



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Welcome to Reach and Teach

Dear Parent/Guardian,

The Ashtabula County Family YMCA's Reach and Teach activities focus on impacting the social-emotional, cognitive, and physical development of our participants. This summer camp program gives children the opportunity to stay within a routine for six weeks throughout the summer to help bridge the gap between school sessions, while having fun. Mondays and Tuesdays will be spent in-house at the Y and will involve activities such as swimming, crafts, cooking, and various other small/large group activities. Wednesdays and Thursdays, the groups will spend the days out and about in the community and exploring what our area has to offer. These field trips will include a day at Jordan Creek Park, Lakeshore Park, Rustler's Ranch Retreat House, and various other parks and beaches weather permitting. As always, the last day of the program will be spent at Waldameer Park. This year the program will also be hosting an open house on July 10, 2024, for parents/guardians and those school officials that help connect children with the program. This will give everyone the opportunity to meet the staff entrusted with the care of the children and see what the children do in a day during the program.

Sincerely,

Annetta Jackson
Reach and Teach Coordinator
ajackson@ashtabulaymca.org

Ashtabula County Family YMCA
263 W. Prospect Rd.
Ashtabula, OH 44004
P: (440)997-5321 F: (440)992-5899

Ohio Department of Job and Family Services
FAMILY INFORMATION
FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

Child's Name (Last)	(First)	Nickname (If any)
<i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i>		
Who is in the child's immediate family?		
Who lives at home with your child?		
What is the primary language spoken in your child's home?		
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? 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) Additional Details?		
Are there any cultural or religious practices of your family 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? <input type="checkbox"/> Yes or <input type="checkbox"/> No Additional Details? (Center based, in home, with family, with parents, etc.)		
My child drinks <input type="checkbox"/> milk, <input type="checkbox"/> formula, <input type="checkbox"/> juice or <input type="checkbox"/> water. (Check all that apply) How much and how often?		
Does your child have any favorite foods?		
Does your child dislike any foods?		
Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)		

Please check 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:

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?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

My child sits in a ☐ high chair, ☐ booster, ☐ child size chair or ☐ adult size chair. *(Check the one that applies.)*

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

What time(s), and for how long, does your child usually nap?

Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain.

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

Parent/Guardian's Signature

Date



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Reach and Teach Parent Questionnaire

Please complete this survey and return the form with your child. The information will help us to become better acquainted with your child. Feel free to use additional paper as necessary. We would like to thank you in advance for providing this useful information.

1. What name does your child prefer to go by? _____
2. Does your child have unusual fears, what are they? _____
3. What foods does your child like? _____
4. What foods does your child dislike? _____
5. What do you see as your child's strengths? _____
6. Is there any area in which you anticipate difficulty for your child? (following directions, listening to the teachers, getting along with other children) _____

7. What goals do you have for your child? _____
8. What would you like to see your child gain from this experience? _____

9. What other information would you like us to know about your child? _____

10. As a parent, what would you like to see added to our program to make it more enjoyable for your child? _____

Thank you for taking the time to fill out this questionnaire.

Child's Name: _____

Parent/Guardian Signature: _____



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Ashtabula County YMCA

Reach and Teach Registration

Please complete the following application and additional YMCA required forms thoroughly and submit with fees payable to: Ashtabula County YMCA.

Child Information	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age (as of June 2024): ____ Yr ____ Mo
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Child's Name: _____ Date of Birth: ____ / ____ / ____

First Last
School Attending: _____ Home District: _____ Grade/Unit: _____

Child's Address: _____
Street City State Zip County

Phone: _____ Child's Shirt Size: _____ Adult/Youth

Parent /Guardian Information

Primary Parent/Guardian: _____
Address (if different than child's) _____
Phone _____ Email _____

Additional Parent/Guardian _____
Address (if different than child's) _____
Phone _____ Email _____

Community Services Received

_Family Support Services _____
Name

_Counseling/Mental Health Services _____
Name

_Speech Therapy _Occupational Therapy _Physical Therapy
{☐ School Provided ☐ Independently Provided}

Contact Information

REQUIRED: Please list the following contact numbers in order of availability during summer program hours.

