

# School's Out Camp

## Child Care 2024/2025 Paperwork Checklist

- ☐ Child Enrollment & Health Information Form
- ☐ General Permission
- ☐ Permission to Pick-Up
- ☐ Child Care Agreement
- ☐ Permission to Swim

Email Lindsay Miller, Child Care Director with any questions at  
[Lindsay.Miller@LakotaYMCA.com](mailto:Lindsay.Miller@LakotaYMCA.com)

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 <del>cannot be listed</del> 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		State
Telephone Number		Relationship to Child	Telephone Number		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
<b>Allergies, Special Health or Medical Conditions, and Medical Foods</b>
<p>Fill in this section accurately and completely. Please note that if your child has a <b>current</b> 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.</p>
<p>Does your child have any food, medication or environmental allergies? <i>(check all that apply)</i></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes - <i>check all that apply</i>    <input type="checkbox"/> Food    <input type="checkbox"/> Medication    <input type="checkbox"/> Environmental    Please list and explain:         </p>          <p>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? <i>(check one)</i></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.         </p>
<p>Does your child have a developmental delay or special health or medical condition? <i>(check one)</i></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes - please explain         </p>          <p>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? <i>(check one)</i></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.         </p>
<p>Is your child currently using any medication or medical food? <i>(check one)</i></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes - please explain         </p>          <p>If yes, does this medication or medical food need to be administered at the child care program/home?</p> <p> <input type="checkbox"/> No  <input type="checkbox"/> 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.         </p>
<p>Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? <i>(check one)</i></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes - please explain         </p>          <p>Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?</p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes - written instructions from the child's health care provider must be on file.  <input type="checkbox"/> N/A - program does not provide meals or snacks to the child.         </p>

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.

**Emergency Transportation Authorization**

<b>Give <u>Permission</u> to Transport</b>		<b>OR</b>  <b>Do not sign both</b>	<b><u>Do Not Give Permission</u> to Transport</b>	
Program or Home Name <b>Lakota Family YMCA</b>			Program or Home Name <b>Lakota Family YMCA</b>	
<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:	
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 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.



# 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/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 stated 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,

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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.

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NAME	RELATION TO CHILD	PHONE NUMBER

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Ohio Department of Job and Family Services  
**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 and/or Outdoor Pool/Bubble

Date(s)

May 1, 2024-May 1, 2025

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