YMCA of Greater Dayton
Summer Childcare
Enrollment forms

ENROLLMENT PACKET MUST BE TURNED IN BY 12:00 NOON ON THE MONDAY BEFORE THE WEEK YOU PLAN TO START THE PROGRAM (MINIMUM OF 5 BUSINESS DAYS)

LIMITED SPOTS AVAILABLE DUE TO COVID-19 CHANGES
Weekly fees are now $165.00 per week

Do I need to complete a new packet every year – YES, new registration required each program.
YMCA Summer Child Care Program

Application Date

Child’s Name ___________________________ Date of Birth ________ Age ________
Last Grade Completed: _______________ Date of last tetanus shot: _______________
Are all required school immunizations up to date? ___________

Mother’s Name ___________________________ Date of Birth _______________
Father’s Name ___________________________ Date of Birth _______________

Does child live with both parents? O Yes   O No If no, please indicate which parent has custody.

Are you or another parent/guardian currently an employee if the YMCA of Greater Dayton? ___________

Release Form

Please complete the following information if you wish to authorize additional individuals to pick up your child from the YMCA program.

We, ___________________________ and ___________________________ (parent’s name), authorize the following to pick up my child, ___________________________ (child’s name), from the YMCA program. These adults understand that they must come into the YMCA program to sign my child in/out. They also understand that it will be necessary to show valid photo identification.

<table>
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<tr>
<th>NAME</th>
<th>RELATIONSHIP TO CHILD</th>
<th>PHONE NUMBER</th>
<th>OTHER NUMBER</th>
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Please note: if there are any custody issues involved with your child, you must provide the YMCA with full court documents indicating who has permission to pick up your child. The program cannot deny a parent access to his/her child without proper documentation.
YMCA Summer Child Care Program

Medical Information:
Please specify any medication, food supplements, modified diets, or fluoride supplements that are taken regularly:

____________________________________________________________________________________________________

Has your child ever been hospitalized? If so, give reasons and dates:
____________________________________________________________________________________________________

____________________________________________________________________________________________________

Describe any chronic physical problems:

____________________________________________________________________________________________________

Any other disease?

____________________________________________________________________________________________________

Has your child had:  Measles____  Mumps____  Chicken Pox____
                      Meningitis____  Diphtheria____  Whooping Cough____

List all allergies and special precautions or necessary treatment of these allergies:
____________________________________________________________________________________________________

____________________________________________________________________________________________________

Does your child have any special needs that need accommodating?
____________________________________________________________________________________________________

____________________________________________________________________________________________________

List any siblings enrolled in our program
____________________________________________________________________________________________________

____________________________________________________________________________________________________

Are you willing to become a volunteer for the YMCA?

____________________________________________________________________________________________________

Signature__________________________________________ Date__________________________

(Parent/Legal Guardian)
YMCA Summer Child Care Program

CHILD’S NAME ___________________________ DATE OF BIRTH ____________

Attendance Policy

- The YMCA Program policy is as follows: All children must arrive by 9:00am in order to participate in the day’s activities and events. In the case that there may be a previous scheduled appointment, please advise the Site Director of this variation in your arrival or departure time. Please make sure you review the weekly schedule as we may take field trips and participate in activities away from the site. **We do not allow parents/guardians to drop off or pick up children at locations other than the designated drop off and pick up location.**

__________________________
Signature of Parent/ Legal Guardian  Date

Swimming Permission Form

I grant permission for my child to swim in the YMCA program. I understand that a lifeguard will be on duty during all swim times for every 25 children. Swimming will take place at the Kleptz YMCA and/or Preble Aquatic Center Monday-Friday varying between 9am-4pm. I understand that the child/staff ratio during water activities will be:

**School Age** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1 adult to 18 children

My child  O is a swimmer **(does not need a life vest)**  O is a non-swimmer **(required to wear life vest)**

__________________________
Signature of Parent/ Legal Guardian  Date

Permissions

We, __________________________ and __________________________ (parent’s name), give permission for our child to participate in the following activities:

- Permission to transport my child for all activities
- Permission to participate in swimming activities

I understand that all precautions will be taken to ensure the safety and health of my child. I further understand that neither the YMCA nor any of its paid or volunteer workers can be held responsible in the event of accident or accidental death.

__________________________
Signature of Parent/ Legal Guardian  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.

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Date of Birth</th>
<th>First Day at Program/Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td></td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>Zip Code</td>
<td>Home Telephone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Relationship to Child</th>
<th>Home Address</th>
<th>Home Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td></td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Email Address (if applicable)</th>
<th>Cell Phone</th>
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</thead>
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<table>
<thead>
<tr>
<th>Parent's Work/School Telephone Number</th>
<th>Parent's Work/School Name</th>
</tr>
</thead>
</table>

Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians.  □ Yes  □ No
If you answered yes, please indicate which number(s) above to include on the list □ Work # □ Cell # □ Home # □ Email

Where can you be reached while your child is in this program/home?