Primary Contact _____ Relationship to child _____
Phone _____
Emergency Contact (Other than parent/guardian) _____
Relationship to child _____ Phone _____

Medical Information:

Please be advised that the Reach & Teach Summer Program is not certified to dispense medication. Please adjust the administration times according to your doctor's orders.

Diagnosis: _____ Diagnosing Doctor: _____

Additional diagnosis information: _____

Medications:

Name	Dosage	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary Care Physician: _____

Phone Number _____

Address _____

Does applicant have a seizure disorder? ☐ Yes ☐ No

If yes, what type(s) _____

Frequency _____

Behavior/aura prior to seizure _____

Length of seizure _____ Recovery time/behavior _____

Describe any further disability/condition resulting from seizure, if any _____

Personal Care

Use a wheelchair? ☐ Yes ☐ No ☐ Electric ☐ Manual

Require assistance with wheelchair? ☐ Yes ☐ No

If yes, please explain: _____

Require assistance walking? ☐ Yes ☐ No

If yes, please explain: _____

Need assistance dressing? ☐ Yes ☐ No

If yes, please explain: _____

Need assistance with personal hygiene? ☐ Yes ☐ No

If yes, please explain: _____

Need assistance with toileting? ☐ Yes ☐ No

If yes, please explain: _____

Need assistance with or have difficulty eating? ☐ Yes ☐ No

If yes, please explain: _____

On a special diet/have any food allergies? ☐ Yes ☐ No

If yes, please explain: _____

Have consistent sleep patterns? ☐ Yes ☐ No

If no, please explain: _____

Communication

Communicate wants/needs? ☐ Verbally ☐ Nonverbal ☐ Both

Have primary communication system? ☐ Yes ☐ No

If yes, please explain: _____

Behavior

Require one-to-one supervision to participate in group activities? ☐ Yes ☐ No

If yes, please explain: _____

Check those that apply:

☐ Has no unusual behavior

☐ Wander/run away

☐ Physically aggressive toward others

☐ Aggressive toward property

☐ Physically aggressive toward self ☐ intentionally ☐ accidentally

☐ Verbally aggressive

☐ Becomes over-stimulated in certain situations (i.e., large groups) – please explain:

Sensory Issues:

Has the child been evaluated for any sensory integration disorder? ☐ Yes ☐ No

If yes, please explain or include a copy of the evaluation: _____

Are you aware of any sensory issues your child may display and, if so, please indicate what calming activities or protocols you would like to be implemented? (i.e.: "brushing" program, deep pressure activities, weighted vests)

IMPORTANT: Are there certain methods that are consistently effective in addressing this child's behavior? If there are written program plans (i.e., school, or home-based behavior programs), please include copies with this application. Please indicate the frequency of any behavior checked above for the past several months. If there are approaches for behavior modification used at home, please explain in detail for each of those instances checked.

Disclaimer/Hold Harmless Statement

I/we understand that there is a risk of serious injury associated with the use of the YMCA facilities, participation in YMCA programs and use of exercise and other equipment. As a condition of my participation, I agree to assume the risk of injury arising from my use of the facilities, programs, equipment and for all other matters at all YMCA locations or programs whenever occurring. On behalf of myself and my heirs, administrators, and executors, I hereby release and hold the YMCA and its officers, trustees, employees, agents, and contractors harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program or use any YMCA facility or equipment without signing this agreement.

I/we authorize the Ashtabula County YMCA or its designees, agencies, and contractors to create, have and use photographs, slides and videotapes containing my image for its record keeping or marketing/public relations programs.

