



## 2024 Sensational Summer Camp Application

\$30 Non-Refundable Registration Fee

### Camper Information

<u>Camper's First Name:</u>	<u>MI:</u>	<u>Last:</u>
<u>Address:</u>	<u>City:</u>	<u>State:</u> <u>Zip:</u>
<u>Birthdate:</u> ____/____/____	<u>Sex:</u> [ ] M. [ ] F	<u>Grade &amp; School in Fall 2024:</u>

### Parent/Guardian Information

<u>Parent/Guardian's First Name:</u>	<u>MI:</u>	<u>Last:</u>
<u>Address:</u>	<u>City:</u>	<u>State:</u> <u>Zip:</u>
<u>Phone Number:</u>		

### Camp Information

Please select the weeks that your camper will be attending.

<input type="checkbox"/> <b>All 10 Weeks</b>	
<input type="checkbox"/> June 10 <sup>th</sup> - June 14 <sup>th</sup>	<input type="checkbox"/> July 15 <sup>th</sup> - July 19 <sup>th</sup>
<input type="checkbox"/> June 17 <sup>th</sup> - June 21 <sup>st</sup> <b>(No Camp on June 19<sup>th</sup>)</b>	<input type="checkbox"/> July 22 <sup>nd</sup> - July 26 <sup>th</sup>
<input type="checkbox"/> June 24 <sup>th</sup> - June 28 <sup>th</sup>	<input type="checkbox"/> July 29 <sup>th</sup> - August 2 <sup>nd</sup>
<input type="checkbox"/> July 1 <sup>st</sup> - July 5 <sup>th</sup> <b>(No Camp on July 4<sup>th</sup>)</b>	<input type="checkbox"/> August 5 <sup>th</sup> - August 9 <sup>th</sup>
<input type="checkbox"/> July 8 <sup>th</sup> - July 12 <sup>th</sup>	<input type="checkbox"/> August 12 <sup>th</sup> - August 16 <sup>th</sup>

Sensational Summer Camp staff will be based on the registration numbers each week, so it is important that Ely Chapman be notified of any changes in the above schedule as far in advance as possible. This ensures proper staffing is available. This is for the safety of all campers. Less than a two weeks' notice of change in schedule will result in a charge for that week due to staffing requirements.

I understand that I am signing up for the weeks listed above. If my campers schedule changes I must give a two weeks' notice, or I will be charged for the weeks indicated on this form.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Payment Information

Amount Paid: \$ \_\_\_\_\_ Payment Method: [ ] Cash [ ] Check \_\_\_\_\_ [ ] Card



**Sensational Summer Camp (SSC) 2024  
Tuition Agreement**

Date: \_\_\_\_\_

**Basic Information**

<input type="checkbox"/> New Student	<input type="checkbox"/> Returning Student
Student Name: _____	
Birth Date: _____	
School/Grade: _____	
Parent's Name: _____	
Phone Number: _____	
Email Address: _____	
Address: _____	

**Payment Information**

Registration Fee \$30.00 per student. <b>This fee is non-refundable.</b>
<b>Please select one:</b>
<input type="checkbox"/> Attendance per week (\$125.00)
<input type="checkbox"/> Sibling Discount per week (\$100.00)

**Payment Schedule**

<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
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**Tuition Agreement and Payment Schedule**

1. Payment is due at the beginning of each week!
2. Payments should be given to a Leadership Team member. Please get a receipt so the payment can be credited properly.
3. Make checks payable to ECEF and list the student's name(s) in the memo.
4. Credit card payments are accepted but must be made in the main office on the second floor. All credit card payments will be charged a \$3.00 processing fee.
5. All late payments will be charged a \$20.00 late fee.

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403 Scammel Street  
Marietta, Ohio 45750  
Phone Number: 740-376-9533



### Tuition Agreement

- I agree to pay on or before the beginning of the selected time period all the Tuition and Fees indicated on the front of this Agreement according to the time schedule checked. **If tuition is not paid by the end of the month a late fee of \$20.00 will be charged per month and services WILL be withheld.** (Special payment schedules are only permitted with approval of the ECEF Business Manager.)
- I agree that I am responsible for payment for any week listed on the registration form unless I give a **2 week** prior notice to the SSC Director or the Business Office.

### Financial Assistance Information

1. Families requesting financial assistance are asked to contact Washington County Jobs & Family Services regarding eligibility for Title XX funding. Please present to the ECEF Administration any acceptance/denial letters from JFS Title XX before applying for ECEF financial aid.
2. Financial Aid Forms are available from the Business Office and must be completed in a timely manner.
3. No parent/guardian is to assume that their child has qualified for tuition assistance until they have been notified in writing/verbally by either the ECEF Business Manager. financial support is based on available funds.
4. Any child qualifying for a scholarship must be either full time or have an acceptable regularly scheduled appointment such as therapy/special class that results in the student missing on the same day each week. Each recipient must meet attendance requirements of a minimum of 85 - 90% per week. Failure to maintain that attendance without specific doctor's notes will result in termination of the financial aid.
5. Failure to make Co-payments in a timely manner will result in termination of services. Services will be terminated, and the full amount will be turned over to collections.
6. No reduced fees/scholarships will be provided without this form being completed and signed.