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Relationship to Child</th>
<th>Home Address</th>
<th>Home Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td></td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address (if applicable)</th>
<th>Cell Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent's Work/School Telephone Number</th>
<th>Parent's Work/School Name</th>
</tr>
</thead>
</table>

Please indicate if this name should be released if a parent/guardian, of a child attending the center/home, requests contact information for other parents/guardians.  □ Yes  □ No
If you answered yes, please indicate which number(s) above to include on the list □ Work # □ Cell # □ Home # □ 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 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 within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.

<table>
<thead>
<tr>
<th>Name</th>
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<td>City</td>
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<th>Telephone Number</th>
<th>Relationship to Child</th>
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<tr>
<td>Telephone Number</td>
<td>Relationship to Child</td>
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Other numbers where emergency contact can be reached (if applicable)

Name of Physician or Clinic/Hospital

<table>
<thead>
<tr>
<th>Street Address</th>
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<tr>
<th>City</th>
<th>State</th>
<th>Telephone Number</th>
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JFS 01234 (Rev. 12/2016)
**Allergies, Special Health or Medical Conditions, and Food Supplements**

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 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care 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, take action if a reaction occurs, or give emergency medication to your child? (check one)**
- [ ] No
- [ ] Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

**Does your child have a 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 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

**Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (check one)**
- [ ] No
- [ ] Yes - please explain

If yes, does this medication, food supplement, or medical food need to be administered at the child care center/type A home?
- [ ] No
- [ ] Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.
- [ ] N/A - program does not administer any medications.

**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 the JFS 01217 "Request for Administration of Medication."
- [ ] N/A - child does not attend a full time program.
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.

List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

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

<table>
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<tr>
<th>Give Permission to Transport</th>
<th>Do Not Give Permission to Transport</th>
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<tr>
<td>Program or Home Name</td>
<td>Program or Home Name</td>
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</table>

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.

Parent’s Signature Date

OR

Do not sign both

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.

(check one)

□ Yes □ No

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 initialized 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 and 5101.2-13-15. 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.
CHILD CARE PAYMENT AUTHORIZATION

*10 days notice is required for all changes

Agreement made between ___________ and (YMCA of Greater Dayton) on ________

Current Information:

Parent/Guardian Name (print): ___________________________ Parent DOB: __/__/____
Address: ___________________________ City: ___________ State: _______ Zip Code: ___________
Phone: (___) ___-_______ Email: ______________
Child Name (print): ___________________________ Child DOB: __/__/____ □ELC □SACC
Child Name (print): ___________________________ Child DOB: __/__/____ □ELC □SACC
Child Name (print): ___________________________ Child DOB: __/__/____ □ELC □SACC
Child Name (print): ___________________________ Child DOB: __/__/____ □ELC □SACC
Child Name (print): ___________________________ Child DOB: __/__/____ □ELC □SACC

Receiving Title XX Subsidy? (Check One): No Yes (I understand that my child(ren) needs to attend as agreed to retain their spot and must be authorized at the location attending.)

Account Information

Payments are due the Friday before the week of care

EFT:
□ Checking Account □ Savings Account
Routing #: ___________ Account #: ___________________________ □ Voided Check/Deposit Slip Attached
Draft Date: □ Weekly on Friday prior to the week of care
*Child is not registered until full account information is provided to director at the time of phone call.

Credit Card:
□ Visa □ MasterCard □ Discover □ American Express Name on Card: ___________
Draft Date is prior to the week of care: □ Weekly on Friday prior to the week of care

Payment Terms & Conditions

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for child care payments and/or additional care. When the bank or credit card carrier honors the draft by charging my account, such drafts constitute my receipt for the payment. If at any time there is to be a change, deletion or cancellation of my services, it is to be submitted in writing to the branch at least 10 days prior to bank draft date (using approved forms.)

___________ INITIALS

All drafts returned "non-sufficient funds" (NSF) will be drafted as soon as funds are available. A fee of $25.00 will be collected by a third party agency for the "NSF" re-draft. If the second draft attempt is returned "NSF" child care services will be terminated.

For each return, the YMCA of Greater Dayton will collect a separate $10 fee to cover bank and administrative costs.

By Signing below, I/we agree to following Childcare Payment terms as outlined in the Parent Handbook. I/we understand that childcare fee amounts may change and I/we will be notified of these changes 30 days in advance.

