release or 24 hours after the fever is gone without the aid of medication.**

**Immunizations:**

YABSS requires all children to maintain current immunizations. Any exemptions must be recorded on the required immunization exemption form, available at the check in desk.

**Medical/Physical Care Plans:**

A child identified by a physician or parent as having a medical or physical care condition must complete and have on file in the child's classroom a medical/physical care plan. Conditions that require a plan include, but are not limited to:

- Asthma
- Allergies
- Congenital conditions
- Eczema
- Reflux
- Seizure disorders

Medical/physical care plans provide clear instructions for staff in managing any special care needs. Staff requiring training will be identified by program administrators considering the severity of the special care need, type of medication or other treatment and child's attendance schedule. It is the family's responsibility to train all identified staff in the proper care of the child, use of medical or special equipment and administration of medication. Plans are updated annually or any time a change is indicated. If conditions require medication, a Request for Administration of Medication form is also required.

**Administration of Medication:**

YABSS may receive, approve, and administer medication to children when the medication is needed for a chronic or life-threatening condition (such as asthma treatments or emergency allergy medication).

Other types of medication, such as antibiotics, which can be administered outside childcare hours, should be cared for by parents rather than YABSS staff. Medication

will not be administered to reduce fever; children must stay home until they are fever free without the aid of medication for 24 hours.

If the type or extent of treatment for a condition is considered to be beyond the range of services, YABSS has the right to deny administration.

**Administration of Medication by Program Staff:** Only designated staff will administer prescription emergency medication. The medication will be administered according to the directions on the request for administration of medication form. Staff will record the time(s) the medication is given and will sign the form after each administration.

**Storage of Medication:** Medications will be stored in a designated area in the classroom or in the office inaccessible to children. The only exception to this requirement is for school age children that require the immediate use of an inhaler for a medical condition. Children will be permitted to maintain control of their inhalers. A parent or guardian must sign a release form stating that they are permitting their child to have access at all times to the inhaler. The child must keep the inhaler on his person at all times; it may not be stored in a cubby or book bag. Anytime the child is unable to maintain control of the inhaler it must be given directly to the staff member responsible for the child.

**Medications that are no longer needed or that have expired will be returned to the family; the completed forms will be placed in the child's file.**

**ADA Statement:**

YABSS will enroll children of any race, color, religion, sex, national origin, or disability in adherence to the Americans with Disabilities Act of 1990, 104 Stat.32, 42 U.S.C. 12101et seq. Children with disabilities may be assessed on an individual basis to determine if our program can meet their needs. Children with special needs will be enrolled based upon their ability to be mainstreamed into the program. We plan to enroll children with special needs into the classroom with children of the child's developmental age, and plan to implement practices supportive of the child's developmental needs. Our program will ensure compliance with administering medication and care procedures in accordance with the ADA.

**Meals and Snacks:**

YABSS will provide a breakfast and an afternoon snack for all children in attendance. Breakfast will contain a grain, fruit or fruit juice, and milk. Some breakfast may include a meat or meat alternative. Snacks will contain at least one food from two of the four basic food groups (Meat/meat alternative, grains, fruits/vegetables, dairy). Fruit drinks containing 100% juice can be served as a

serving of fruit. YABSS will provide milk for morning snack and water for afternoon snack.

**Food Allergies:**

If a child has an allergy to specific foods, the parent is to inform the program and complete the required forms to be displayed in the classroom and placed in the child's file.

**Curriculum Goals:**

YABSS will use the Heroic Journey curriculum for social/emotional development in our before and after school lesson planning. In addition to these planned experiences, children have opportunities for abundant play experiences. Through the exploratory and creative activity that young children initiate themselves, their play develops concepts and understanding about the world. Play helps children develop the skills necessary for a successful school experience including a positive approach to learning, self-regulation, and effective social skills.

**Transitioning Policy:**

Families transitioning into our program meet with the administrative staff and receive paperwork and the handbook. The policies are reviewed, and parents are given a tour of the classroom and meet the staff that will be working with their child.

Upon transitioning out of the program, any children's work are provided to the family.

