Before and After School Child Care 2026/2027 Paperwork Checklist

☐ Registration

- Make sure to indicate AM, PM, or Both
- Make sure Billing/Payment Information are filled out

☐ Child Enrollment & Health Information Form

☐ General Permission

☐ Permission to Pick-Up

☐ Child Care Agreement

• All forms must be turned in to Kathy.Joiner@LakotaYMCA.com yearly. Emailing the forms will not hold your spot. A confirmation email will be sent once paperwork is processed and spot is secured.

Email Lindsay Miller, Child Care Director with any questions at Lindsay.Miller@LakotaYMCA.com

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LAKOTA FAMILY YMCA

2026-2027

REGISTRATION PACKET - COMPLETED ANNUALLY

TODAY'S DATE: _____

STUDENT INFORMATION - 1 REGISTRATION PACKET/STUDENT

FIRST DAY OF PROGRAM ATTENDANCE: _____ (IF BLANK WILL BE FIRST DAY OF LAKOTA SCHOOLS)

☐ LAKOTA FAMILY YMCA MEMBER (student must be member) ☐ NON-MEMBER

STUDENTS FIRST NAME: _____ STUDENTS LAST NAME: _____

STUDENT ADDRESS: _____

CITY: _____ ZIP CODE: _____ PHONE: _____

DATE OF BIRTH _____ GENDER (check one) ☐ Male ☐ Female

GRADE FOR 2026-2027 SCHOOL YEAR (check one)

☐ Kindergarten ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th

PROGRAM DESIRED (check one)

☐ AM ONLY ☐ PM ONLY ☐ BOTH AM/PM

SCHOOL YOUR CHILD WILL BE ATTENDING (check one)

☐ Adena ☐ Cherokee ☐ Creekside ☐ Endeavor ☐ Freedom
☐ Heritage ☐ Hopewell ☐ Independence ☐ Liberty ☐ Shawnee
☐ Union ☐ Van Gorden ☐ Woodland ☐ Wyandot

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1 NAME: _____

RELATIONSHIP TO CHILD: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

*PRIMARY NUMBER: _____ SECONDARY NUMBER: _____

*EMAIL : _____

☐ PLEASE UPDATE MY LAKOTA YMCA ACCOUNT WITH THIS INFORMATION.

PARENT/GUARDIAN 2 NAME: _____

RELATIONSHIP TO CHILD: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

*PRIMARY NUMBER: _____ SECONDARY NUMBER: _____

*EMAIL : _____

☐ PLEASE UPDATE MY LAKOTA YMCA ACCOUNT WITH THIS INFORMATION.

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LAKOTA FAMILY YMCA

2026-2027

REGISTRATION PACKET – COMPLETED ANNUALLY

STUDENT NAME: _____ SCHOOL: _____ ☐ AM ☐ PM ☐ BOTH

FEES, BILLING POLICIES AND PROCEDURES

FEES:

This is a FULL-TIME service whether you use it or not. We prorate on Lakota School Districts calendar and calamity days. Snow Days will be accumulated to one credit the last month of school. If you withdraw before this, it is your responsibility to remind billing of your credit due.

Non-Refundable Registration Fee: $55

Member Rates:	AM ONLY: $64	PM ONLY: $83	BOTH AM & PM: $99
Non-Member Rates:	AM ONLY: $79	PM ONLY: $99	BOTH AM & PM: $130

PAYMENT:

- Credit Card(s) MUST be on file with the Lakota Family YMCA. It is your responsibility to keep this information up to date with the Lakota Family YMCA. You can not register without a valid credit card.
- By registering for this program you authorize any and all child care related fees to be charged to your credit card.
- Payments will be deducted from your account on the Friday prior to the week registered.
- Withdrawal forms must be received 1 week prior to the withdrawal date
- There will be no balances on accounts carried over from week to week.

CREDIT CARD DECLINES:

Credit cards may decline up to 3 times with no additional fees. The 4th time and all other declines there after will be charged a $15.00 fee. *Compromised credit cards will be waived a declined fee until it becomes abused.

MULTIPLE CARD CHANGES:

You will be able to change your credit card up to 3 times with no additional fees. The 4th time and all other request to change a credit card there after will be charged a $15.00 fee. *Compromised credit cards will be waived a declined fee until it becomes abused.

LATE FEE:

A $30 late fee per child will be accessed to your account(s) if we do not receive your payment by Monday at 8:00am the week you will attend. Your child(ren) will not be permitted to use our services until account is paid in full.