(X) Primary Member Signature Date

*Before your child is registered, all the information on this form must be verified in person or with a Child Care Director at the time of phone call.
YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: ___________________________ Date: ______________
Printed Name: _________________________ Age: ______
Address: ____________________________________________

I am the parent or legal guardian of (child's name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: ________________________________
Printed name: ____________________________________________

YMCA OF THE USA
101 N Wacker Drive, Chicago IL 60606
P 800 872 9622 F 312 977 9063 ymca.net
YMCA

TAP Pick Up Authorization

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<tr>
<th>Child's Name:</th>
<th>Site Attending</th>
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**Sponsor** - Main caretaker and primary number assigned to account.

**Caretaker** - Individuals allowed to pick up child. This includes parent not listed above

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**NOTES:**

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Ohio Summer Food Service Program 2020 Income Eligibility Application

INSTRUCTIONS: Part 1 of this form is to be used only for children receiving Ohio Works First (OWF) or for children living in a household receiving Supplemental Nutrition Assistance Program (SNAP, food assistance) benefits. Complete Part 2 only for children not receiving OWF or SNAP benefits. Please complete the applicable section of the form. An adult signature is required to submit both sections. If you need more space, please attach a separate sheet.

* PRINT CHILD INFORMATION WHEN COMPLETING EITHER PART 1 OR PART 2:
Enter name of ONLY those children participating in the Summer Food Service Program (SFSP).

1. * NAME AGE 3. * NAME AGE

2. 4.

PART 1 - FOR CHILDREN RECEIVING SNAP (FOOD ASSISTANCE) OR OHIO WORKS FIRST (OWF)

YES, I received SNAP (Food Assistance) or OWF benefits for the child(ren) listed above this month and request meal benefits.

My SNAP or OWF number is:

* OHIO BENEFITS SNAP BENEFIT NUMBER (7-digit number) OR

* OHIO WORKS FIRST NUMBER OR

* FDPIR Identification Number (Food Distribution Program on Indian Reservations)

PENALTIES FOR MISREPRESENTATION: I certify that all the above information is true and correct and that the SNAP and OWF numbers are correctly reported. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of this information may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT HOUSEHOLD MEMBER ADDRESS DAYTIME PHONE DATE

PART 2 - FOR CHILDREN NOT RECEIVING SNAP OR OWF BENEFITS

HOUSEHOLD MEMBERS AND MONTHLY INCOME: List the names of all individuals living in your household including yourself, all related and non-related individuals and children. Include children listed above. List all income received last month on the same line with the person who received it.

List each amount under the correct title. You must list gross income BEFORE deductions, taxes, social security, etc. To determine monthly income, if income is received every week, multiply the total gross income x 4.33; every two weeks, multiply the total gross income x 2.15; twice a month, multiply the total gross income x 2; or once a year, divide the total gross income by 12.

* HOUSUEHOLD MEMBERS  * INCOME BY SOURCE

LIST ALL HOUSEHOLD MEMBERS MONTHLY EARNINGS FROM WORK BEFORE DEDUCTIONS MONTHLY WELFARE, CHILD SUPPORT, ALIMONY MONTHLY PENSIONS, RETIREMENT, SOCIAL SECURITY ALL OTHER MONTHLY INCOME

1. 

2. 

3. 

4. 

5. 

6. 

FOSTER CHILD: Complete a separate application for each foster child. In certain cases, meals served to foster children may be reimbursed regardless of the foster family's income. If you are applying for foster children living with you, complete the application as if for a family of one. List the child's name and monthly personal income or enter "0" if the child has no personal income. An adult signature is required. Personal Use Income $___

PENALTIES FOR MISREPRESENTATION: I certify that all the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of federal funds; that program officials may verify the information on the application; and that deliberate misrepresentation of this information may subject me to prosecution under applicable state and federal laws.

LAST 4 DIGITS OF SOCIAL SECURITY# __________

*SIGNATURE OF ADULT HOUSEHOLD MEMBER  *SOCIAL SECURITY NUMBER OF ADULT HOUSEHOLD MEMBER

(Write "None" if adult signer does not have a SSN)

HOME ADDRESS ZIP CODE DAYTIME PHONE DATE

Total Household Monthly Income FOR SPONSOR USE ONLY Signature of Authorized Official Date

$_______ ELIGIBILITY DETERMINATION _______APPROVED ________DENIED

Ohio Summer Food Service Program for Children
Income Eligibility Application for Camps and Enrolled Sites

Dear Parent or Guardian:

Our organization serves nutritious free meals to children as part of the federally funded Summer Food Service Program (SFSP). Children are defined by the SFSP as being 18 years of age and under or persons age 18 or older who are determined by a state or local public educational agency to be mentally or physically disabled. To be eligible for the SFSP, we must document the number of enrolled children with household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep costs at a minimum. Please complete and return this form.

Racial/Ethnic Category: You are not required to answer this question. If you choose, please check one or more of the following racial or ethnic identities.