**Registration and Tuition Policies:**

YABSS is a non-profit organization dedicated to providing quality childcare and is dependent upon the prompt payment of fees. To ensure that quality care is maintained, the following policies governing prices and payment of childcare fees shall be enforced.

- Registration fees and the first week tuition are due upon acceptance to the program. These fees are non-refundable and must be turned in with a completed Tuition Agreement Statement found in the enrollment packet. YABSS program fees can be found on the tuition agreement statement.
- Once your child is registered in the program, your child will be enrolled until they leave the program. If a family withdraws for any reason, you must re-register and may be subject to a waiting list if applicable. If a child does not attend for 2 weeks without communication and/or payment, the child will be disenrolled.
- Families must complete the Tuition Agreement statement/Draft information form and return it with all of the applicable registration fees to the program one week before the child's first day of attendance in the program.

- When registering your child in the program, please indicate your child's schedule on the Tuition Agreement form included in your enrollment packet. Schedule changes must be in writing two weeks in advance using a schedule change form. This form can be found at the sign in/out desk.
- Tuition is due Friday before the week of attendance. All payments must be credit card (Visa, Mastercard, or Discover card) or Electronic Funds Transfer. The form for payment is included in your enrollment packet and can be obtained at the sign in desk.
- Payments will not fluctuate for childcare center closings, illness, or other occasional absences. No credits or refunds will be issued for weeks unattended.
- Returned EFT fees may be collected electronically by our third-party collection company and will be assessed a minimum fee of \$20.00. Declined credit card drafts will be assessed at a fee of \$20.00.
- Any fees that are 2 weeks overdue could automatically cancel your child's enrollment unless arrangements have been made prior to that with the Billing Department. Parents/guardians are responsible for paying any collection fees, including court costs and attorney fees.

#### **Additional Fees:**

1. Late Fees: YABSS closes at 6:00pm. A charge of \$25 per child will be added to your account in the event you pick up your child between 6:01pm and 6:15pm. Another \$25 per child will be added if you pick up your child between 6:16pm and 6:30pm. An additional \$25 per child will be added if you pick up your child between 6:31 and 6:45pm. If we have been unsuccessful in contacting you or an emergency contact by 6:45pm, we will contact Children's Services to pick up your child. This fee must be paid within 30 days of the late fee charge.
2. School delays/cancellations/breaks: if your child is registered for non-school days at the YMCA Child Development Center, additional fees will be added to your account for school delays and full day care during breaks and cancellations. Current fees for the additional care can be found in our current brochure.

#### **Holidays and Vacations:**

Tuition does not change when holidays fall within the work week. YABBS will follow the FCS school calendar and will not be open on days school is not in session. As space allows, children may register to attend our YMCA Child Development Center on days school is not in session. As YABBS is a part time location, vacation time will not be available.

**Absences and Illness:**

Please notify YABSS as soon as possible if your child is going to be absent due to illness, vacation, or any other reason. No credit will be issued due to illness. Children who do not attend for two weeks without communication and/or payment will be disenrolled from the YABSS.

**Withdrawal Policy:**

If you wish to withdraw your child from our program, a two-week notification in writing is required. Parents will be charged through the child's last day in the Program. If two-week notification in writing is not provided, parents will be charged through the two-week period.

**Termination Procedures:**

YABSS has the option to remove a child from the program for the following reasons:

1. Failure to make payment on time. Any bill two (2) weeks past due may result in termination of childcare services.
2. Any check for payment returned to us for non-sufficient funds by the bank will result in either cash payments or termination of services.
3. Consistent late pick up of children after the program closes at 6:00pm. YABSS is only licensed to operate 6:15am-9:15am and 3:15pm-6:00pm.
4. Consistent failure to notify YABSS of absences. Failure to attend for 2 weeks without communication/payment will result in your child's termination of services.
5. Enrollment forms are not kept up to date; failure to update enrollment forms within 30 days of notification the forms need updated will result in termination from the Program until the forms are updated.
6. A parent fails to follow policies and/or procedures or if YABSS administration determines a parent's behavior to be unacceptable towards a child, a YABSS staff member, or YABSS School age coordinators.
7. A child's behavior is disruptive to the program and attempts to rectify the situation are not successful.

**Tax Information:**

Tuition payments are tax deductible. The YMCA Federal Tax Identification Number is 34-4428263. Invoices for yearly payments are available upon request.