I have read and understand the above policy and procedures:

Parent/Guardian Signature:_____ Date:_____

BILLING INFORMATION

I NEED TO SPLIT MY WEEKLY BILL BETWEEN TWO ACCOUNT HOLDERS. YES NO

*Note, both account holder information must be provided at the same time for registration to be processed.

CARD 1: ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

CARD HOLDER NAME: _____

CREDIT CARD NUMBER(if not on file) _____EXP DATE:_____

STREET NUMBER:_____ ZIP CODE:_____

% OF CHARGES TO THIS CARD (100%, or 50% or specific amount):_____

CARD 2 INFORMATION IF NEED

CARD 2: ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

CARD HOLDER NAME: _____

CREDIT CARD NUMBER(if not on file) _____EXP DATE:_____

STREET NUMBER:_____ ZIP CODE:_____

% OF CHARGES TO THIS CARD (100%, or 50% or specific amount):_____

Ohio Department of Children and Youth

CHILD ENROLLMENT FORM FOR EARLY CARE AND EDUCATION PROGRAMS

Parents: Complete this form or an electronic version in its entirety prior to the child's first day of attendance, review annually, and update as needed. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.

Child's Name		Date of Birth	First Day at Program
Address			
City		State	Zip Code
Parent #1 Name		Parent #1 Phone Number	
Parent #1 Address ☐Same as Child's		City	State / Zip Code
Parent #1 Email Address (if applicable)		Parent #1 Cell Phone (if applicable)	
Parent #1 Work/School Name (if applicable)		Parent #1 Work/School Phone Number (if applicable)	
Check here if Not Applicable ☐	Parent #2 Name	Parent #2 Phone Number	
Parent #2 Address ☐Same as Child's		City	State / Zip Code
Parent #2 Email Address (if applicable)		Parent #2 Cell Phone (if applicable)	
Parent #2 Work/School Name (if applicable)		Parent #2 Work/School Phone Number (if applicable)	
Primary Emergency Contact #1 Name (cannot be parent/guardian)		Check here if Not Applicable ☐	Optional Emergency Contact #2 Name (cannot be parent/guardian)
Primary Emergency Contact #1 Phone Number		Optional Emergency Contact #2 Phone Number	
Primary Emergency Contact #1 Other number or email address for emergency contact *(if applicable)*		Optional Emergency Contact #2 Other number or email address for emergency contact *(if applicable)*	
My child may be released to this emergency contact ☐ Yes ☐ No		Optional My child may be released to this emergency contact ☐ Yes ☐ No	

Does your child have a chronic health condition or diagnosis that requires the program to: observe or monitor symptoms, administer medication, serve medical foods, perform medical procedures, avoid specific foods/environmental conditions/activities, or allow a school age child to carry and administer their own medication?

☐ Yes (complete or provide a Health Care Plan, documentation from a licensed physician, or an electronic equivalent)
☐ No

Child's Name	Date of Birth

Information on my child's development: (personal, behavior, patterns, habits, and individual needs, etc.)

☐ N/A

The following accommodation(s) may be helpful to most effectively meet my child's needs while at the program:

☐ N/A

My child will receive specialized/individual services at the program:

☐ Yes
☐ No

Name of service provider(s) and frequency

☐ N/A

Emergency Transportation Authorization

☐ **The program 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.

☐ **The program 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:

SIGNATURE

This form should be reviewed 12 months from the date the parent acknowledges accuracy and receipt of policies and procedures.

Parent Acknowledgement of Accuracy and Receipt of Policies and Procedures

By signing this form, I attest that the information is accurate and that I have reviewed and received a copy of the program's policies and procedures (parent handbook).

Parent Signature	Date

Program Acknowledgement of Completion

By signing this form, I attest that I have reviewed for completeness and that this form has been signed by the parent/guardian. This form is to be completed prior to the child receiving care.

Program Administrator/Designee Signature	Date

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

LAKOTA FAMILY YMCA

CHILD CARE AGREEMENT

I agree to the following statements regarding the Before and After School Child Care program ran by the Lakota Family YMCA.

- This is a full time service whether you use it or not. There is no vacation time granted in this program. Prorates will occur based on the Lakota School District calendar and calamity days.
- Payments for service will be deducted from your account on the Friday prior to the week of service.
- I understand that if I do withdrawal my child I must pay the $55 registration fee to re-enroll in the program.
- A $30 late fee per child will be assessed to you account if we do not receive payment by Monday at 8:00am the week of service. Your child(ren) will not be permitted to use our services until the account is paid in full.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

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/guarding 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: _____