



YWCA Kids Place Drop In Program Information Form

Gahanna

A drop-in child care service through YWCA Kids Place is available for Gahanna children, grades K-5, who are **NOT** currently enrolled in the program.

Drop-in child care services are available at most YWCA Kids Place locations on regularly scheduled school days during the hours of Kids Place program operation. Please note: we are unable to offer drop-in care for children private schools, Charter schools or schools in which we do not have a program on site due to transportation limitations. ***Drop in care is not available if the site is full.***

Hours:	Monday – Friday	6:30 – 8:00 AM and/or 2:25 – 6:00 PM	
Locations:	Blacklick Elementary	6540 Havens Corner Rd	614-755-4812
	Chapelfield Elementary	280 Chapelfield Rd	614-478-7280
	Goshen Lane Elementary	370 Goshen Lane	614-478-3709
	High Point Elementary	700 Venetian Way	614-478-4730
	Jefferson Elementary	136 Carpenter Rd	614-478-5136
	Lincoln Elementary	515 Havens Corner Rd	614-478-5156
	Royal Manor Elementary	299 Empire Dr	614-478-5299

Drop In Rates:	Before school care	\$20.00 per child per day
	After school care	\$40.00 per child per day
	Before & After school care	\$45.00 per child per day

How to Register:

- 1. Contact YWCA Kids Place location a minimum of one business day before date drop in care is needed to determine if space is available.**
- 2. Print out and complete the following documents:**
 1. Info Page
 2. ODJFS Child Enrollment and Health Information document (Complete one for each child attending).
- 3. Obtain MONEY ORDER made out to YWCA Columbus.**
 - Personal checks and cash **not** accepted.
- 4. Take registration forms and money order to the YWCA Kids Place location.** Enrollment form and money order must be at site a minimum of one business day before child attends.

**All completed documents and money order
MUST be on site before your child may attend.**

Please review the following policies and procedures

- All persons authorized for pick-up, including parents, **must** show identification when picking up child.
- Pick-ups occurring after 6:00 PM are subject to a late fee, due at time of pick-up.
- Daily medications will not be administered during hours of drop-in care.
- Before school drop-in care will NOT be available if school is delayed in the morning.
- After school drop-in care will NOT be available if school is closed early due to emergency conditions.
- Service is first come, first served and is dependent upon space availability at each site
- A Program Handbook is available for review on site or at www.ywcacolumbus.org.

**THERE ARE NO REFUNDS FOR DROP-IN CARE MISSED
BECAUSE OF ILLNESS, SCHEDULE CHANGES OR SCHOOL CLOSINGS.**

YWCA Mission

The YWCA is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all.

YWCA Kids Place Philosophy and Goals

YWCA Kids Place embraces the mission and core values of the YWCA through eliminating racism, empowering women and promoting peace, freedom, justice and dignity for all. Kids Place provides exceptional programming and strives to be a leader and model in the professional field of out of school care.

Our educational values include promoting choice, supporting individual needs and providing positive social opportunities for all children in our care.

Program Daily Schedule

A typical daily schedule for Westerville, Gahanna and New Albany is shown below. Specific daily schedules are posted at each site on the parent information center.

Morning

(Westerville & New Albany only)

- Arrival and Quiet Play / Children's Choice
- Attendance and Welcome
- Breakfast and Clean up
- Planned Activity, Craft, Game/Choice (Includes individual or small group activities or child initiated activities)
- Physical Activities (Outside or Gym)
- Room Clean Up, Announcements and Dismissal to Class

Afternoon

- Attendance and Welcome
- Bathroom, Hand washing, Snack and Clean up
- Inside Free Time and Physical Activity (Outside or Gym)
- Special Group Activity / Choice
- Quiet Play / Choice (Includes homework, manipulatives, crafts, board games)
- Room Clean Up / Depart Program

**YWCA Kids Place Drop In
Information Page**

**Information Page, Child Enrollment and Health Form and Money Order
must be on site before your child may attend.**

Child Information

Child's Name: _____ Nickname: _____

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade:
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Teacher	Teacher Notified	
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Please Share any information about your child that would be helpful:

Parent Information

Parent name	Date	e-mail address
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Drop In Registration Details

Select care needed	<input type="checkbox"/> am care	<input type="checkbox"/> pm care	<input type="checkbox"/> am & pm care
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Dates of care needed	
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Total tuition due	
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Payment Information

Money Order issuer	Money Order #	Amount of Money Order
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Authorized Persons for pick-up (must be age 16 or older and must show ID)

Name	Relationship to child	Telephone
		Cell phone

Name	Relationship to child	Telephone
		Cell Phone

I have read and understand the YWCA Kids Place Drop in Care registration process and program expectations.

Parent Signature _____

Date _____

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

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			Relationship to child		
Home Address			Home Telephone Number		
City		State	Zip		
Email Address (If applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
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/guardian. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) above to list on the roster <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			Relationship to child		
Home Address			Home Telephone Number		
City		State	Zip		
Email Address (If applicable)			Cell Phone		
Parent's Work/School Telephone Number			Parent's Work/School Name		
Parent's Work/School Address				City	
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/guardian. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which number(s) above to list on the roster <input type="checkbox"/> - work # <input type="checkbox"/> - cell # <input type="checkbox"/> - home # <input type="checkbox"/> - Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name <u>of at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case parent/guardian cannot be contacted and should be at least 18 years old.					
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 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 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 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 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 2 hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

Yes - I agree with the program's schedule. I do not agree, please check my child's diaper every ____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR Do not sign both	<u>Do Not Give Permission</u> to Transport
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature _____ Date _____		Parent's Signature _____ Date _____

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. - YES - No
(Check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s) _____	Date _____
Administrator/Designee Signature _____	Date _____

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

Parent/Guardian Initials _____	Date of Review _____	Administrator/Designee Initials _____	Date of Review _____
Parent/Guardian Initials _____	Date of Review _____	Administrator/Designee Initials _____	Date of Review _____
Parent/Guardian Initials _____	Date of Review _____	Administrator/Designee Initials _____	Date of Review _____

Note: This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15 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.