



School Age Care Program
Jewish Community Center of Youngstown

505 Gypsy Lane
Youngstown, OH 44504
jccyoungstown.org
330.746.3251

Dear families,

In this packet you will find various forms required for enrollment in our program. If you are unsure how to complete any sections of these forms, please leave them blank and the Program Coordinator will assist you. We appreciate your cooperation.

Thank you,

Hunter Thomas
Program Coordinator
330.746.3250 ext. 123
hthomas@jewishyoungstown.org



School Age Care Program
Jewish Community Center of Youngstown
Family Care Schedule

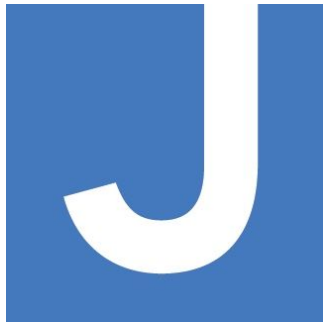
Required for all students

The Family Care schedule is used to determine staffing needs for the program.

On the following page, please mark the expected arrival and departure times for your child.

Please note that you must provide notice to the Program Coordinator if you plan to drop off or pick up your child at a different time than specified on the following page.

Care is available Monday - Friday, 6:00 a.m. - 6:00 p.m.



School Age Care Program at the Jewish Community Center of Youngstown

Family Care Schedule

Below, please select your child's daily schedule in terms of expected arrival and departure time. This schedule will be used to determine staffing needs for the program.

Please note that you must provide notice to the Program Coordinator if you plan to drop off or pick up your child at a different time than specified below.

Care is available Monday through Friday, 6:00 a.m. - 6:00 p.m.

For Akiva Academy Before and After School Families:

Please circle the days your child will require care:

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

Time expected to drop off at Before Care: _____

Time expected to pick up from After Care: _____

For All Day Care Families:

Please circle the days your child will require care:

If registered for the 2 or 3 day care option, please only choose 2 or 3 days of the week.

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

Daily drop off time: _____

Daily pick up time: _____



School Age Care Program

Jewish Community Center of Youngstown

Family Information for Step Up To Quality
Programs (SUTQ)

JFS-01511

Required for all students

The Family Information form is used to provide the program with information about your child, their family, and their background.

This form will allow your child's teacher to understand them better.

Each box on the form needs to be filled in. If something does not apply to you, your child, or your family, please write "N/A."

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

Child's Name <i>(Last)</i>	<i>(First)</i>	Nickname <i>(If any)</i>
<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. <i>(Check all that apply)</i> 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



School Age Care Program
Jewish Community Center of Youngstown
Authorized Student Pick Up List
and Swipe Card Request Form

Required for all students

Each family enrolled in the program can receive up to 4 swipe cards for access to the building for the purposes of picking up a child.

Please complete this form for those people that pick up and/or drop off your child most often.

Additional names may be added to the bottom of the form. These people will not receive a swipe card, and will need to bring a photo ID with them when picking up or dropping off the child.



School Age Care Program at the Jewish Community Center of Youngstown

Authorized Student Pick Up List

Each family enrolled in the program can receive up to 4 swipe cards for access to the building for the purposes of picking up a child. Please complete this form for those that pick up/drop off your child most often.

Name: _____ **Birthday:** ____/____/____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Cell Phone Number:** _____

Name: _____ **Birthday:** ____/____/____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Cell Phone Number:** _____

Name: _____ **Birthday:** ____/____/____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Cell Phone Number:** _____

Name: _____ **Birthday:** ____/____/____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Cell Phone Number:** _____

Additional names of people authorized to pick up your child:



School Age Care Program
Jewish Community Center of Youngstown
Behavior Expectation Contract

Required for all students

The School Age Care Program at the JCC of Youngstown strives to help each child grow as an individual and to become a positive influence and participant in our society. For this to be successful, students must work towards complying with several expectations, which are outlined in the following contract.

All students and their parent/guardian must read this contract thoroughly and sign it.

Repeated violation of the Behavior Expectation Contract is terms for the decision to no longer allow a child to attend, or to temporarily suspend a child, from the program.