I understand that the Ashtabula County YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

I/we have read and understand the conditions of membership, and disclaimer/hold harmless statement above. In addition, I/we understand and agree that the conditions of membership and the disclaimer/hold harmless statement are in effect throughout my/our membership with the Ashtabula County YMCA. I/we also understand and agree that if membership is interrupted for any reason, these agreements will remain in effect during the period of interruption as well as after membership is reinstated.

Signature _____ Date _____

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code		Home Telephone Number	
Parent/Guardian Name #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City			State		Zip
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City			State		Zip
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City		State	City		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

Child's Name

Diapering Statement

Is your child toilet trained? <input type="checkbox"/> Yes <i>(If yes, skip to Emergency Transportation Authorization section)</i> <input type="checkbox"/> No <i>(If no, fill out the following:)</i>	
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:	
<input type="checkbox"/> I agree with the program's schedule	<input type="checkbox"/> I do not agree, please check my child's diaper every ____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR	Do Not Give <u>Permission</u> to Transport				
Program or Home Name has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.	Do not sign both	Program or Home Name does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:				
<table style="width: 100%;"> <tr> <td style="width: 70%;">Parent's Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Parent's Signature	Date		<table style="width: 100%;"> <tr> <td style="width: 70%;">Parent's Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Parent's Signature	Date
Parent's Signature	Date					
Parent's Signature	Date					

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(check one)</i>	
This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.	
Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.			
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note:

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.



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Walking/Spontaneous Field Trip Permission

My child is hereby given permission to participate in spontaneous, walking field trips throughout the school year. I understand each trip will take place in the neighborhood area, weather permitting, and the children will always be accompanied by teachers. Additional trips will be taken outside of the Learning Center area in the following locations:

Ashtabula County Family YMCA (263 W Prospect Rd, Ashtabula, OH 44004)

Racquetball Courts 1, 2, 3, and 4, Pool, Pavilion, Walking Track, and Gymnasium

Contact Person: YMCA Phone: 440-997-5321

Date of Trip: Year Round

Approximate Time of Departure: 9:30 am Approximate Time of Return: 1:30 pm

Mode of Transportation: Walking

Please have your child bring the following items: Tennis shoes and socks and dress for the weather.

During this field trip children will have access to water that is 18 inches or more in depth. Yes ☒ No ☐

If yes, a swimming permission slip is required.

Water activities are planned. Yes ☒ No ☐

If yes, a swimming permission slip is required.

Child's Name: _____

My child is: Over four years old and 40 pounds _____ Not over four years or 40 pounds _____

Child will have permission to go to another program, run an errand, go to the restroom, and go to authorized pick up person within childcare staff member eyesight.

I grant permission for my child to attend the field trip described above.

Parent/Guardian Signature: _____ Date: _____

Parents/Guardians please keep this portion.

Field Trip Destination: The neighborhood area, weather permitting. Outside of the Learning Center area in the following locations: **Ashtabula County Family YMCA** (263 W Prospect Rd, Ashtabula, OH 44004)

Racquetball Courts 1, 2, 3, and 4, Pool, Pavilion, Walking Track, and Gymnasium

Contact Person: YMCA Phone: 440-997-5321

Date of Trip: Year Round

Approximate Time of Departure: 9:30 am Approximate Time of Return: 1:30pm

Mode of Transportation: Walking

Please have your child bring the following items: Tennis shoes and socks and dress for the weather.



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Swimming Permission Slip

Licensing rules 5101:2-12-17 and 510:2-13-17 require parental permission for the water activities your child will be engaging in:

- * Before the child swims in water 18 inches or more in depth
- * Before the child participates in activities near water 18 inches or more in depth (no water activities planned)

The center will NOT be providing additional adults above the required staff/child ratios. The center will provide 1 Lifeguard and 1 Staff Member to every 12 Preschool Children and at least 1 Lifeguard and 2 Staff Members to every 32 School Age children at Ashtabula County Family YMCA Pool. Staff member ratios are maintained for offsite pools, while lifeguards are provided by the sites.

