

YMCA OF WAYNE COUNTY BASP PRICING

Child's Name \_\_\_\_\_

Location \_\_\_\_\_



Do you qualify for JFS assistance? YES NO

Location	Program	Weekly Pricing	
		Member	Non Member
Cornerstone	Part Time (1-3 days)	\$ 110.00	\$ 120.00
7:30am-4:00pm	Full time (4-5 days)	\$ 140.00	\$ 160.00

\*Can qualify for \$10/week with denial letter from JFS AND free lunch

\*Can qualify for \$20/week with denial letter from JFS and reduced lunch

Orrville YMCA	Part Time (1-3 days)	\$ 110.00	\$ 120.00
6:30am-6:00pm	Full time (4-5 days)	\$ 140.00	\$ 160.00

Wooster YMCA	Part Time (1-3 days)	\$ 110.00	\$ 120.00
6:30am-6:00pm	Full time (4-5 days)	\$ 140.00	\$ 160.00



Ohio Department of Job and Family Services  
is accepted at all locations.

Scan the QR code to apply!

For program questions contact:

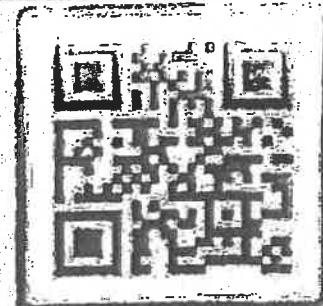
Audrey at [Audreys@ymcawayne.org](mailto:Audreys@ymcawayne.org) for Orrville

Nathan at [nathanc@ymcawayne.org](mailto:nathanc@ymcawayne.org) for Cornerstone, Wooster, and Shreve

YMCA OF WAYNE COUNTY BASP PRICING

# Enrollment Packet Requirements

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



**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

**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**

### Behavior Plan

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 we are aware or become 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 the teacher so that they 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 us and we can decide a good way to help the situation together.

We will contact parents via Procare or phone if a situation arises. Parents are expected to pick up as quickly as possible if your child is needed to be. We will make every effort to work with parents of children having difficulties in our care. We use a 3 strike policy towards working with children and parents. Being sent home 3 times will lead to removal from our program. Reasons for being sent home included the following:

- a.) Abusive (physical or verbal) towards another children or staff members
- b.) excessive language directed at other children or staff members
- c.) sexual actions/commitments towards other children or staff members
- d.) destroying of YMCA property
- e.) anything else that may be deemed removable offense by staff or director

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

Child's Name: \_\_\_\_\_

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 # \_\_\_\_\_

Father \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone # \_\_\_\_\_

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 \_\_\_\_\_

YMCA of Wayne County // Wooster 330.264.3131 Orrville 330.683.2153

**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	
<p>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</p> <p>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</p> <p>Where can you be reached while your child is in this program/home?</p>			
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	
<p>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</p> <p>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</p> <p>Where can you be reached while your child is in this program/home?</p>			
<p><b>Emergency Contacts:</b> Parents <u>cannot</u> 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.</p>			
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

**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 behavioral needs.**

**Not applicable**

Child's Name

**Disposing 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 Permission to Transport</b>		<b>Do Not Give Permission to Transport</b>	
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
<b>OR</b>			
Do not sign both			

**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.

**FAMILY NEEDS SURVEY FOR STEP UP TO QUALITY (SUTQ)*****We want to support any needs you or your family may have. THE INFORMATION YOU PROVIDE ON THIS FORM IS CONFIDENTIAL***

Please circle Y (YES) or N (NO) to best describe your current situation for each topic. If you circle Y for an item, please briefly list the CONCERN if this is an area of need for your child or family. Our goal is to provide resources to support you and your family, based on your answers.

Child's/Children's Name(s):

Caretaker's Name:

Date Completed:

<b>TOPICS</b>		<b>Briefly List CONCERN</b>
<b>Child Development and Education-</b> Does anyone in your family have any need for resources or support in the areas listed below?		
Y	N	Information on child growth and development.
Y	N	Guiding and supporting a child's behavior.
Y	N	Medical or disabilities or possible conditions for any child or adult in the family.
Y	N	Obtaining toys or activities to use to help any child in your home.
Y	N	Preparing your child for kindergarten.
<b>Child and Family Health-</b> Does anyone in your family have any need for resources or support in the areas listed below?		
Y	N	Health insurance and/or access to regular medical care, dental care, or medications.
Y	N	Medical or health supplies or supports that anyone in your family needs.
Y	N	Accessing immunizations.
Y	N	Finding a pediatrician, general practitioner, dentist, therapist, psychologist, optometrist, or other specialty practitioner.
Y	N	Concerns with depression, anger, anxiety, or mental health needs.
Y	N	Concerns with alcohol, drug, or addiction problems.
<b>Financial and Household Supports-</b> Does anyone in your family have any need for resources or support in the areas listed below?		
Y	N	Help paying for child care.
Y	N	Help finding housing or safe housing.
Y	N	Help paying your mortgage or rent.
Y	N	Help with food expenses.
Y	N	Finding household items such as furniture, clothing, or school supplies.
Y	N	Access to transportation or transportation expenses.
Y	N	Attending school (such as a GED, Certifications, or college degrees)
Y	N	Help finding work or job training

Are there other needs you or your family have that are not listed above:

Parent Signature	Date:	
Administrator or Designee Signature:	Date:	
For Staff Use:		
Bronze Rating Level	Silver Rating Level	Gold Rating Level
Resources provided to the family:	Resources provided to the family:	Resources provided to the family:
Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:
Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:
Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:
Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:	Administrator or Designee Signature & Date:

