



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Before and After school Pricing August 2022-May 2023

Childs Name _____

Location _____

Do you qualify for JFS? _____

Location: Wooster YMCA Child's School (Circle one) Edgewood Cornerstone Melrose Kean Parkview

AM & PM	Member \$55 weekly	Non-Member \$65 weekly
AM or PM (CIRCLE ONE)	Member \$35 weekly	Non-Member \$40 weekly

This location offers Schools Out days for snow days and other days school is closed. Members \$30 daily Non-Members \$40 daily

Location: Shreve Elementary

AM & PM	Member \$55 weekly	Non-Member \$65 weekly
AM or PM (CIRCLE ONE)	Member \$35 weekly	Non-Member \$40 weekly

Location: Orrville YMCA

AM & PM	Member \$55 weekly	Non-Member \$65 weekly
AM or PM (CIRCLE ONE)	Member \$35 weekly	Non-Member \$40 weekly

This location offers Schools Out days for snow days and other days school is closed. Members \$30 daily Non-Members \$40 daily

Location: Smithville Elementary

AM & PM	Member \$55 weekly	Non-Member \$65 weekly
AM or PM (CIRCLE ONE)	Member \$35 weekly	Non-Member \$40 weekly

ODJFS is accepted at all locations –Scan to apply for Financial Assistance



Enrollment Packet Requirements

- Payment Policy and Terms of Enrollment
- Communicable Disease Policy
- Discipline Policy
- File Card
- EZ Pay Authorization Agreement
- Child Enrollment & Health Information



Parent Handbook

All enrollment paperwork must be turned in a week in advance before your child's start date. If your paperwork is not turned in one week in advance, then you will not be able to start on your start date.

Start Date _____ **Paperwork Due By** _____

Payment Policy and Terms of Enrollment

I/We understand that childcare tuition is payable weekly and may pay by automated check or credit card. Returned checks, CC, or EFT will have a \$30 NSF fee set by the YMCA.

I/We understand that weekly tuition will be pulled every Friday from our automated system through the YMCA.

I/We understand that a late pick-up fee of \$10 for EACH child will be charged for the first fifteen minutes after 6:00 p.m. and after 6:15pm a fee of \$1.00 per minute will be charged. The fee will then be added to the next tuition payment.

I/We agree that a two week written notice must be given prior to your child's withdrawal from the center. Otherwise I am/we are liable for those two weeks of tuition fees.

I/ We understand that the registration fee is non-refundable.

Tuition is charged as a weekly rate. Tuition may change if number of days increases or decreases. Tuition may also change if rates increase. Rates are evaluated yearly.

There are no sick days offered at The YMCA of Wayne County Before and After School Programs (BASP). If your child goes home sick and cannot return for 24 hours after sickness, the charge is still applied.

The YMCA may have times that they are shut down for holidays. No payment is due for those days. If the center shuts down due to weather or other unforeseen reasons- no payment is due for these days.

The YMCA of Wayne County BASP are open from 6:30 A.M. to 9:00 A.M. and 3:00 P.M. to 6:00 P.M. Monday through Friday from August - May. Summer Camp is offered at our Orrville, Wooster, and Shreve location from June-August.

YMCA of Wayne County // Wooster 330.264.3131 Orrville 330.683.2153

The programs are closed for the following holidays: New Year's Eve, New Year's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and the day after Thanksgiving, Christmas Eve, and Christmas. The programs may be closed additional days due to shut down, emergency staffing and emergency weather situations. You will be notified in advance of these days. The center will also be closed **for teacher in-service**. Each year the center will close 1-2 days for in-service hours which are required by state laws.

Days of Enrollment:

Upon registration, parents must specify days of care if attending on a part-time basis. Once these days of care are specified, please follow them closely and check with your child's teacher if you need to change the day of care on any given week. If you need to add an additional day, please check with your child's teacher.

Child's Name: _____

Date of Enrollment: _____

Days of Care: Monday Tuesday Wednesday Thursday Friday ALL
(Please circle days of care)

Before AND AFTER SCHOOL

Before School ONLY

After School ONLY

I/ We have read, understand and agree to the above information.

Parents/ Guardian Signature

Date

Parents/ Guardian Signature

Date

1

PHOTO RELEASE

I give permission for my child's photograph to be taken while participating in activities at The Learning Academy. The pictures taken may be used for the purposes of publicity; on The Learning Academy's private Facebook page, in advertisement, program brochures, media productions, newspaper articles and other marketing tools by The Learning Academy, YMCA of Wooster or Schaeffler.

Parents/ Guardian Signature

Date

Communicable Disease & Return to School Policy for The YMCA of Wayne County Child Care Programs

No signs of illness for 24 hours-

If a child is sent home from school with an illness or fever, they cannot return until 24 hour period has passed.

Chickenpox - dry scabs

Lice/nit - free

Conjunctivitis (pink eye) – on medication 24 hours

No regular diarrhea or vomiting

I (We) have read and understand The YMCA of Wayne County's Before and After School Program's policy on communicable diseases and agree to its policies.