- [ ] American Indian or Alaskan Native
- [ ] Black or African American
- [ ] Asian
- [ ] Native Hawaiian or other Pacific Islander
- [ ] White/Caucasian
- [ ] Hispanic or Latino
- [ ] Not Hispanic or Latino

Nondiscrimination Statement
In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410;

2. fax: (202) 690-7442; or

3. email: program.intake@usda.gov

This institution is an equal opportunity provider.
Box 1  The following section must always be completed by the parent/guardian.

Check all that apply and complete all of the information.

☐ Prescription Medication  ☐ Nonprescription Medication  ☐ Food Supplement
☐ Topical Product or Lotion  ☐ Refrigeration Required  ☐ Modified Diet

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Date of Birth</th>
<th>Weight</th>
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<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Exact Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equate Sunscreen SPF 30/50</td>
<td>dime sized amount per limb, face</td>
</tr>
</tbody>
</table>

To be administered at the following times every two hours while outside attending camp

For the following period of time

May-August 2020

☐ I understand that my child must receive one dose of medication before arriving at the program (unless the medication is used for emergencies).

Signature of Parent/Guardian Date

Box 2  The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician’s assistant.

1. The medication contains codeine or aspirin.
2. A physician’s instruction is needed for a nonprescription medication (e.g. child does not meet minimum age or weight requirements as listed on the label instructions).
3. It is a sample medication without a prescription label.
4. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period.
5. The topical product or lotion and the physician’s instructions exceed the manufacturer’s instructions or use.

<table>
<thead>
<tr>
<th>Name of child</th>
<th>Name of medication, vitamin, diet, supplement</th>
</tr>
</thead>
</table>

Dosage Possible side effects to watch for are

Expiration date (May not exceed twelve months from the date of this request for medications of food supplements).

Instructions

This child is under my care and should receive the above medication as written.

Signature of physician, dentist, advanced practice registered nurse or certified physician’s assistant

Date of signature Phone number

<table>
<thead>
<tr>
<th>Name of child</th>
<th>Name of medication, vitamin, diet, supplement</th>
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<td>Date</td>
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</tbody>
</table>

The following section must be completed by the center, family child care provider or in-home aide for the child listed on page one of this form. All medication must be documented when administered.

This form is valid for no longer than twelve months and must be kept on file at the center or home for at least one year following the last administration of the medication or product. One form must be used for each medication.
# REQUEST FOR ADMINISTRATION OF MEDICATION FOR CHILD CARE

**Box 1**
The following section must always be completed by the parent/guardian.

Check all that apply and complete all of the information.

- [ ] Prescription Medication
- [ ] Nonprescription Medication
- [ ] Food Supplement
- [x] Topical Product or Lotion
- [ ] Refrigeration Required
- [ ] Modified Diet

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Date of Birth</th>
<th>Weight</th>
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<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Exact Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equate Bug Spray</td>
<td>One spray per side of limb</td>
</tr>
</tbody>
</table>

To be administered at the following times
- every two hours while outside attending camp

For the following period of time
- May-August 2020

- [x] I understand that my child must receive one dose of medication before arriving at the program (unless the medication is used for emergencies).

<table>
<thead>
<tr>
<th>Signature of Parent/Guardian</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Box 2**
The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant.

1. The medication contains codeine or aspirin.
2. A physician’s instruction is needed for a nonprescription medication (e.g. child does not meet minimum age or weight requirements as listed on the label instructions).
3. It is a sample medication without a prescription label.
4. The nonprescription medication is to be given longer than three consecutive days within a fourteen day period.
5. The topical product or lotion and the physician’s instructions exceed the manufacturer’s instructions or use.

<table>
<thead>
<tr>
<th>Name of child</th>
<th>Name of medication, vitamin, diet, supplement</th>
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</table>

<table>
<thead>
<tr>
<th>Dosage</th>
<th>Possible side effects to watch for are</th>
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</tbody>
</table>

Expiration date
(May not exceed twelve months from the date of this request for medications of food supplements).

Instructions

This child is under my care and should receive the above medication as written.

<table>
<thead>
<tr>
<th>Signature of physician, dentist, advanced practice registered nurse or certified physician’s assistant</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of signature</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of child</th>
<th>Name of medication, vitamin, diet, supplement</th>
</tr>
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</tr>
</tbody>
</table>

This form is valid for no longer than twelve months and must be kept on file at the center or home for at least one year following the last administration of the medication or product. One form must be used for each medication.
<table>
<thead>
<tr>
<th>Box 3</th>
<th>The following section must be completed by the center, family child care provider or in-home aide for the child listed on page one of this form. All medication must be documented when administered.</th>
</tr>
</thead>
<tbody>
<tr>
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<td><strong>Date</strong></td>
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</tbody>
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YMCA of Greater Dayton - BEHAVIOR GUIDANCE PLAN FOR PARENTS

YMCA of Greater Dayton believes that all children should experience success. We strive for a classroom/camp setting that provides children with opportunities to explore their environment within consistent, age-appropriate limits; in such an atmosphere, most behavioral issues are prevented.

