

YMCA OF GREATER DAYTON MEETING OUR COMMUNITY'S NEEDS



Child Care for Health Care Personnel Program

Ages Infant-12

Call for pricing. Participants will participate in a variety of developmentally appropriate activities provided by YMCA staff so that you are able to assist our community at this critical time with peace of mind. Open to families that are actively providing essential duties to the Dayton community.

Hours

6am-6pm

Pricing (Infant, Toddlers & Preschool)

Infants - \$232 / Toddlers - \$206 /
Preschool - \$181

Pricing (K-12)

\$4/hour / \$35/day / \$165/week

*Partial scholarships or subsidies may be available, check with the local branch for details.

*Meals - Breakfast, Lunch & PM Snack will be provided. Families with allergies & special preferences may provide food themselves. NO NUTS.

Registration

Call or visit your local YMCA that is offering this program option during our enrollment hours, 5pm-8pm, Monday-Friday. Space is limited, registrations will be first come, first serve. Proof of employment must be provided upon first check-in.

Families will sign a letter of understanding and an ODJFS Health Form. Additional ODJFS forms will be needed for children with any special accommodations or medication to be administered.

LOCATIONS AVAILABLE:

- **Coffman YMCA**
Contact: Teresa Perry
Phone Number: 937-886-9622
tperry@daytonymca.org
- **Fairborn YMCA**
Contact: Diane Roman
Phone: 937-754-9622
droman@daytonymca.org
- **South YMCA**
Contact: Arielle Evans
Phone: 937-434-1964
aevans@daytonymca.org
- **Huber Heights YMCA**
Contact: Kimberly Bond
Phone: 937-236-9622
kbond@daytonymca.org
- **Kleptz YMCA**
Contact: Samantha Lopez
Phone: 937-836-9622
slopez@daytonymca.org
- **Preble YMCA**
Contact: Cathy Bulach
Phone: 937-472-2010
cbulach@daytonymca.org
- **Grace UMC**
Contact: Annette Rohaly
Phone: 937-278-4636
arohaly@daytonymca.org
- **St. Anthony**
Contact: Mary Loper
Phone: 937-673-2935
mloper@daytonymca.org
- **West Carrollton**
Contact: Samantha Grudgen
Phone: 937-866-9622
ssegmentilli@daytonymca.org
- **Xenia YMCA**
Contact: Samantha Bates
Phone: 937-376-9622
sbates@daytonymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

I understand that the YMCA of Greater Dayton is offering critical childcare to persons deemed essential during the COVID 19 pandemic.

I am a Healthcare Provider, or a _____. I am considered essential in the community; therefore, I need childcare for my child(ren).

Typical hours of care needed are _____ to _____. The YMCA is currently open 600am-6pm

I understand that I need to keep my contact information up to date.

Cell phone: _____ Email: _____

Cell phone: _____ Email: _____

I understand that I will complete the ODJFS Health Form jfs 01234 for each child. Note: If any of my children require any medication to be administered while in your care or if they have special food accommodations I will need to fill out a request to provide medication form jfs 01217 and/or a health care plan form jfs 01236. I will remind the on-site YMCA staff every day of these needs.

I understand that the YMCA will provide breakfast, lunch and a snack and that if I prefer I may provide these especially if my child has special food accommodations or allergies. No nuts.

I understand that my fees will be \$_____ per week. I will provide the financial details to the branch to ensure my fees are paid. _____ I intend to pay via credit card or _____ bank draft. _____ I may also need help with some scholarship funds and will turn in additional paperwork for that.

I will be enrolling Print Name & age of Child(ren):

_____, _____, _____, _____

Signature: _____ Date: _____

Ohio Department of Job and Family Services
PANDEMIC CHILD CARE CENTER CHILD ENROLLMENT ADDENDUM

Child's Name	Parent's Name
---------------------	----------------------

Description of Parent's Employment Providing Health and Safety Services as defined by the Ohio Department of Job and Family Services (ODJFS)

Find Your Family Size in the Chart. Is Your Income Below These Annual or Monthly Limits?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Size	Annual Income	Monthly Income
1	\$24,980	\$2,082
2	\$33,820	\$2,819
3	\$42,660	\$3,555
4	\$51,500	\$4,292
5	\$60,340	\$5,029
6	\$69,180	\$5,765
7	\$78,020	\$6,502
8	\$86,860	\$7,239
9	\$95,700	\$7,975
10	\$104,540	\$8,712
11	\$113,380	\$9,449
12	\$122,220	\$10,185

Signature of Parent	Date
----------------------------	-------------