Child's Name _____

Parents/Guardians Signature _____

Date _____

PLEASE SIGN AND RETURN TO THE OFFICE PRIOR TO ENROLLMENT

Conscious Discipline Classroom Behavior Policy

Our classroom discipline policy stems from the principles of the Conscious Discipline program by Dr. Becky Bailey. You are more than welcome to research her principles as we find them very successful both in and outside of the classroom not only for our students but ourselves, as well. Her principles focus on life values and change from the inside out and focus on seven basic social skills, which directly relate to seven life values, for operating and managing a "Brain Smart" classroom.

Seven Basic Social Skills

1. Anger Management
2. Helpfulness (kindness, sharing)
3. Assertiveness
4. Impulse Control
5. Cooperation
6. Empathy
7. Problem Solving

Seven essential life values

1. Integrity
2. Interdependence
3. Respect
4. Empowerment
5. Diversity
6. Compassion
7. Responsibility

What these principles look like in our classroom:

A sense of classroom family/community is essential to provide a place where each child feels safe and welcome. We work with children on building one another up, communicating effectively during conflict, and taking responsibility for their actions. The time it takes to establish a positive classroom community depends on the personalities and social makeup of the class each year. It is important that as parents and teachers we work together with our children to be sure they feel comfortable communicating their concerns and conflicts. While I am aware or become made aware of many conflicts and concerns by observation and communication with my students, there are always situations where a parent needs to reach out to me so that I can be made aware of important situations. If your child feels a need to communicate something with you, it is important enough that it be addressed appropriately with me and we can decide a good way to help the situation together.

We will hold regular class meetings, develop rules, establish jobs, understand choices, learn to use I-messages and build communication skills. These are just a few examples of structures within our classrooms that are used to fulfill and uphold my behavior and discipline plan policy.

Rather than a system that focuses on negative behavior by providing only punishments or negative meaningless color coordinated levels of good and bad, situations in our classrooms involving discipline are used as teachable moments. That is not to say that there will not be consequences for poor choices or behaviors, but that is to say that each child has different social and behavioral needs and each of these needs will be met on a more individual basis.

No child is subjected to corporal punishment or physical discipline at any time. Discipline will never be related to food, rest, or toileting.

We will make every effort to work with parents of children having difficulties in our care. The teacher and/or director with plenty of observations and information may offer referrals for children. If there is any reasoning for a referral to be made the following steps may occur:

1. Parents/guardians of child will be called in for a conference. We will discuss the issues and identify some possible solutions. A plan of action will be developed and agreed upon by parents, staff and health/behavioral specialist.
2. If the plan of action is not working, the parents will be called in for another meeting. We will discuss what is not working and develop another action plan.
3. If no progress is being made we will have another conference with the parents to discuss what the best option for the child may be.

Child's/Children's Name/Names: _____

Parent/Guardian Signature: _____

Date: _____

EZ Pay Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize the YMCA of Wayne County, hereinafter called Young Men's Christian Association, Inc., to initiate debit entries to my (our) account indicated below at the depository financial institution named below and to debit the same to such account. I (we) acknowledge that the organization of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Financial Institution Name (Bank Name): _____

Checking or Savings Account

9 Digit Bank Routing Number: _____

Checking account Number: _____

Or

Credit/Debit Card _____

Expiration date: ____/____/____

Type of Card: MasterCard Visa Discover American Express

This authorization is to remain in full force and effect until YMCA has received written notification from me (or either of us) of its termination. I must give the YMCA two weeks' notice for withdrawal.

Name(s) on the account: _____ Date: _____

Signature: _____

I understand my draft will be taken on Friday of every week before the week of care.

Note: Debit Authorizations must provide that the received may revoke the authorization only by notifying the originator in the manner specified in the authorization.

YMCA of Wayne County – BASP AGREEMENT

1. I understand that the EZ Pay is a continuous payment for care plan. I understand that my payment will automatically be taken out weekly.
2. Draft will occur every the Friday previous to the week of attendance.
3. If I wish to terminate my EZ Pay payment, I must give the YMCA 2 week's written notice.
4. The YMCA Board of Directors may, at their discretion adjust the weekly rate applicable to my childcare category. I understand that I will receive at least 4 weeks' notice prior to such change.
5. Should my childcare payment not be honored by my bank for any reason, I realize that I am still responsible for that payment. The YMCA will continue to attempt to collect the childcare payment after they receive notice from the bank. Please remember due to bank fees charged to the YMCA, there is a processing fee which will be added to your next week's draft for any returns.