**Toys From Home:**

There is a variety of educational games and toys for imaginative play available at YABSS. This will provide the full benefit that can be derived from the carefully planned developmental materials. Personal toys should be kept at home.

**School Delays and Cancellations:**

In the event school has a 2 hour delay, cancellation, scheduled day of Inservice/break the YABSS will not offer child care. As space permits, YABSS children may register to attend the YMCA Child Development Center for these instances. Additional fees will be applied to your account and can be found on our program brochure.

**Weather Policy:**

**YABSS will follow Findlay City Schools and the Findlay YMCA weather policies:**

**Level 1:** All YMCA classes will be held. Please use caution when traveling. Check out our Facebook page, go to our website- [www.findlayymca.org](http://www.findlayymca.org) or sign up for text alerts a [www.gofindlay.com](http://www.gofindlay.com) in case of class cancellations if conditions worsen.

**Level 2:** All youth and adult classes are cancelled. In case of deteriorating conditions and possible delayed openings and building closings continue to check back frequently. Check out our Facebook page, go to our website- [www.findlayymca.org](http://www.findlayymca.org) or sign up for text alerts a [www.gofindlay.com](http://www.gofindlay.com)

**Level 3:** Across all of Hancock County: all YMCA events and classes will be cancelled and facilities will be closed.

Buildings will be cleared of members as quickly as possible and parents will be notified to make arrangements to have their children picked up from YABSS.

**Thank you for choosing YABSS for your family's child care and education needs. We look forward to working with you and your family!**

### Center Parent Information

The center is licensed to operate legally by the Ohio Department of Job and Family Services (ODJFS). This license is posted in a noticeable place for review.

A toll-free telephone number is listed on the center's license and may be used to report a suspected violation of the licensing law or administrative rules. The licensing rules governing child care are available for review at the center.

The administrator and each employee of the center is required, under Section 2151.421 of the Ohio Revised Code, to report their suspicions of child abuse or child neglect to the local public children's services agency.

Any parent of a child enrolled in the center shall be permitted unlimited access to the center during all hours of operation for the purpose of contacting their children, evaluating the care provided by the center or evaluating the premises. Upon entering the premises, the parent, or guardian shall notify the Administrator of his/her presence.

The administrator's hours of availability to meet with parents and child/staff ratios are posted in a noticeable place in the center for review.

The licensing record, including licensing inspection reports, complaint investigation reports, and evaluation forms from the building and fire departments, is available for review upon written request from the ODJFS. Inspections are also online at <http://childcaresearch.ohio.gov/>. Parents may search for a specific program and sign up to be notified when the program's latest inspection is posted online.

It is unlawful for the center to discriminate in the enrollment of children upon the basis of race, color, religion, sex, national origin or disability in violation of the Americans with Disabilities Act of 1990, 104 Stat. 32, 42 U.S.C. 12101 et seq. To file a discrimination complaint, write or call Health and Human Services (HHS) or ODJFS. HHS and ODJFS are equal opportunity providers and employers.

**Write or Call:**

**HHS**

Region V, Office of Civil Rights

233 N. Michigan Ave, Ste. 240

Chicago, IL 60601

(312) 886-2359 (voice)

(312) 353-5693 (TDD)

(312) 886-1807 (fax)

**Write or Call:**

**ODJFS**

Bureau of Civil Rights

30 E. Broad St., 37<sup>th</sup> Floor

Columbus, OH 43215-3414

(614) 644-2703 (voice)

1-866-277-6353 (toll free)

(614) 752-6381 (fax)

1-866-221-6700 (TTY) or (614) 995-9961

For more information about child care licensing requirements as well as how to apply for child care assistance, Medicaid health screenings and early intervention services for your child, please visit <http://jfs.ohio.gov/cdc/families.stm>.

## POLICY FOR RELEASE OF CHILDREN

The Findlay Family YMCA Child Development Center will **NOT** release a child to anyone other than the designated adults listed below. All children must be signed in and out on the daily sign in sheets in the classroom.

We must have written authorization for the release of your child to anyone other than these adults. If the parent or guardian needs to change the designated adults for the release of the child, it must be done in writing.