However, if behavioral issues occur, our philosophy is to help children learn human values, problem solving skills and to take responsibility for their own choices. By using the following progressive guidance techniques, we strive to minimize inappropriate behavior while creating a positive environment for all of our children:

I. Classroom Management
Our teachers will manage individual classrooms by:
- Modeling and reinforcing appropriate behavior
- Maintaining consistent supervision
- Setting reasonable expectations for children’s behavior based on their developmental levels and individual differences
- Becoming familiar with an individual child’s special needs through an ongoing partnership with parents and related partners
- Providing interesting, challenging, age-appropriate activities to do in a timely manner

II. Ignoring Negative Behavior
- Some negative behavior is exhibited by a child to seek attention; however, it can be stopped when it does not get the attention desired. We will utilize this technique unless a safety issue is involved.

III. Redirection / Distraction
- We will offer alternatives to children engaged in undesirable behavior by offering a different toy, suggesting a new activity, engaging the child in an activity with a teacher or another child, or by suggesting independent play.

IV. Verbal Intervention
- The teacher explains to the child the inappropriate behavior, and shows him/her the appropriate way to handle the situation. For example, a teacher might say, “Instead of hitting Sarah, you can say, ‘I am angry because you took my truck. May I please have the truck back?’”

V. Logical Consequences
- Here, the teacher helps the child understand the logical consequences of his/her actions by removing an object, activity, etc. that is causing the problem. For example, if a child uses blocks to hit other children, the consequence is to remove the blocks from the child.

VI. Take A Break
- When the child “takes a break” the child is temporarily separated from the group, to allow him/her time to relax and calm down, and to enable him/her to not be influenced by peers. The process used for “Take A Break” is:
  1. The child is assisted to an area in the room where he/she can be supervised at all times. The child will have access to activities and materials while in “Take A Break”.
  2. If “Take A Break” occurs two or more time in one day, parents will be notified when the child is picked up at the end of the day.
  3. The child may return to the group as soon as the negative behavior stops or is significantly reduced.
  4. “Take A Break” will not be used for children under the age of 18 months; instead, redirection or distraction techniques will be used.
  5. If “Take A Break” is not working effectively, the Persistent Inappropriate Behavior Procedure will be instituted.

Note: The YMCA program is offered in a group setting and must maintain licensing ratios.
GUIDELINES FOR PERSISTENT INAPPROPRIATE BEHAVIOR

- Persistent inappropriate behavior is any inappropriate behavior which continues after the progressive guidance steps have been used; any behavior which threatens the health or safety of themselves, other children or staff; or a continuous inability to follow the rules and guidelines of our program.

The YMCA will use the following progressive procedures:

1. We will observe and record the child’s inappropriate behavior.
2. We will document what we have done to try to change the behavior.
3. If inappropriate behavior continues, parents will be asked to participate in an immediate parent-teacher conference.
4. Children old enough to understand this process will be invited to attend.
   a. A specific action plan will be developed at this parent conference to address the behavior.
   b. The action plan will outline all steps the staff will take to change the behavior, all steps the parents will take, and all steps toward disenrollment if the behavior persists.
5. The Center Director/Program Administrator may suggest outside resources to parents and we will work with any outside resource for further guidance in responding to the child’s behavior.
6. If the inappropriate behavior continues, parents will be asked to keep the child home for a specified period of time.
7. If the inappropriate behavior persists after the child is kept home, the YMCA will disenroll the child.

GUIDELINES FOR IMMEDIATE DISENROLLMENT

Certain behaviors may cause a significant risk of harm to the health and safety of themselves, other children or staff. (For example, a physical assault which results in serious bodily injury, an attempted physical assault which if completed, would result in serious bodily injury, setting or attempting to set fires, bringing weapons to the Center, substantial damage to real or personal property, running away outside of agreed upon boundaries, etc.) The YMCA reserves the right to disenroll any child whose behavior creates a significant risk of harm to the health and safety of themselves, other children or staff, without following the guidance steps outlined above.

FORMS OF UNACCEPTABLE DISCIPLINE

Our policy does not permit the use of the following forms of discipline:

- Corporal punishment
- Emotional punishment, including ridicule, embarrassment, or humiliation
- Punishing a child for lapses in toilet training habits
- Withholding food, light, warmth, clothing or medical care
- Physical restraint, other than the restraint necessary to protect a child or others from harm

ACKNOWLEDGEMENT OF BEHAVIOR GUIDANCE PLAN

I acknowledge that I have received and read the YMCA Child Care Center’s Behavior Guidance Plan and understand its terms and conditions.