School Age Care Program at the Jewish Community Center of Youngstown

Behavior Expectation Contract

The School Age Care Program at the JCC of Youngstown strives to help each child grow as an individual and to become a positive influence and participant in our society. For this to be successful, students must work towards complying with the following expectations:

Initial Here:

Parent

Student

- _____ Student is expected to participate in all group activities.
- _____ Student is expected to listen to all staff for directions and rules.
- _____ Student agrees to assist with clean-up of all activities.
- _____ Student is expected to be respectful to all other students and JCC staff.
- _____ Student is expected to be independent in their personal hygiene.
- _____ Student is expected to resolve issues with other students in a safe, calm manner.
- _____ Student agrees to discuss any issues at the JCC that may make them feel uncomfortable with a staff member who will help to resolve the issue.
- _____ Student agrees not to bring any electronics such as iPods, tablets, or cell phones.
- _____ Student will be responsible for keeping their personal belongings together.
- _____ Student will behave in a safe and courteous manner at all times.

The JCC School Age program has a Zero Tolerance Policy for the following behaviors:

- _____ Student understands that bullying, teasing, sarcasm, etc. will not be tolerated.
- _____ Student understands that no physical violence will not be tolerated.
- _____ Student will not make anyone feel threatened, uncomfortable or bullied.
- _____ Student will not wander off or hide from staff or leave their assigned area/group.

If a student is in violation of any of these Zero Tolerance items, they understand that the following consequences will be given:

- 1st offense, child will be redirected to a quiet activity and parent/guardian will be informed of the incident at pick up.
- 2nd offense, parent will be called immediately, and the child may be sent home for the day.
- 3rd offense, child will be suspended for the remainder of the week and reviewed for potential expulsion from JCC School Age Care (no refund will be given for time missed)



School Age Care Program at the Jewish Community Center of Youngstown

Behavior Expectation Contract (Continued)

For Students to read and sign:

At the JCC School Age program, we expect that each student will treat all staff, fellow students and our environment with respect. Some activities may have an elevated element of risk associated; therefore it is important that students have the ability and willingness to follow directions. The JCC School Age program reserves the right to dismiss a student whose conduct or influence is unsatisfactory or, in the opinion of the JCC Program Coordinator or ELC Director, harmful to the best interest of the community.

I understand that I play an important role in the enjoyment of every student and staff member of the JCC School Age Program. I will do my best to treat everyone with respect, courtesy, and to do what I can to help my fellow students and staff. If I am having trouble with this or the way other campers are treating me, I will talk with a teacher immediately. I am coming here to have FUN!

Student's Signature: _____

Date: _____

By signing above, I acknowledge that I have read and agree to follow the Behavior Expectation Contract.

For Parents/Guardians to read and sign:

Problems concerning students' behavior are rare. Most inappropriate behavior is directly related to typical reactions of students in new/different environments, which is a normal byproduct of children's transitions as they grow, gain independence, and establish their personal identities that will carry them through life. We anticipate these behaviors and train our staff to deal with these behaviors in a positive manner. Unfortunately, there are unusual cases in which students are unresponsive to the techniques we have found effective in past experiences. An unresponsive student can have a negative impact on many other students' experiences at our program, which cannot be tolerated. The JCC School Age program would choose to keep all students in the program to meet any individual needs they may have, but cannot do so when this is detrimental to the happiness and well-being of others.

I understand that the Program Coordinator reserves the right to dismiss a student whose conduct or influence, in the opinion of the Program Coordinator or ELC Director, is harmful to the best interest of the community. In the event of dismissal from the program, I understand that there will be no refund of any part of care previously paid for by the parent/guardian.

Parents, please take a few minutes to discuss your student's behavior and its relation to the success and positive nature of our community. We certainly do not anticipate having to dismiss any student. However, they should be aware of appropriate behavior and the consequences of inappropriate behavior.

Parent/Guardian Signature: _____

Date: _____

By signing above, I acknowledge that I have read and agree to the Behavior Expectation Contract.



School Age Care Program

Jewish Community Center of Youngstown

**Request for Administration of Medication
for Child Care**

JFS-01217

Required if your child needs to be administered medication while at the program, including epi-pens and inhalers

The Request for Administration of Medication for Child Care form is used to provide the program with permission to administer any medication to your child (prescription or nonprescription).