Please list all authorized adults who have your permission to pick up your child below:

| NAME | ADDRESS | Relationship | Telephone |
|------|---------|--------------|-----------|
|      |         |              |           |
|      |         |              |           |
|      |         |              |           |
|      |         |              |           |
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|      |         |              |           |
|      |         |              |           |

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

If there is an emergency and someone not on this list must pick up your child, you **MUST** inform us. Your emergency pick up person will need to have a picture I.D. card with them in order to pick up your child. If you neglect to call us concerning this change, your child will **NOT BE RELEASED** until we can verify your authorization.

# Automated Payment Processing

Safe. Convenient. Easy.



We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

|                      |                 |
|----------------------|-----------------|
| Cardholder Name      | Phone #         |
| Cardholder Address   | City State Zip  |
| Account Number       | Expiration Date |
| Cardholder Signature | Date            |

#### SECTION B (Bank Account)

|   |                                   |                                   |                                  |     |
|---|-----------------------------------|-----------------------------------|----------------------------------|-----|
| Your Name                                 | Phone #                           |                                   |                                  |     |
| Address                                   | City State Zip                    |                                   |                                  |     |
| Bank or Credit Union Name                 | Bank or Credit Union Address      | City                              | State                            | Zip |
| Routing Transit Number (see sample below) | Account Number (see sample below) | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |     |
| Authorized Signature                      | Date                              |                                   |                                  |     |

Sample voided check from Savings Bank. The check is dated 0001 and includes the following information: Your Name, Any Street, Anytown, Tel: (001) 555-0000; PAY TO THE ORDER OF; ATTACH VOIDED CHECK HERE; DEPOSIT SLIPS NOT ACCEPTED; 100 DOLLARS; Security Features Included; Details on back; Savings Bank, Any Street, Anytown, Tel: (001) 555-5555; RE: 123456789; ACCOUNT: 000123456789; CHECK: 0001; MP.

#### FOR OFFICIAL USE ONLY

|                    |
|--------------------|
| Date Received      |
| Employee Signature |

ROUTING NUMBER      ACCOUNT NUMBER      CHECK NUMBER

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Ohio Department of Job and Family Services  
**ROUTINE TRIP PERMISSION FOR CHILD CARE**

|  |      |
|--|------|
| <b>Routine Trip Information</b>  |      |
| Routine Trip Destination(s)  |      |
| Date of Permission <i>(valid for one year)</i>   |      |
| Mode of Transportation <i>(walking, school bus, public transportation, parent vehicles, provider vehicle and driver)</i>   |      |
| <p>During this trip children will have access to water that is 18 inches or more in depth.<br/><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>Are water activities planned in water that is 18 inches or more in depth?      <input type="checkbox"/> Yes                      <input type="checkbox"/> No<br/><i>(if yes, a swimming permission slip is required)</i></p> |      |
| <b>Child's Information</b>   |      |
| Child's Name   |      |
| My child is<br><input type="checkbox"/> not over 4 years and/or 40 lbs <input type="checkbox"/> over 4 years and 40 lbs <input type="checkbox"/> 8 years and/or over 4' 9"   |      |
| <b>Signature</b>   |      |
| I grant permission for my child to participate in the routine trips described above.   |      |
| Parent's Signature   | Date |



## Consent for Photography & Videography

I do give my consent and approval for images of myself or of my child to be displayed and used by the Findlay YMCA on platforms including, but not limited to: printed material, websites and social media platforms (e.g Facebook, Twitter, Instagram, etc.)

I may revoke or withdraw this consent at any time. Such withdrawal of consent must be made in writing. Withdrawal of consent does not affect any information disclosed prior to the written notice of withdrawal.

I release and hold harmless the Findlay YMCA, its employees and its clients from any and all claims or causes of action that I may have of any nature whatsoever, which may in any manner result from the use of the photograph, video, or other image. By signing below, I am indicating that I have read and understand the "Consent for Photography & Videography" form. I am either the individual named below or have the authority to give consent for said individual. My questions regarding this consent have been answered.

---

Recorded Subject's Name:  
(print)

---

Date of Birth

---

Signature of Parent/Guardian  
(if individual named is a minor)

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Date