__________________________________________  _________________________
Parent or Legal Guardian's Signature          Date
YMCA CHILD CARE
ACKNOWLEDGEMENT & WAIVER

Ohio Childcare Licensing Rules requires that this document be signed by the family and placed in the child(s) file. Please sign and return this form to the Director.

I have received a copy of the YMCA Childcare Services Handbook and acknowledge that I am responsible for abiding by the practices outlined in the handbook. I also understand that it may be available online. If I have any questions or concerns, I will speak with the Director to resolve them.

I understand that the YMCA of Greater Dayton assumes no responsibility for injuries or illness which I or my family members sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from my participation in these activities. I hereby release and discharge the YMCA of Greater Dayton, its agents, servants, and employees from any and all claims from injury, illness, death, epidemics, pandemics or quarantines, loss or damage which I may suffer as a result of my participation in these activities.

I understand that to maintain the new COVID-19 requirements all children and the family member dropping off will be required to have a temperature check prior to the child(ren) entering the facility. If the temperature is recorded at 100.0 degrees Fahrenheit or higher for anyone in the family at drop off they will not be permitted to remain on premises. Each patron that is able will be required to answer questions in regards to COVID-19 symptoms. Example - Have you been in close contact with a confirmed case of COVID-19? Are you experiencing a cough, shortness of breath, or sore throat? Have you had a fever in the last 48 hours? Parents will notify the YMCA immediately if anyone in their family tests positive for COVID 19.

I understand children will be required to wash hands after every activity and upon arrival and departure for their safety. (Where necessary and age appropriate hand sanitizer may be used.)

I understand that the YMCA of Greater Dayton is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or participation in YMCA programs.

Child(ren’s)Name: ____________________________________________________________

Parent/Guardian Signature __________________________________________________

Date_________________________
Childcare Policies Agreement

Please read the policies carefully and initial in each line, then sign on the bottom line and return to the program.

_____ I understand there is a $30 ($35 family max) non-refundable annual registration fee per child. If the registration fee is not paid at the time of registration, I understand it will be drafted at the same time as the first week’s fees.

_____ I understand Weekly tuition is due Fridays prior to the week of service and that YMCA does not prorate tuition

_____ I understand that if my childcare payments fall behind, my child will be administratively withdrawn.

_____ I understand Outstanding balances will be handled by collections.

_____ I understand that if I have any outstanding balance at any facility within the YMCA of Greater Dayton I am unable to register for any programs or memberships until balance is paid.

_____ I understand that there will be a $10.00 fee assessed for any and every returned payment.

CANCELLATION POLICY: Written notification must be given no later than 14 days in advance coupled with a Voluntary Withdraw Form. Otherwise, I understand that I will be responsible to pay that week’s tuition in-full, regardless of attendance.

_____ I understand that a late pick up fee in the amount of $10.00 will be charged at 1- minute past closing. Then, beginning at 15 minutes after closing each additional minute costs $1.00. Charges are per child. Continued late pick up will result in removal from program.

_____ I understand that I must provide proof of insurance coverage for my child(ren).

_____ I understand that staff will contact the appropriate county’s Children Services if my child remains at the center longer than one hour after closing and all attempts to reach me, the child’s other parent, and authorized persons have been made, without success.

_____ I understand that state licensing requires that all forms in this registration packet must be completely filled out and turned in prior to the child’s admission to the program.

_____ I understand that I am required to disclose all medical, allergies, illnesses (such as COVID 19 exposure), physical, or behavioral issues including but not limited to IEPs, that pertain to my child at the time of enrollment and supplement that information on an ongoing basis as needed to ensure proper care can be provided.

_____ I understand that should my child(ren) behavior become safety concern to themselves and/or staff immediate dismissal or suspension from the program may occur and the child will need to be removed by parent, in a timely manner.

_____ I have read the YMCA Childcare Parent Handbook in full and agree to all terms therein for my child(ren) to receive childcare. I also understand that I forfeit the privilege of childcare if all policies are not followed.

_____ I understand that my child may not be released to anyone without prior written documentation and presentation of photo identification.

_____ I understand that the YMCA cannot withhold a child from a biological parent without legal documentation (i.e. court orders, custody papers, etc.)

_____ I understand that the YMCA does not allow its employees to provide care for a YMCA participant outside of a YMCA program (i.e. Babysitting)

_____ I understand that my child’s enrollment is not considered complete until the enrollment packet has been entirely completed and reviewed by a YMCA staff member and I have paid the registration fee.

FOR TITLE XX RECIPIENTS ONLY

_____ I understand that my Title XX co-pay is due every Friday via auto draft prior to care.

_____ I understand that if my Title XX authorization is not current and/or for the correct location, I will be responsible for private pay rates.