One form must be completed for **each medication**. Box 1 must be completed by the parent/guardian. Box 2 may need to be completed by your child's physician.

If you are unsure of any section, please leave it blank and contact the Program Coordinator. This form must be updated on an annual basis.

The JCC School Age Care Program is only able to administer medications if the following conditions are met:

1. The following form (Request for Administration of Medication) is completed by the parent/guardian.
 2. Prescription medication is in its original container with the prescription label still attached (if the label is not available, box 2 must be completed by physician). The label must specify the appropriate dosage based on the child's weight or age, and contain the child's full name.
 3. An administrator has initialed and dated the form.
- Children are permitted to carry epi-pens, inhalers, and topical creams (sunscreen, lotion, chapstick, etc.) on their person.
 - Medications of any other kind are forbidden from being stored in a child's backpack. They will be stored in a lockbox with a program staff person, out of reach of children.
 - Medications requiring refrigeration will be kept in a locked storage box in a refrigerator located in the JCC's Early Learning Center.
 - Persons picking up the child are responsible for picking up medications when they are no longer in use.

Ohio Department of Job and Family Services
**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.		
<input type="checkbox"/> Prescription Medication <input type="checkbox"/> Nonprescription Medication <input type="checkbox"/> Food Supplement <input type="checkbox"/> Topical Product or Lotion <input type="checkbox"/> Refrigeration Required <input type="checkbox"/> Modified Diet		
Name of Child	Date of Birth	Weight
Name of Medication		Exact Dosage
To be administered at the following times		For the following period of time
<input type="checkbox"/> 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.		
Name of child	Name of medication, vitamin, diet, supplement	
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
Name of child	Name of medication, vitamin, diet, supplement	

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.



School Age Care Program
Jewish Community Center of Youngstown
Child Medical/Physical Care Plan
for Child Care
JFS-01236

Required if your child has any life threatening medical condition or uses any life saving medications, such as an epi-pen or inhaler

The Child Medical/Physical Care Plan for Child Care is used to provide the program with information on what to do should your child have a special medical condition or medication that requires immediate emergency action.

This form should be filled out with the assistance of the Program Coordinator.

Any child requiring this form may not attend the program until the form is completed.

If the child requires emergency medication, the previous form (Request for Administration of Medication for Child Care) must also be completed.

Ohio Department of Job and Family Services
CHILD MEDICAL/PHYSICAL CARE PLAN
FOR CHILD CARE

Child's Name		Date of Birth	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete JFS 01217 "Request for Administration of Medication")</i> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
In the event that the child care program must be evacuated, are there medications or supplies that must be taken with this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Training Instructions <i>(Trainer must be a parent or certified professional)</i>			
Signature of Trainer			Date
Signature of trained providers, substitutes or child care staff members who have been made aware of the condition. <i>(There must always be a trained caregiver present when the child is present)</i>			
Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
Signature	Date	I have been <input type="checkbox"/> Informed	I have been <input type="checkbox"/> Trained
<i>(Only trained providers, substitutes or child care staff members shall be permitted to perform medical procedures listed above.)</i>			
Additional services (educational/therapeutic) child is receiving			
Who provides the above services?			
Name	Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Parent Signature	Date
Administrator/Provider Signature	Date

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



School Age Care Program

Jewish Community Center of Youngstown

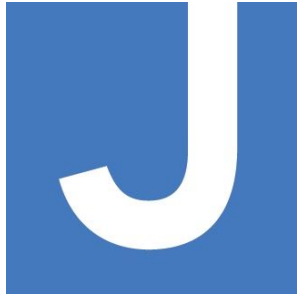
Instructions for Applying for Publicly Funded
Childcare and Publicly Funded Child Care
Agreements

Required for families paying for care using Publicly Funded Child Care (PFCC) through the Ohio Department of Job and Family Services (ODJFS)

Families must apply and be approved for PFCC. If your child begins attending the program before you have been approved for PFCC, you will be responsible for paying for any care prior to authorization.