**Note:** The non-refundable registration fee is NOT covered by tuition assistance

By signing below, I indicate that I have read both sides of this Tuition Agreement and agree to comply with the SSC tuition payment policy and all Financial Aid/Scholarship Policies.

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Parent/Guardian Signature

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Date

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403 Scammel Street  
Marietta, Ohio 45750  
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**Sensational Summer Camp (SSC)  
Enrollment Agreement**

1. I understand that I am enrolling my child, \_\_\_\_\_, in the Sensational Summer Camp (SSC) program.
2. I understand that my student may not start the program until enrollment forms are complete.
3. I understand that the SSC program is open according to the schedule determined each spring. SSC is closed on the official celebration of Juneteenth (June 19th) and Independence Day (July 4th).
4. I understand that I am responsible for payment of weekly fees according to the signed tuition agreement form.
5. I will give 7 days' notice in writing to the leadership team before withdrawing my child from the program or changing his/her schedule. During this time, I am responsible for all required fees.
6. I understand that if my child is absent on his/her scheduled day I will inform the program as soon as possible.
7. ECEF will have full responsibility for my child for the time he/she arrives at the program until my child is signed out of the program.
8. I understand that if my child is attending another program in the building that starts during or after SSC, he/she will be signed out of the SSC program at the requested time. At this time the student will be escorted to the activity by staff. Should the student return to the SSC program after the program finishes, he/she will be signed back into the SSC program at this time.
9. If a medical emergency arises, the SSC staff will first attempt to contact the parent/legal guardian, then emergency contacts that are listed. If no one can be reached the staff will contact the child's doctor listed on the JFS 01234 form.
10. I will update my student's emergency information as required by ECEF and/or as changes occur.

I agree to adhere to the policies and procedures of the SSC program as stated here and, in the Parent/Guardian handbook, and give my student permission to participate fully in the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
403 Scammel Street  
Marietta, Ohio 45750  
Phone Number: 740-376-9533



## Liability Waiver

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Dates of Program: \_\_\_\_\_

I have enrolled my child and the following program of the Ely Chapman Education Foundation in Marietta, Ohio. I have read the program's Parent/Guardian handbook or rules of conduct and agree to abide by all policies and procedures set forth within. I understand that appropriate supervision will be provided to my child while he/she is participating in this program. I also understand that the possibility of accidents exists with any program, especially those involving children. I hereby acknowledge such possibilities and accept those risks. I have submitted all information necessary to enable Ely Chapman Education Foundation staff to provide most effectively for the welfare of my child. The parent/guardian agrees to indemnify and hold harmless the Ely Chapman Education Foundation and the following program against any and all claims of injury or liability which may be incurred through participation in this program.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Leadership Team Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
403 Scammel Street  
Marietta, Ohio 45750  
Phone Number: 740-376-9533



## Zero Tolerance Policy

Ely Chapman Education Foundation prohibits any intentional threats made by students against another student, staff member, or visitor. Such actions will result in immediate suspension. Staff members shall report all serious threats against another student, staff member, or visitor to the Leadership Team as soon as possible.

Incidents that will be construed to a threat of severe bodily harm include but are not limited to the following:

1. Threats to kill another person.
2. Threats to cause serious bodily harm or injury to another person.
3. Threats to cause serious destruction to ECEF or private property.
4. Threats to bring a weapon to ECEF.
5. Repeated defiance of the ECEF rules and behaviors that cause a threat to others in the program.

Reinstatement into the program for which he/she was suspended will require a meeting of the parents/guardians, student (if appropriate), and the Leadership Team.

By signing below, I, \_\_\_\_\_, acknowledge that I have read and that  
Student's Name  
I understand the **Zero Tolerance Policy**.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
403 Scammel Street  
Marietta, Ohio 45750  
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## Behavior Policy

Student/participants are entitled to a pleasant and harmonious environment while at any program of the Ely Chapman Education Foundation (ECEF). We believe that the goal for discipline is self-control, learning to see the consequences of the choices we make, and learning alternative positive behaviors. Discipline should be constructive and educational in nature, including such measures as limitations, redirection, separation from problem situations, talking with the student/participant about the situation, or praise for appropriate behavior. Remember that the ECEF program is intended to be learning while having fun, yet structured.