## Wooster and Cornerstone Summer Camp

(Please mark all weeks that your child will be attending Summer Camp)

\*If you change a week, you must give a 2 week written notice to Nathan\*

Child's Name \_\_\_\_\_

- June 1-June 5
- June 8-12
- June 15-19- Cornerstone closed June 19th
- June 22-26
- June 29-July 3
- July 6-10
- July 13-17
- July 20-24
- July 27-31- Cornerstone ends July 31
- August 3-7
- August 10-14



Ohio Department of Children and Youth  
**ROUTINE TRIP PERMISSION FOR CHILD CARE**

**Routine Trip Information**

Routine Trip Destination(s)

**Gymnastics Center**

Date of Permission (*valid for one year*)

**06/01/26**

Mode of Transportation (*walking, school bus, public transportation, parent vehicles, provider vehicle and driver*)

**Bus**

During this trip children will have access to water that is 18 inches or more in depth.

Yes       No

Are water activities planned in water that is 18 inches or more in depth?       Yes       No  
(if yes, a swimming permission slip is required)

**Child's Information**

Child's Name

My child is

not over 4 years and/or 40 lbs       over 4 years and 40 lbs       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 Children and Youth  
**ROUTINE TRIP PERMISSION FOR CHILD CARE**

**Routine Trip Information**

Routine Trip Destination(s)

**YMCA Gym**

Date of Permission (*valid for one year*)

**06/01/26**

Mode of Transportation (*walking, school bus, public transportation, parent vehicles, provider vehicle and driver*)

**Bus**

During this trip children will have access to water that is 18 inches or more in depth.

Yes

No

Are water activities planned in water that is 18 inches or more in depth?  Yes  No  
(if yes, a swimming permission slip is required)

**Child's Information**

Child's Name

My child is

not over 4 years and/or 40 lbs

over 4 years and 40 lbs

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 Children and Youth  
**ROUTINE TRIP PERMISSION FOR CHILD CARE**

**Routine Trip Information**

Routine Trip Destination(s)

**Christmas Run Park**

Date of Permission (*valid for one year*)

**06/01/26**

Mode of Transportation (*walking, school bus, public transportation, parent vehicles, provider vehicle and driver*)

**Bus**

During this trip children will have access to water that is 18 inches or more in depth.

Yes       No

Are water activities planned in water that is 18 inches or more in depth?       Yes       No  
(if yes, a swimming permission slip is required)

**Child's Information**

Child's Name

My child is

not over 4 years and/or 40 lbs       over 4 years and 40 lbs       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 Children and Youth  
**ROUTINE TRIP PERMISSION FOR CHILD CARE**

**Routine Trip Information**

Routine Trip Destination(s)

**Parkview School**

Date of Permission (*valid for one year*)

**06/01/26**

Mode of Transportation (*walking, school bus, public transportation, parent vehicles, provider vehicle and driver*)

**Bus**

During this trip children will have access to water that is 18 inches or more in depth.

Yes

No

Are water activities planned in water that is 18 inches or more in depth?  Yes  No  
(if yes, a swimming permission slip is required)

**Child's Information**

Child's Name

My child is

not over 4 years and/or 40 lbs

over 4 years and 40 lbs

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 Children and Youth  
**ROUTINE TRIP PERMISSION FOR CHILD CARE**

**Routine Trip Information**

Routine Trip Destination(s)

**Kindergarten Room**

Date of Permission (*valid for one year*)

**06/01/26**

Mode of Transportation (*walking, school bus, public transportation, parent vehicles, provider vehicle and driver*)

**Bus**

During this trip children will have access to water that is 18 inches or more in depth.

Yes

No

Are water activities planned in water that is 18 inches or more in depth?  Yes

(if yes, a swimming permission slip is required)  No

**Child's Information**

Child's Name

My child is

not over 4 years and/or 40 lbs

over 4 years and 40 lbs

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 Children and Youth  
**ROUTINE TRIP PERMISSION FOR CHILD CARE**

**Routine Trip Information**

Routine Trip Destination(s)

**Craft Room**

Date of Permission (*valid for one year*)

**06/01/26**

Mode of Transportation (*walking, school bus, public transportation, parent vehicles, provider vehicle and driver*)

**Bus**

During this trip children will have access to water that is 18 inches or more in depth.

Yes       No

Are water activities planned in water that is 18 inches or more in depth?       Yes       No  
(if yes, a swimming permission slip is required)

**Child's Information**

Child's Name

My child is

not over 4 years and/or 40 lbs       over 4 years and 40 lbs       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 Children and Youth  
**ROUTINE TRIP PERMISSION FOR CHILD CARE**

**Routine Trip Information**

Routine Trip Destination(s)

PlayLab

Date of Permission (*valid for one year*)

06/01/26

Mode of Transportation (*walking, school bus, public transportation, parent vehicles, provider vehicle and driver*)

Bus

During this trip children will have access to water that is 18 inches or more in depth.

Yes  No

Are water activities planned in water that is 18 inches or more in depth?  Yes  No  
(if yes, a swimming permission slip is required)

**Child's Information**

Child's Name

My child is

not over 4 years and/or 40 lbs  over 4 years and 40 lbs  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 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

**Freelanders Pool**

Date(s)

**Every Tuesday and Thursday from 6/1-8/14**

Departure/Arrival Times from Program

**12:45-3:15**

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

**Bus**

**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 <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer	
Parent's Signature	Date

**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

Wooster High School Pool

Date(s)

Every Tuesday/Thursday from 6/1-8/14

Departure/Arrival Times from Program

12:45-3:15

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

bus

**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**

