

School's Out Camp 2025–2026

Paperwork Checklist

Please ensure the following forms are completed and returned prior to your child's first day of camp.

- ☐ Child Enrollment and Health Information Form
- ☐ Permission to Participate in Swimming
- ☐ General Permission Form
- ☐ Permission to Pick-Up Form

If you have any questions about these forms or your child's registration, please contact the
Lakota Family YMCA Welcome Center at (513) 779-3917 or email
Lindsay.Miller@lakotaymca.com.

Ohio Department of Children and Youth
**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 ☐ Same as Child's				Home Telephone Number ☐ 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. ☐ Yes ☐ No If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ Email Where can you be reached while your child is in this program/home?						
Parent/Guardian Name #2				Relationship to Child		
Home Address ☐ Same as Child's				Home Telephone Number ☐ 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. ☐ Yes ☐ No If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ Email Where can you be reached while your child is in this program/home?						
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached . 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		
State				State		
Telephone Number		Relationship to Child		Telephone Number		
Relationship to Child				Relationship to Child		
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 DCY 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 DCY 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 DCY 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 DCY 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a DCY 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? ☐ Yes (If yes, skip to Emergency Transportation Authorization section) ☐ No (If no, fill out the following:) 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: ☐ I agree with the program's schedule ☐ I do not agree, please check my child's diaper every _____ hours.	
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Emergency Transportation Authorization

Give <u>Permission</u> to Transport			Do <u>Not Give Permission</u> to Transport	
Program or Home Name			Program or Home Name	
has permission 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.		OR	does not have permission 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:	
Parent's Signature	Date		Parent's Signature	Date

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 5180:2-12-15, 5180:2-13-15, and 5180:2-14-04.

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.

Reset Form

Ohio Department of Children and Youth
**PERMISSION TO PARTICIPATE IN WATER AND SWIMMING ACTIVITIES
FOR CHILD CARE**

Written parental permission is required for the water activities your child will be engaging in when:
(check all that apply for this activity)

- ☐ Water is directly accessible to child (no water activities planned)
☒ Child swimming or playing in water 18 inches or more in depth
☐ Infants and toddlers using wading pools

The program is providing additional adults or child care staff members that exceed the licensing ratio requirements for the water/swimming activity.
(The program is to meet the minimum ratio requirements outlined in rule).

☒ Yes ☐ No

Swim Site

Lakota Family YMCA Indoor Pool

Date(s)

08/2025-05/2026

Departure/Arrival Times from Program

Varies

Mode of Transportation (parents driving, provider vehicle, public transportation, school bus, etc.)

Walking

I give permission for my child to participate in the swimming/water activity listed above.

Child's Name

Child's Date of Birth

My child is a ☐ Swimmer ☐ Non swimmer

Parent's Signature

Date

Reset Form



LAKOTA FAMILY YMCA

CHILD CARE GENERAL PERMISSION FORM

- I hereby grant permission for my child to:
 - Use all indoor/outdoor play equipment and participate in all activities at the center.
 - Be included in pictures, media print, electronic media and evaluations connected with any of the other child care programs.
 - Participate in field trips taken by the center. Prior information will be given to the parent/guardian about the trip.
- I hereby grant permission for the Child Care Director, Site Administrator or Camp Arrowhead Directors to take whatever steps that may be necessary to obtain emergency medical/dental care if warranted as state on the Health Enrollment Form.
- I understand that all expenses incurred in obtaining medical/dental treatment are my responsibility and not the Lakota Family YMCA's.
- I understand that the Lakota Family YMCA is not responsible for anything that happens as a result of false information given by the parent/guardian at the time of enrollment.
- I understand the Lakota Family YMCA will not assume responsibility for a child who has not been signed in upon arrival or signed out when they depart for the day. I understand that the person dropping off and/or picking up must be 16 years of age or older and on the Permission to Pick Up Form.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



LAKOTA FAMILY YMCA

CHILD CARE PERMISSION TO PICK UP

I give permission for the following people to pick up my child,

from the Lakota Family YMCA Child Care Programs. I understand that the person picking up my child must be at least 16 years of age or older. They may also be asked for identification when picking up my child.

- Please make us aware of any custody issues.
- Please let us know right away if there are any changes to the above list.

NAME

RELATION TO CHILD

PHONE NUMBER

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____