The following pages include information on how to apply for PFCC, and an agreement page that must be completed before you can begin using PFCC to pay for your child's care.

If you will be paying full price for your child's care, please skip this section.



School Age Care Program

Jewish Community Center of Youngstown

Instructions for Applying for Publicly Funded Child Care (PFCC) Through the Ohio Department of Job and Family Services (ODJFS)

**Please skip this page if you do not plan to be covered by ODJFS PFCC, and plan to pay full price for tuition.*

Below you will find information about applying for PFCC. When you have applied, please provide a copy of your receipt to the Program Coordinator.

Please visit your local DJFS

Trumbull County

Address: 280 North Park Avenue, Warren, Ohio 44481

Hours: Monday - Friday, 8:30 am - 4:15 pm

Phone: (330) 675-2000

Mahoning County

Address: 345 Oakhill Avenue, Entrance D, Youngstown, OH 44502

Hours: Monday - Friday, 7:30 am - 4:15 pm

Phone: (330) 884-6934

Bring the following things with you:

- Proof of income (paystubs, tax records, award letters, child support orders, etc.)
- Proof of any child support paid
- Proof of citizenship or qualified alien status for all children in need of care
- Proof of a qualifying activity for all caretakers in the household (includes but is not limited to official school schedules, work schedules, etc.)
- Provide the JCC's name and address:

The Early Learning Center at the Jewish Community Center of Youngstown:
505 Gypsy Ln., Youngstown, Ohio 44504

If any of this information changes, please update your county agency.

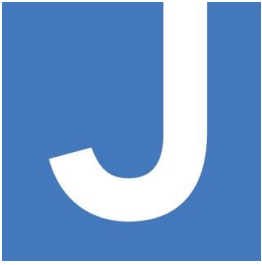
Watch your mail for any information from your county agency.

If your application is APPROVED:

ODJFS will notify you and the JCC of your acceptance. You will need to start recording your child's attendance on the Kinder Connect System on the provided tablet at the JCC or on your cellular device.

If your application is DENIED:

ODJFS will notify you. You will be responsible for the payment of any care your child has received during this time.



School Age Care Program

Jewish Community Center of Youngstown

ODJFS Publicly Funded Child Care Agreements

**Please skip this page if you are not covered by ODJFS PFCC, and plan to pay full price for tuition.*

In order to ensure that that your full tuition is received through the ODJFS Publicly Funded Child Care, we enforce the following policies. We ask that all families covered by ODJFS subsidies abide by the requirements as stated below.

TAP System/Attendance

In order to guarantee that your full tuition is received through the ODJFS you must sign your child/children in and out every day using the TAP System. It is strongly recommended you use the KinderSmart Ohio app to sign in and out. Information on how to download this app is included. Please note a staff member must assist you in registering your device in order to start using the app once this agreement is returned. You are permitted to continue to use the tablet with your phone number, but it is discouraged as the tablets may not be close to your child's assigned room for care.

By initialing here I agree to sign my child in and out each day and understand that failure to do so may result in removal from the program.

Initial: _____ Date: _____

In the event a sign in or out time is missed for any reason (ie. family or friend picking up your child, app error, or tablet error), I give the Program Coordinator or ELC Administrator permission to enter the missed sign in or out times into the TAP system.

Please initial here to grant your permission.

Initial: _____ Date: _____

We require that your child attends the program for no less than 26 hours each week for all day care. Special circumstance exemptions can be arranged with advance notice at the Program Coordinator's discretion. Please call to report illnesses in order to use absent days.

By initialing here I agree to have my child attend the program full time.

Initial: _____ Date: _____

ODJFS Authorization:

Lapse in authorization is the parent or guardian's responsibility. Please be sure to check the mail for authorization notices from ODJFS, and reapply as needed. Should your child care authorization lapse or be terminated you will be required to pay the private pay rate until you are reauthorized.

By initialing here I agree to pay the private pay rate if my ODJFS authorization lapses, or I am no longer authorized for assistance through ODJFS.

Initial: _____ Date: _____

Failure to adhere to these policies will result in termination of enrollment. I have read and understand the above policies:

Parent Signature _____ Date: _____