### Disruptive Behaviors:

The ECEF programs cannot serve students/participants who display chronically disruptive behavior. Students/participants who display any chronic disruptive behavior are subject to suspension or termination without reimbursement. Chronically disruptive behavior is defined as verbal and/or physical activity which may include but is not limited to actions that:

1. Require constant attention from staff members.
2. Inflict physical or emotional harm to other students/participants.
3. Abuse staff members verbally or physically.
4. Ignore or disobey the rules that guide behavior during the program hours.
5. Cause the students/participant to not adjust to the program setting.
6. Consist of repeated foul or disrespectful language.

### Unacceptable Behaviors:

In order for each program to run smoothly, the following is unacceptable and could result in suspension or termination:

1. Non-participation in the program and/or poor sportsmanship.
2. Disrespect (talking back, ignoring/not following directions, not listening).
3. Lack of responsibility for ECEF staff or other students/participants belongings.
4. Inappropriate language and/or touching.
5. Intentional hitting, biting, or kicking of any staff member or student.
6. Any act of shooting, killing, or threatening people and/or animals.

### Immediate Expulsion Behaviors\*:

- Fighting or any violent behavior.
- Sexual harassment.
- Use of alcohol, drugs, tobacco, or other illegal substances.

**\*Please review the Ely Chapman Education Foundation Zero Tolerance Policy.**



Violations to above behaviors will be handled using the following consequences.  
All consequences after the incident will be referred to the Leadership Team.

**First Offense:** Verbal warning and removal to calm down area, contact home, and a written apology.

**Second Offense:** Students will be suspended from the program for a period of at least one day. A student-parent/guardian conference with the Leadership Team and other involved staff members will be completed.

**Third Offense:** Students will be automatically expelled from the program.

**Note:** ECEF will make every effort to make sure that the student/participant understands the importance of what they are saying/doing before taking severe disciplinary actions. Children often repeat what they hear in the media/home/school/local play areas and often do not understand the words that they are using or their importance in today's culture.

By signing below, I, \_\_\_\_\_, acknowledge that I have read and that  
Student's Name

I understand the **Behavior Policy**.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
403 Scammel Street  
Marietta, Ohio 45750  
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## Family Information Sheet

Student's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Siblings (ages): \_\_\_\_\_

Pets: \_\_\_\_\_

Student's Activities and Interests: \_\_\_\_\_

Student's Food Likes: \_\_\_\_\_

Student's Food Dislikes: \_\_\_\_\_

How does this student get along well with other students? \_\_\_\_\_

What discipline techniques do you find work with your students? What techniques must be avoided?

Please give any further information (such as custody issues) you believe will be helpful to the ECEF staff to better understand and care for your student.

Please list any names and descriptions of any person who **MAY NOT** pick up your child.

Please list the names of persons other than those listed below who **MAY** pick up your child. photo identification (driver's license) will be requested.

In case of emergency please list in order of preference the following contact information:

1. Name: \_\_\_\_\_ Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Number: \_\_\_\_\_



## Photography Release and Permission

Ely Chapman Education Foundation has photographers from outside their programs, such as the news media, who may take pictures or videos of the students during interesting activities. The ECEF program staff members often take pictures of the students doing exciting activities for ECEF advertisements, annual fundraising brochures or photos may be used when we speak to organizations that might donate money to our endeavors.

Please indicate below if you object to having your student photographed for any of the purposes below. Please note that the headshot of each child is taken at the beginning of the program to become a part of the student's file. This photo is used for identification purposes only.

My student, \_\_\_\_\_, may be photographed or videotaped for the following purposes during his or her participation while at Ely Chapman.

### Photograph Purposes:

1. Internal ECEF use. Yes [  ] No [  ]
2. News media photographs that appear either in the paper, TV, social media, or website.  
Yes [  ]  
No [  ]
3. Pictures or videos by students from either Marietta College, Washington State, or WVUP as part of their academic work. Yes [  ] No [  ]
4. Ely Chapman educational fundraising activities such as brochure, annual campaigns, our large bulletin in the main hall, or social media. Yes [  ] No [  ]

\*No names will be used for any of these purposes, just possible faces interacting with other students or staff.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

403 Scammel Street  
Marietta, Ohio 45750  
Phone Number: 740-376-9533



## Record Release Form

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Full Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

To whom it may concern,

I hereby authorize my child, \_\_\_\_\_, records to be released to:

**Ely Chapman Education Foundation**  
**403 Scammel Street Marietta, OH 45750**

This includes previous and current grades, test results, report cards, evaluations, attendance records, health records, and educational plans.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
403 Scammel Street  
Marietta, Ohio 45750  
Phone Number: 740-376-9533



## Sunscreen Permission Slip

All sunscreen must be in the original container, with a valid expiration date, labeled clearly with the child's name. For sunscreen to be applied this form must be signed and on file.

