



# 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 Procure 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/comments 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.

# 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?					
<b>Emergency Contacts: Parents cannot 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.</b>					
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 behavior needs.

Not applicable



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				
<b>Action Steps</b>	<b>Person(s) Responsible</b>	<b>Resources Needed</b>	<b>Timeline</b>	<b>Comments on Progress</b>
Developmental/Educational Goal				
<b>Action Steps</b>	<b>Person(s) Responsible</b>	<b>Resources Needed</b>	<b>Timeline</b>	<b>Comments on Progress</b>
<b>Lead Teacher's Name</b>		<b>Signature</b>		<b>Date</b>
<b>Parent/Guardian's Signature</b>			<b>Date</b>	

Name of Child		Date of Birth	
<b>Additional goals or updates to currently listed goals</b>			
Developmental/Educational Goal			
Action Steps	Person(s) Responsible	Resources Needed	Timeline
Developmental/Educational Goal			
Action Steps	Person(s) Responsible	Resources Needed	Timeline
Lead Teacher's Name		Signature	
Parent/Guardian's Signature		Date	

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

<b>Routine Trip Information</b>	
Routine Trip Destination(s) <b>MPR</b>	
Date of Permission ( <i>valid for one year</i> ) <b>6/2/26</b>	
Mode of Transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> ) <b>Walking</b>	
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? (if yes, a swimming permission slip is required) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Child's Information</b>	
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"	
<b>Signature</b>	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

**Reset Form**

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

<b>Routine Trip Information</b>	
Routine Trip Destination(s) <b>Studio B</b>	
Date of Permission ( <i>valid for one year</i> ) <b>6/2/26</b>	
Mode of Transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> ) <b>Walking</b>	
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? (if yes, a swimming permission slip is required) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Child's Information</b>	
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"	
<b>Signature</b>	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

**Reset Form**

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

<b>Routine Trip Information</b>	
Routine Trip Destination(s) <b>Lobby</b>	
Date of Permission ( <i>valid for one year</i> ) <b>6/2/26</b>	
Mode of Transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> ) <b>Walking</b>	
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? (if yes, a swimming permission slip is required) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Child's Information</b>	
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"	
<b>Signature</b>	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

**Reset Form**

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

<b>Routine Trip Information</b>	
Routine Trip Destination(s) <b>Playground</b>	
Date of Permission ( <i>valid for one year</i> ) <b>6/2/26</b>	
Mode of Transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> ) <b>Walking</b>	
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? (if yes, a swimming permission slip is required) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Child's Information</b>	
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"	
<b>Signature</b>	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

**Reset Form**

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

<b>Routine Trip Information</b>	
Routine Trip Destination(s) <b>Patio</b>	
Date of Permission ( <i>valid for one year</i> ) <b>6/2/26</b>	
Mode of Transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> ) <b>Walking</b>	
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? (if yes, a swimming permission slip is required) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Child's Information</b>	
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"	
<b>Signature</b>	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

**Reset Form**

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

<b>Routine Trip Information</b>	
Routine Trip Destination(s) <b>Pool</b>	
Date of Permission ( <i>valid for one year</i> ) <b>6/2/26</b>	
Mode of Transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> ) <b>Walking</b>	
During this trip children will have access to water that is 18 inches or more in depth. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? (if yes, a swimming permission slip is required) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Child's Information</b>	
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"	
<b>Signature</b>	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

**Reset Form**

Ohio Department of Children and Youth  
**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 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  <b>Orrville YMCA</b></p>	
<p>Date(s)  <b>6/2/26-8/14/26</b></p>	
<p>Departure/Arrival Times from Program  <b>1-3pm</b></p>	
<p>Mode of Transportation <i>(parents driving, provider vehicle, public transportation, school bus, etc.)</i>  <b>Walking</b></p>	
<p><b>I give permission for my child to participate in the swimming/water activity listed above.</b></p>	
<p>Child's Name</p>	<p>Child's Date of Birth</p>
<p>My child is a    <input type="checkbox"/> Swimmer                      <input type="checkbox"/> Non swimmer</p>	
<p>Parent's Signature</p>	<p>Date</p>

**Reset Form**

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

<b>Field Trip Information</b>	
Date of trip	6/29/26
Field trip destination and address	Acres of Fun 3889 Friendsville Rd, Wooster, OH 44691
Approximate time of departure	12:00pm
Approximate time of return	3:00pm
Mode of transportation <i>(walking, school bus, public transportation, parent vehicles, provider vehicle and driver)</i>	
<b>Bus</b>	
During this field trip children will have access to water that is 18 inches or more in depth	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, a swimming permission slip is required)</i>	
Water activities are planned	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, a swimming permission slip is required)</i>	
<b>Child's Information</b>	
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"	
<b>Signature</b>	
I grant permission for my child to attend the field trip described above.	
Parent's signature	Date