Swimming Site: Ashtabula County Family YMCA Pool
Lakeshore Park
Jordan Creek Park
Waldameer Park and Water World

Mode of transportation (circle one): Parents Driving, Provider Vehicle, Public Transportation,
School Bus, N/A

Child's Name _____ Is he/she a swimmer? Yes___ No___

DOB: _____

Do you as the parent/guardian grant permission for the child to participate in water activities?
Yes ___ No ___

Signature_____Date_____

Special Notes:

ASHTABULA COUNTY YMCA PHOTO/VIDEO RELEASE

I am 18 years of age or older and, if not, my mother, Father, legal guardian has also signed below. For my participation in activities to be conducted by the Ashtabula County Family YMCA, I hereby give my permission and consent, now and for all time, to the Ashtabula County Family YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with the Ashtabula County Family YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Ashtabula County Family YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any commercial products or commercial services. I further agree to the following: - Any video film, footage, soundtrack recordings, and photo reproductions of me and/or my narrative account of my experience at the Ashtabula County Family YMCA, I authorize, according to this Release, shall belong to the Ashtabula County Family YMCA, YMCA of the USA and third parties collaborating with the Ashtabula County Family YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Ashtabula County Family YMCA - any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at the Ashtabula County Family YMCA will not be subject to any obligation of confidentiality and may be shared with and used by the Ashtabula County Family YMCA, YMCA of the USA and third parties collaborating with the Ashtabula County Family YMCA and/or YMCA of the USA; - The Ashtabula County Family YMCA, YMCA of the USA and third parties collaborating with the Ashtabula County Family YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Ashtabula County Family YMCA; and - The Ashtabula County Family YMCA, YMCA of the USA and third parties collaborating with the Ashtabula County Family YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Ashtabula County Family YMCA for any purpose without compensation to me. I agree that my consent and this release are irrevocable. I hereby release and discharge the Ashtabula County Family YMCA, YMCA of the USA and third parties collaborating with the Ashtabula County Family YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, soundtrack recordings and photo reproductions of me and/or my narrative account of my experience at the Ashtabula County Family YMCA as described herein.

YMCA Reach and Teach has my permission to use photographs of my child, _____, For (check one):

1. Program publicity/social media AND projects ____
2. Classroom projects ONLY ____

Participant Name _____

Participant Signature _____ Date _____

Signature of Parent/Guardian (if under 18) _____

Date _____

Ohio Department of Job and Family Services
CHILD DAY CAMP REGISTRATION

FOR AGENCY USE ONLY - DO NOT WRITE IN THIS BOX				
Amount Rec'd \$ 25	Date Rec'd 06/13/2023	County ASHTABULA	Day Camp # 2230028343	Regis. Exp. Date 3/14/2024
Name of Child Day Camp Reach and Teach			Owner of Child Day Camp Ashtabula County YMCA	FEIN #
Street Address of Child Day Camp 263 W. Prospect Rd.			Telephone Number of Child Day Camp 4196190539	
City Ashtabula	Zip Code 44004	County ASHTABULA	Email bpruitt@ashtabulaymca.org	
Mailing Address 263 W. Prospect Rd.			Name of Administrators Eric Stinebiller	
City Ashtabula	State OH	Zip Code 44004	Is this Camp Accredited by the American Camping Association (ACA)? <input type="checkbox"/> Yes * <input checked="" type="checkbox"/> No * Attach Documentation	