YMCA of Wayne County // Wooster 330.264.3131 Orrville 330.683.2153

File Card

Child's Name _____ Child's Birthday _____

Class Enrolled _____

Mother _____ Employer _____ Work Phone # _____

Cell Phone # _____

Father _____ Employer _____ Work Phone # _____

Cell Phone # _____

Emergency Numbers (must have at least one and he/she MUST be within 1 hour drive of center)

Name _____ Phone _____

Name _____ Phone _____

Pick-Up Permission Card

The following persons may pick up my child

NAME

RELATIONSHIP TO CHILD

1. _____

2. _____

3. _____

4. _____

I understand that my child will not be released to anyone else unless written instructions (including date, signature, and name of person picking up) have been given by me to a staff member.

Parent's/Guardian's Signature _____ 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?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name <u>of at least one person</u> 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	
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? ☐ 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

Give <u>Permission</u> to Transport		OR Do not sign both	<u>Do 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.			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 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.

Ohio Department of Job and Family Services
DEVELOPMENTAL AND EDUCATIONAL GOALS
FOR STEP UP TO QUALITY (SUTQ)

Name of Child		Date of Birth	
<i>For Three to Five-Star Rated programs, the program must work with families to develop goals for children. These goals must be updated at least annually.</i>			
Developmental/Educational Goal			
Action Steps	Person(s) Responsible	Resources Needed	Timeline
Developmental/Educational Goal			
Action Steps	Person(s) Responsible	Resources Needed	Timeline
Developmental/Educational Goal			
Action Steps	Person(s) Responsible	Resources Needed	Timeline
Developmental/Educational Goal			
Lead Teacher's Name		Signature	
Parent/Guardian's Signature			Date

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

Routine Trip Information	
Routine Trip Destination(s) Lobby	
Date of Permission (<i>valid for one year</i>) 8/16/2022	
Mode of Transportation (<i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i>) Walking	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, a swimming permission slip is required)	
Child's Information	
Child's Name	
My child is <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"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

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

Routine Trip Information	
Routine Trip Destination(s) Mini-MPR	
Date of Permission (<i>valid for one year</i>) 8/16/2022	
Mode of Transportation (<i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i>) Walking	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, a swimming permission slip is required)	
Child's Information	
Child's Name	
My child is <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"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

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

Routine Trip Information	
Routine Trip Destination(s) MPR	
Date of Permission (<i>valid for one year</i>) 8/16/2022	
Mode of Transportation (<i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i>) Walking	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, a swimming permission slip is required)	
Child's Information	
Child's Name	
My child is <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"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

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

Routine Trip Information	
Routine Trip Destination(s) Pool	
Date of Permission (<i>valid for one year</i>) 8/16/2022	
Mode of Transportation (<i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i>) Walking	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, a swimming permission slip is required)	
Child's Information	
Child's Name	
My child is <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"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

Ohio Department of Job and Family Services
**PERMISSION TO PARTICIPATE IN WATER AND SWIMMING ACTIVITIES
FOR CHILD CARE**

<p>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></p> <p><input checked="" type="checkbox"/> Water is directly accessible to child (no water activities planned) <input checked="" type="checkbox"/> Child swimming or playing in water 18 inches or more in depth <input type="checkbox"/> Infants and toddlers using wading pools</p>	
<p>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></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Swim Site Orrville YMCA</p>	
<p>Date(s) 8/16/2022</p>	
<p>Departure/Arrival Times from Program After school routine trip 3p-6p</p>	
<p>Mode of Transportation <i>(parents driving, provider vehicle, public transportation, school bus, etc.)</i> Walking</p>	
<p>I give permission for my child to participate in the swimming/water activity listed above.</p>	
Child's Name	Child's Date of Birth
<p>My child is a <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer</p>	
Parent's Signature	Date

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

Routine Trip Information	
Routine Trip Destination(s) Studio A	
Date of Permission (<i>valid for one year</i>) 8/16/2022	
Mode of Transportation (<i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i>) Walking	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, a swimming permission slip is required)	
Child's Information	
Child's Name	
My child is <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"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

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

Routine Trip Information	
Routine Trip Destination(s) Studio B	
Date of Permission (<i>valid for one year</i>) 8/16/2022	
Mode of Transportation (<i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i>) Walking	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, a swimming permission slip is required)	
Child's Information	
Child's Name	
My child is <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"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

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

Routine Trip Information	
Routine Trip Destination(s) Gymnasium	
Date of Permission (<i>valid for one year</i>) 8/23/2022	
Mode of Transportation (<i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i>) Walking	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, a swimming permission slip is required)	
Child's Information	
Child's Name	
My child is <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"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

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

Routine Trip Information	
Routine Trip Destination(s) Library	
Date of Permission (<i>valid for one year</i>) 8/23/2022	
Mode of Transportation (<i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i>) Walking	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, a swimming permission slip is required)	
Child's Information	
Child's Name	
My child is <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"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

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

Routine Trip Information	
Routine Trip Destination(s) Smithville Village Park	
Date of Permission (<i>valid for one year</i>) 8/23/2022	
Mode of Transportation (<i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i>) Walking	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, a swimming permission slip is required)	
Child's Information	
Child's Name	
My child is <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"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