**Reset Form**

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

<b>Field Trip Information</b>	
Date of trip	6/16/26
Field trip destination and address	Cornerstone Elementary 101 W Bowman St, Wooster, OH 44691
Approximate time of departure	9:00am
Approximate time of return	4:00pm
Mode of transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> )	Bus
During this field trip children will have access to water that is 18 inches or more in depth	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    ( <i>If yes, a swimming permission slip is required</i> )
Water activities are planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    ( <i>If yes, a swimming permission slip is required</i> )
<b>Child's Information</b>	
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"
<b>Signature</b>	
I grant permission for my child to attend the field trip described above.	
Parent's signature	Date

**Reset Form**

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

<b>Field Trip Information</b>	
Date of trip	7/7/26
Field trip destination and address	Cornerstone Elementary 101 W Bowman St, Wooster, OH 44691
Approximate time of departure	1:00pm
Approximate time of return	3:00pm
Mode of transportation <i>(walking, school bus, public transportation, parent vehicles, provider vehicle and driver)</i>	
<b>Bus</b>	
During this field trip children will have access to water that is 18 inches or more in depth	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, a swimming permission slip is required)</i>	
Water activities are planned	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, a swimming permission slip is required)</i>	
<b>Child's Information</b>	
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"	
<b>Signature</b>	
I grant permission for my child to attend the field trip described above.	
Parent's signature	Date

**Reset Form**

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

<b>Field Trip Information</b>	
Date of trip	7/28/26
Field trip destination and address	Cornerstone Elementary 101 W Bowman St, Wooster, OH 44691
Approximate time of departure	10:00am
Approximate time of return	12:00pm
Mode of transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> )	Bus
During this field trip children will have access to water that is 18 inches or more in depth	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      ( <i>If yes, a swimming permission slip is required</i> )
Water activities are planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      ( <i>If yes, a swimming permission slip is required</i> )
<b>Child's Information</b>	
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"
<b>Signature</b>	
I grant permission for my child to attend the field trip described above.	
Parent's signature	Date

**Reset Form**

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

<b>Field Trip Information</b>	
Date of trip	<b>6/2/26-8/13/26</b>
Field trip destination and address	<b>Gymnastics Center 1578 Mechanicsburg Rd, Wooster, OH 44691</b>
Approximate time of departure	<b>1:00pm</b>
Approximate time of return	<b>3:00pm</b>
Mode of transportation <i>(walking, school bus, public transportation, parent vehicles, provider vehicle and driver)</i>	
<b>Bus</b>	
During this field trip children will have access to water that is 18 inches or more in depth	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, a swimming permission slip is required)</i>	
Water activities are planned	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, a swimming permission slip is required)</i>	
<b>Child's Information</b>	
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"	
<b>Signature</b>	
I grant permission for my child to attend the field trip described above.	
Parent's signature	Date

**Reset Form**

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

<b>Field Trip Information</b>	
Date of trip	6/2/26-8/13/26
Field trip destination and address	Johnson's Woods 13240 Fox Lake Rd, Marshallville, OH 44645
Approximate time of departure	1:00pm
Approximate time of return	3:00pm
Mode of transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> )	Bus
During this field trip children will have access to water that is 18 inches or more in depth	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      ( <i>If yes, a swimming permission slip is required</i> )
Water activities are planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      ( <i>If yes, a swimming permission slip is required</i> )
<b>Child's Information</b>	
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"
<b>Signature</b>	
I grant permission for my child to attend the field trip described above.	
Parent's signature	Date

**Reset Form**

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

<b>Field Trip Information</b>	
Date of trip	6/2/26-8/13/26
Field trip destination and address	Library- Orrville YMCA
Approximate time of departure	9:00am
Approximate time of return	11:00am
Mode of transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> )	Walking
During this field trip children will have access to water that is 18 inches or more in depth	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    ( <i>If yes, a swimming permission slip is required</i> )
Water activities are planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    ( <i>If yes, a swimming permission slip is required</i> )
<b>Child's Information</b>	
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"
<b>Signature</b>	
I grant permission for my child to attend the field trip described above.	
Parent's signature	Date

**Reset Form**

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

<b>Field Trip Information</b>	
Date of trip	6/23/26
Field trip destination and address	Nickajack Farms 2955 Manchester Ave NW, North Lawrence, OH 44666
Approximate time of departure	9:00am
Approximate time of return	4:00pm
Mode of transportation <i>(walking, school bus, public transportation, parent vehicles, provider vehicle and driver)</i>	
<b>Bus</b>	
During this field trip children will have access to water that is 18 inches or more in depth	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, a swimming permission slip is required)</i>	
Water activities are planned	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, a swimming permission slip is required)</i>	
<b>Child's Information</b>	
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"	
<b>Signature</b>	
I grant permission for my child to attend the field trip described above.	
Parent's signature	Date