I give the staff at Ely Chapman Education Foundation permission to apply sunscreen lotion to my child.

Student Name: \_\_\_\_\_

Brand of Sunscreen: \_\_\_\_\_

SPF: \_\_\_\_\_

**This permission slip is valid from the date of signature until August 17, 2024, unless revoked in writing.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Leadership Team Member Signature

\_\_\_\_\_  
Date

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403 Scammel Street  
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## Sensational Summer Camp Field Trip Permission Form

I, \_\_\_\_\_ give permission for my child, \_\_\_\_\_, to go to the following locations as part of the Ely Chapman Education Foundation Sensational Summer Camp:

### Possible Trip Locations:

- Betsey Mills Club, Beckley Coal Mines (Beckley, WV), Black Head Gorge (Newark, OH), Buckeye Park, COSI (Columbus, OH), Camp Kootaga (Walker, WV), ED Mine Museum (Tarentum, PA), Flint Ridge Quarries (Glenford, OH), Forked Run (Reedsville, OH), Hocking Hills (Logan, OH), Marietta Aquatic Center, Marietta College, McDonough Park, Muskingum Park, North Bend (Cairo, WV), Seneca Caverns (Bellevue, OH), Tomlinson Park, Orton Geological Museum (Columbus, OH), and Washington School Playground.

### I understand that:

- My child will be walking or riding in transportation provided by Ely Chapman Education Foundation Sensational Summer Camp.
- Travel to these locations can be **up to 200 miles away**.
- ECEF will be provide above state ratio requirements on all field trips.
- Some trips may not be attended as scheduled.
- If an additional trip is added a new permission slip must be signed.

**This permission slip is valid from the date of signature until August 17, 2024, unless revoked in writing.**

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Leadership Team Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
403 Scammel Street  
Marietta, Ohio 45750  
Phone Number: 740-376-9533

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

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

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code	Home Telephone Number		
Parent/Guardian Name #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
<b>Emergency Contacts:</b> Parents <b>cannot be listed</b> 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 <b>if you cannot be reached</b> . 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		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?  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**

<b>Give <u>Permission</u> to Transport</b>		<b>OR</b>  <b>Do not sign both</b>	<b><u>Do Not Give Permission</u> to Transport</b>	
Program or Home Name			Program or Home Name	
<b>has permission</b> 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.			<b>does not have permission</b> 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, 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.

Ohio Department of Job and Family Services  
**ROUTINE TRIP PERMISSION FOR CHILD CARE**

<b>Routine Trip Information</b>	
Routine Trip Destination(s)	
Date of Permission ( <i>valid for one year</i> )	
Mode of Transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> )	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? (if yes, a swimming permission slip is required) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Child's Information</b>	
Child's Name	
My child is <input type="checkbox"/> not over 4 years and/or 40 lbs <input type="checkbox"/> over 4 years and 40 lbs <input type="checkbox"/> 8 years and/or over 4' 9"	
<b>Signature</b>	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

Ohio Department of Job and Family Services  
**ROUTINE TRIP PERMISSION FOR CHILD CARE**

<b>Routine Trip Information</b>	
Routine Trip Destination(s)	
Date of Permission ( <i>valid for one year</i> )	
Mode of Transportation ( <i>walking, school bus, public transportation, parent vehicles, provider vehicle and driver</i> )	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? (if yes, a swimming permission slip is required) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Child's Information</b>	
Child's Name	
My child is <input type="checkbox"/> not over 4 years and/or 40 lbs <input type="checkbox"/> over 4 years and 40 lbs <input type="checkbox"/> 8 years and/or over 4' 9"	
<b>Signature</b>	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

Ohio Department of Job and Family Services  
**PERMISSION TO PARTICIPATE IN WATER AND SWIMMING ACTIVITIES  
FOR CHILD CARE**

<p>Written parental permission is required for the water activities your child will be engaging in when: <i>(check all that apply for this activity)</i></p> <p><input type="checkbox"/> Water is directly accessible to child (no water activities planned) <input type="checkbox"/> Child swimming or playing in water 18 inches or more in depth <input type="checkbox"/> Infants and toddlers using wading pools</p>	
<p>The program is providing additional adults or child care staff members that exceed the licensing ratio requirements for the water/swimming activity. <i>(The program is to meet the minimum ratio requirements outlined in rule).</i></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	
Swim Site	
Date(s)	
Departure/Arrival Times from Program	
Mode of Transportation <i>(parents driving, provider vehicle, public transportation, school bus, etc.)</i>	
<b>I give permission for my child to participate in the swimming/water activity listed above.</b>	
Child's Name	Child's Date of Birth
My child is a <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer	
Parent's Signature	Date