_____ I understand that I must TAP daily. I understand there is a two-day back TAP period if daily TAPS are missed. If I miss the back TAP period, I understand that I will be charged the difference between my co-pay and the weekly private-pay rates. I understand it is my responsibility to know for which dates and times I need to back TAP. Repeated failure to TAP will result in removal from program.

_____ I understand that my child must attend a minimum of 26 hours per week to maintain spot. Failure to maintain required attendance will result in removal from program or difference of fees may be charged.

Parent/Guardian Signature ____________________________ Date ________________

rev 5/21/20
Getting to Know You and Your Family

The YMCA recognizes that parents can provide valuable information that can be helpful in creating a positive experience for their child while in our program. You can supply this information by responding to the items listed below:

<table>
<thead>
<tr>
<th>Child's Name (Last)</th>
<th>First</th>
<th>Middle</th>
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<tbody>
<tr>
<td>Name to be used at school</td>
<td></td>
<td>Date of Birth</td>
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</table>

Who is in your child's family?

Who lives at home with your child?

Child's Brothers/sisters and ages

What School District do you live in?

What is the primary language spoken in your child's home?

Are there any special family arrangements, such as shared parents, living in two homes, or custody specification, etc? Y/N Additional Details

Are there any changes or transitions that your child has recently experienced or is experiencing (moved from crib to bed, divorce, new home, death of family member, friend or pet) Y/N Additional Details?

Are there any cultural, religious or traditions of your family that we should be aware of? (dietary restrictions, clothing, head coverings, etc)

Do you have any pets at home? If so, what are they and what are their names?

Has your child had a previous care arrangement? Y/N Additional Details (center based, in home, with family, with parents, etc.)

Please circle all of the words that best describe your child's personality and behavior: active, adventurous, affectionate, anxious, bossy, bright, busy, calm, cautious, cheerful, content, creative, curious, easily-angered, emotional, energetic, excitable, friendly, gives in easily, happy, hesitant, insecure, jealous, likes structure/routines, loud, loving, mellow, outgoing, prefers adult attention, quiet, sensitive, serious, shares-well, social, spontaneous, stubborn, tentative other words:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Where does your child sit at meal time? (high-chair, booster seat, etc.)
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Does your child have any favorite foods?</td>
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<tr>
<td>Does your child dislike any foods?</td>
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<tr>
<td>Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.</td>
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<tr>
<td>Does your child need assistance when using the toilet? If so, how?</td>
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<tr>
<td>What words, gestures or signs does your child use when he/she when using the bathroom?</td>
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<td>What times does your child normally go to bed at night and wake up in the morning?</td>
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<td>What times and how long does your child usually nap?</td>
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<td>Does your child have trouble sleeping? (Night terrors, trouble going to sleep, etc.) Y/N Please explain.</td>
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<td>Does you child use any special comfort item that help them to fall asleep? If so, what?</td>
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<td>What are some of your child's favorite songs, poems, books and stories?</td>
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<td>What kinds of activities do you do as a family?</td>
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<tr>
<td>What are your child's favorite toys?</td>
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<td>How much “screen time” does your child have each day (i.e., television, computer, video games, etc)?</td>
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<td>Does your child spend time with another caregiver?</td>
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<td>Who will be transporting your child to/from the center of a regular basis, if other than parent?</td>
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<td>Are you and your family part of a faith or church community? Y/N If so, where?</td>
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<tr>
<td>Does any adult member have a special interest/hobby they’d like to share with our class?</td>
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<tr>
<td>Parent/Guardians occupations:</td>
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<tr>
<td>What might you and/or your child be anxious about as he/she starts in the program?</td>
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<tr>
<td>What are your expectations of this program?</td>
<td></td>
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<tr>
<td>What other information would be helpful for the staff to know?</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian Signature Date</td>
<td></td>
</tr>
</tbody>
</table>
Attention Parents/Guardians:

The following forms will need to be completed if your child has an allergy or will be taking any medication while in our care. If a child needs to be given medication, and it must be given during the time the child is in the YMCA program, please know that there are several rules to be followed and forms to be completed. The program will not administer medication, food supplement, medical food or topical lotion until after the child has received the first dose or application, in case of an allergic reaction. Any medication that you wish to have us give to your child must:

- Be in the original container, with intact label, and labeled with either a prescription label and the child’s first and last name, instructions that state exactly how much medication should be given, how the medication should be given, and under what circumstances. “As needed” is not an acceptable instruction. Request for administration of medication form must be completed.

- Not be expired

- Neither the form nor the medication can be older than 12 months.

- The “Request for Administrator of Medication”, must be fully completed by the parent or guardian

- The form and the medication must be given directly to Director or Site Administration

- When a child has chronic or long-term health condition such as a significant allergy, asthma, or eczema that require ongoing treatment, the following Medical Care Plan request to administer medication must be completed.

