

School's Out Camp

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.

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.

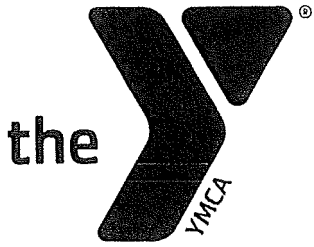
Child's Name		Date of Birth		First Day at Program	
Address					
City		State		Zip Code	
Parent #1 Name		Parent #1 Phone Number			
Parent #1 Address ☐ Same as Child's		City		State	Zip Code
Parent #1 Email Address (if applicable)		Parent #1 Cell Phone (if applicable)			
Parent #1 Work/School Name (if applicable)		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

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: <i>(check all that apply for this activity)</i> ☐ 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. <i>(The program is to meet the minimum ratio requirements outlined in rule).</i> ☒ Yes ☐ No	
Swim Site Lakota Family YMCA Indoor Pool	
Date(s) 8/2026-5/2027	
Departure/Arrival Times from Program Varies	
Mode of Transportation <i>(parents driving, provider vehicle, public transportation, school bus, etc.)</i> 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

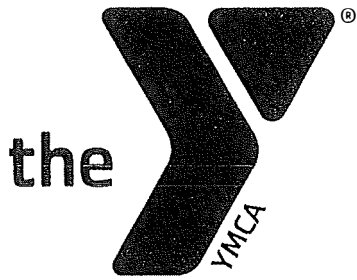
- I hereby grant permission for my child to:
 - Use all indoor/outdoor play equipment and participate in all activities at the center.
 - Be included in pictures, media print, electronic media and evaluations connected with any of the other child care programs.
 - Participate in field trips taken by 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: _____