- As required by section 5104.21 of the Revised Code (RC) and chapter 5101:2-18 of the Administrative Code, I make this application to the Ohio Department of Job and Family Services (ODJFS). I understand that this registration for a child day camp is required annually and is required prior to requesting approval to provide publicly funded child care.
- I agree to provide the parents of each child who attends this child day camp with the telephone number of the county department of health and the public children services agency (PCSA) of the county in which the child day camp is located. In addition, parents will be told that they may use these telephone numbers to contact the county departments to make a complaint regarding the child day camp.
- If a complaint against the camp is made to the county department of health or to a PCSA, I agree to permit the agency to review or inspect the child day camp.
- This child day camp cares for school children only. A school child is a child who is enrolled in or eligible to be enrolled in a grade of kindergarten or above but is less than 15 years old. Eligible to be enrolled in a grade of kindergarten or above means the child meets local school district requirements for kindergarten entrance.
- The child day camp operates for no more than twelve hours per day. The maximum of twelve hours does not include transportation to and from pick-up and delivery locations.
- The child day camp operates only during one or more of the school district's regular vacation periods or for no more than 15 weeks during the summer.

Failure to register: If a child day camp that is required to register under RC 5104.21 or the rules of chapter 5101:2-18 of the Administrative Code fails to register with ODJFS, or if a child day camp files this registration form and knowingly provides false or misleading information, ODJFS shall require the child day camp to register or to register correctly.

Statement of Applicant: To the best of my knowledge, all statements on this form are correct. I have read and understand all information on this child day camp registration form.

Signature of Owner/Authorized Representative	Date 06/13/2023	Signature of Child Day Camp Administrator	Date 06/13/2023
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IMPORTANT: As required by section 2151.86 of the Ohio Revised Code, an annual BCII criminal records check must be completed for any person responsible for a child's care in a child day camp. Failure to complete all required BCII criminal record checks may result in fines assessed by ODJFS and collected by the office of the Ohio Attorney General.

NOTE: Federal law and the policies of the U.S. Department of Health and Human Services (HHS) and the ODJFS say that we must not discriminate on the basis of race, color, national origin, sex, age or disability. To file a discrimination complaint, write or call HHS or ODJFS:

HHS Director, Office for Civil Rights, Region V
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
(312) 886-2359 (Voice) / (312) 353-5693 (TDD)
(312) 886-1807 (FAX) Website: <http://www.hhs.gov/ocr>

ODJFS, Bureau of Civil Rights
30 E. Broad St., 37th Floor
Columbus, OH 43215
(614) 633-2703 (Voice) / 1-866-227-6353 (Toll Free)
(614) 995-9961 or Toll Free 1-866-221-6700 (TTY)
Website: <http://dhs.ohio.gov/civilrights/complaint.htm>

Child Day Camp Registration Summary

Program Number:
2230028343

Program Name: Reach and Teach

Submitted: 6/13/2023 2:28:11 PM

Date Created: 06/13/2023

Program Details

Proposed Open Date: 06/26/2023

Street Address: 263 W. Prospect Rd.

Street Address 2:

City: Ashtabula

State: OH

County: ASHTABULA

Zip: 44004

Phone: 4196190539

Extension:

Child Day Camp Email:

bpruitt@ashtabulaymca.org

Is this Camp Accredited by the American Camping Association (ACA)?

No

Mailing Address: 263 W. Prospect Rd.

Mailing Address 2:

City: Ashtabula

State: OH

Zip: 44004

Ownership Information

Name of Corporation/LLC: Ashtabula County YMCA

Corporation/Entity Number: 34-0726066

Street Address 1: 263 W. Prospect Rd.

Street Address 2:

City: Ashtabula

State: OH

Zip: 44004

Phone: (440) 997-5321

Email: estinehelfer@ashtabulaymca.org

Administrator Information

Name

Eric Stinehelfer

Applicant Statement

Review the following statements. If you are in agreement, check the box at the bottom. If you are not in agreement, then click the Save & Finish Later button and click Exit to discontinue the Day Camp registration process.

Child Day Camp Registration Summary

Program Number:
2230028343

Program Name: Reach and Teach

As required by section 5104.21 of the Revised Code (RC) and chapter 5101:2-18 of the Administrative Code, I make this application to the Ohio Department of Job and Family Services (ODJFS). I understand that this registration for a child day camp is required annually and is required for approval for public funding.