**Reset Form**

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

<b>Field Trip Information</b>	
Date of trip	6/2/26-8/13/26
Field trip destination and address	Orr Park 440 N Elm St, Orrville, OH 44667
Approximate time of departure	1:00pm
Approximate time of return	3:00pm
Mode of transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> )	Bus
During this field trip children will have access to water that is 18 inches or more in depth	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      ( <i>If yes, a swimming permission slip is required</i> )
Water activities are planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      ( <i>If yes, a swimming permission slip is required</i> )
<b>Child's Information</b>	
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"
<b>Signature</b>	
I grant permission for my child to attend the field trip described above.	
Parent's signature	Date

**Reset Form**

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

<b>Field Trip Information</b>	
Date of trip	6/2/26-8/13/26
Field trip destination and address	Orr Pool 440 N Elm St, Orrville, OH 44667
Approximate time of departure	1:00pm
Approximate time of return	3:00pm
Mode of transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> )	Bus
During this field trip children will have access to water that is 18 inches or more in depth	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      ( <i>If yes, a swimming permission slip is required</i> )	
Water activities are planned	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      ( <i>If yes, a swimming permission slip is required</i> )	
<b>Child's Information</b>	
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"	
<b>Signature</b>	
I grant permission for my child to attend the field trip described above.	
Parent's signature	Date

**Reset Form**

Ohio Department of Children and Youth  
**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 <b>Orr Pool</b></p>	
<p>Date(s) <b>6/2/26-8/13/26</b></p>	
<p>Departure/Arrival Times from Program <b>1:00-3:00pm</b></p>	
<p>Mode of Transportation <i>(parents driving, provider vehicle, public transportation, school bus, etc.)</i> <b>Bus</b></p>	
<p><b>I give permission for my child to participate in the swimming/water activity listed above.</b></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

**Reset Form**

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

<b>Field Trip Information</b>	
Date of trip	8/13/26
Field trip destination and address	Orr Valley 1402 N Main St, Orrville, OH 44667
Approximate time of departure	12:00pm
Approximate time of return	2:00pm
Mode of transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> )	Bus
During this field trip children will have access to water that is 18 inches or more in depth	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      ( <i>If yes, a swimming permission slip is required</i> )
Water activities are planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      ( <i>If yes, a swimming permission slip is required</i> )
<b>Child's Information</b>	
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"
<b>Signature</b>	
I grant permission for my child to attend the field trip described above.	
Parent's signature	Date

**Reset Form**

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

<b>Field Trip Information</b>	
Date of trip	6/2/26-8/13/26
Field trip destination and address	Splash Pad 440 N Elm St, Orrville, OH 44667
Approximate time of departure	1:00pm
Approximate time of return	3:00pm
Mode of transportation <i>(walking, school bus, public transportation, parent vehicles, provider vehicle and driver)</i>	
<b>Bus</b>	
During this field trip children will have access to water that is 18 inches or more in depth	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, a swimming permission slip is required)</i>	
Water activities are planned	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, a swimming permission slip is required)</i>	
<b>Child's Information</b>	
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"	
<b>Signature</b>	
I grant permission for my child to attend the field trip described above.	
Parent's signature	Date

**Reset Form**

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

<b>Field Trip Information</b>	
Date of trip	6/2/26-8/13/26
Field trip destination and address	Walking Path- Orrville YMCA
Approximate time of departure	1:00pm
Approximate time of return	3:00pm
Mode of transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> )	Bus
During this field trip children will have access to water that is 18 inches or more in depth	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      ( <i>If yes, a swimming permission slip is required</i> )	
Water activities are planned	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      ( <i>If yes, a swimming permission slip is required</i> )	
<b>Child's Information</b>	
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"	
<b>Signature</b>	
I grant permission for my child to attend the field trip described above.	
Parent's signature	Date

**Reset Form**

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

<b>Field Trip Information</b>	
Date of trip	7/17/26
Field trip destination and address	Wilderness Center 9877 Alabama Ave SW, Wilmot, OH 44689
Approximate time of departure	12:00pm
Approximate time of return	3:00pm
Mode of transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> )	Bus
During this field trip children will have access to water that is 18 inches or more in depth	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      ( <i>If yes, a swimming permission slip is required</i> )
Water activities are planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      ( <i>If yes, a swimming permission slip is required</i> )
<b>Child's Information</b>	
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"
<b>Signature</b>	
I grant permission for my child to attend the field trip described above.	
Parent's signature	Date

**Reset Form**