- The information on the forms must match what is on the prescription bottle.

If you have any questions, please speak with Director.
Ohio Department of Job and Family Services
REQUEST FOR ADMINISTRATION OF MEDICATION
FOR CHILD CARE

<table>
<thead>
<tr>
<th>Box 1</th>
<th>The following section must always be completed by the parent/guardian.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Check all that apply and complete all of the information.</td>
</tr>
<tr>
<td></td>
<td>☐ Prescription Medication    ☐ Nonprescription Medication</td>
</tr>
<tr>
<td></td>
<td>☐ Topical Product or Lotion  ☐ Refrigeration Required</td>
</tr>
<tr>
<td></td>
<td>☐ Food Supplement            ☐ Modified Diet</td>
</tr>
<tr>
<td></td>
<td>Name of Child                Date of Birth</td>
</tr>
<tr>
<td></td>
<td>Weight                       Exact Dosage</td>
</tr>
<tr>
<td></td>
<td>Name of Medication           To be administered at the following times</td>
</tr>
<tr>
<td></td>
<td>For the following period of time</td>
</tr>
<tr>
<td></td>
<td>☐ I understand that my child must receive one dose of medication before arriving at the program (unless the medication is used for emergencies).</td>
</tr>
<tr>
<td></td>
<td>Signature of Parent/Guardian Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Box 2</th>
<th>The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. The medication contains codeine or aspirin.</td>
</tr>
<tr>
<td></td>
<td>2. A physician's instruction is needed for a nonprescription medication (e.g. child does not meet minimum age or weight requirements as listed on the label instructions).</td>
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<td></td>
<td>3. It is a sample medication without a prescription label.</td>
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<td>5. The topical product or lotion and the physician's instructions exceed the manufacturer's instructions or use.</td>
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<td></td>
<td>Name of child Name of medication, vitamin, diet, supplement</td>
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<td></td>
<td>Dosage Possible side effects to watch for are</td>
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<td></td>
<td>Expiration date (May not exceed twelve months from the date of this request for medications of food supplements).</td>
</tr>
<tr>
<td></td>
<td>Instructions</td>
</tr>
<tr>
<td></td>
<td>This child is under my care and should receive the above medication as written.</td>
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<tr>
<td></td>
<td>Signature of physician, dentist, advanced practice registered nurse or certified physician's assistant</td>
</tr>
<tr>
<td></td>
<td>Date of signature Phone number</td>
</tr>
</tbody>
</table>

This form is valid for no longer than twelve months and must be kept on file at the center or home for at least one year following the last administration of the medication or product. One form must be used for each medication.
The following section must be completed by the center, family child care provider or in-home aide for the child listed on page one of this form. All medication must be documented when administered.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Dosage</th>
<th>Signature of Designated Person Administering Medication</th>
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<tbody>
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Ohio Department of Job and Family Services

CHILD MEDICAL/PHYSICAL CARE PLAN
FOR CHILD CARE

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

Special Health Conditions

Symptoms to watch for and emergency action to be taken if the following symptoms occur

Activities/foods/environmental conditions to avoid, if applicable

Medical procedures to be followed and expected benefit of treatment, if applicable

Are any medications required?  □ Yes  □ No  *(If yes, complete JFS 01217 "Request for Administration of Medication")

If yes, what medications?

In an emergency does this child require additional assistance (more than other children of the same age or in the same group) to evacuate?  □ Yes  □ No

In the event that the child care program must be evacuated, are there medications or supplies that must be taken with this child?  □ Yes  □ No

Training Instructions *(Trainer must be a parent or certified professional)*

<table>
<thead>
<tr>
<th>Signature of Trainer</th>
<th>Date</th>
</tr>
</thead>
</table>

Signature of trained providers, substitutes or child care staff members who have been made aware of the condition.
*(There must always be a trained caregiver present when the child is present)*

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>I have been □ Informed □ Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Date</td>
<td>I have been □ Informed □ Trained</td>
</tr>
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<td>Signature</td>
<td>Date</td>
<td>I have been □ Informed □ Trained</td>
</tr>
</tbody>
</table>

*(Only trained providers, substitutes or child care staff members shall be permitted to perform medical procedures listed above.)*

Additional services (educational/therapeutic) child is receiving

<table>
<thead>
<tr>
<th>Who provides the above services?</th>
<th>Phone Number</th>
<th>May we contact? □ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Phone Number</td>
<td>May we contact? □ Yes □ No</td>
</tr>
</tbody>
</table>

I give my permission for the staff listed above to perform the procedures in my child’s Medical/Physical Care Plan.

<table>
<thead>
<tr>
<th>Parent Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator/Provider Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

*CNote: A separate plan must be written for each condition that requires different actions to be taken*

JFS 01236 (Rev. 12/2016)