I agree to provide the parents of each child who attends this child day camp with the telephone number of the county department of health and the Public Children Services Agency (PCSA) of the county in which the child day camp is located. In addition, parents will be told that they may use these telephone numbers to contact the county departments to make a complaint regarding the child day camp.

If a complaint against the camp is made to the county department of health or to a PCSA, I agree to permit the agency to review or inspect the child day camp.

This child day camp cares for school children only. A school child is a child who is enrolled in or eligible to be enrolled in a grade of kindergarten or above but is less than 15 years old. Eligible to be enrolled in a grade of kindergarten or above means the child meets local school district requirements for kindergarten entrance.

The child day camp operates for no more than twelve hours per day. The maximum of twelve hours does not include transportation to and from pick-up and delivery locations.

The child day camp operates only during one or more of the school district's regular vacation periods or for no more than 15 weeks during the summer.

Failure to register: If a child day camp that is required to register under RC 5104.21 or the rules of chapter 5101:2-18 of the Administrative Code fails to register with ODJFS, or if a child day camp files this registration form and knowingly provides false or misleading information, ODJFS shall require the child day camp to register or to register correctly.

Signature stored on Submission

Discriminatory Information

Note - Federal and state law and the policies of the US Department of Health and Human Services (HHS) and the Ohio Department of Job and Family Services (ODJFS) dictate that ODJFS must not discriminate on the basis of race, color, national origin, sex, age, or disability. To file a discrimination complaint, contact HHS or ODJFS at the following addresses.

HHS Director, Office of Civil Rights - Region V
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
(312) 889-2359, (310) 353-5693 (TDD)
(312) 886-1807 (fax)

Child Day Camp Registration Summary

Program Number:
2230028343

Program Name: Reach and Teach

Website: <http://www.hhs.gov/ocr>

ODJFS, Bureau of Civil Rights
30 E. Broad St., 37th Floor
Columbus, OH 43215
(614) 644-2703 (voice)
1(866) 227-6353 (Toll Free)
TTY (614) 995-9961 or Toll Free 1-866-221-6700
Website: <http://jfs.ohio.gov/civilrights/complaint.stm>

Electronic Signature

Signature stored on Submission

Name: Eric Stinehelfer
Submission Date: 6/13/2023 2:28:11 PM
Enter Your Full Name: Eric Stinehelfer

Approved

Reach and Teach Parent Information

The Ashtabula County Family YMCA's Reach and Teach summer day camp for children with autism is registered to legally operate by the Ohio Department of Job and Family Services (ODJFS).

A toll-free telephone number is listed on the program's registration form that has been included with this packet. That number may be used to report a suspected violation of the registration law or administrative rules.

The administrator and each employee of the day camp is required, under Section 2151.421 of the Ohio Revised Code, to report their suspicions of child abuse or child neglect to the local public children's services agency.

Any parent/guardian of a child enrolled in the day camp shall be permitted unlimited access to the classrooms during all hours of operation for the purposes of contacting their children, evaluating the care provided by the staff, or evaluating the premises. Upon entering the premises, the parent/guardian shall notify the Administrator of their presence.

The administrator's hours of availability to meet with parents/guardians and child/staff ratios are posted in a noticeable place on the premises for review.

The registration record including inspection reports, complaint reports, and evaluation forms from the building and fire departments, is available for review upon written request from the Ohio Department of Job and Family Services.

It is unlawful for the program to discriminate in the enrollment of children upon the basis of race, color, sex, disability, or national origin in violation of the Americans with Disabilities Act of 1990, 104 Stat. 32, 42 U.S.C. 12101 et. seq.

For more information about childcare licensing and day camp registration requirements as well as how to apply for assistance, Medicaid health screenings, and early intervention services for your children, please visit <http://jfs.ohio.gov/cdc/families.stm>.