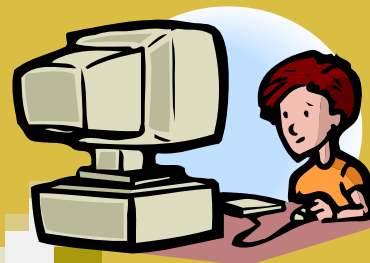


**PARENT GUIDE FOR THE
SUMMER ENRICHMENT
THROUGH FUN ACTIVITIES
PROGRAM
(K-5th GRADES)**



WINSTON-SALEM / FORSYTH COUNTY YWCA
610 N. Liberty Street
WINSTON-SALEM, N.C. 27101
(336) 777-1326
YWCA SUMMER CAMP PROGRAM 2009
www.ywcaaws.org

**YWCA EMPOWERING FAMILY CENTER
SUMMER ENRICHMENT THROUGH FUN ACTIVITIES PROGRAM**

A. The YWCA Empowering Family Center reserves the right to admit/release any program participant at its discretion.

B. Read attachment: Parent/Guardian volunteerism.

C. Information required along with application Registration

1. Student's medical history (see attachment).

D. Program Information

1. Program Dates: June 15, 2009 – August 21, 2009

2. Program Schedule: Daily (Monday-Friday)

9:00 am – 6:00 pm

3. Program Cost: \$45.00 weekly – 1st child

\$10.00 weekly – per each additional
child in family

4. Program Location: YWCA Empowering Family Center

610 N. Liberty Street

(336) 777-1326

F. Camp

1. All accepted campers **MUST PAY** a \$10 registration fee when application is turned in to reserve space in this program.

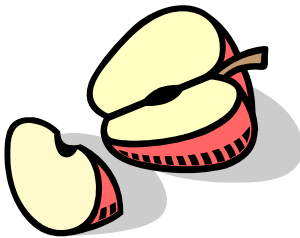
G. Contact Person: Ellen Wallace – 777-1326

Courtney C. Saunders – 777-1326



CREDIT/REFUNDS/EXTENSIONS

- A. Credits or refunds are ONLY given if the Winston-Salem/Forsyth County YWCA, Inc. cancels a program or a part of a program.**
 - B. All fees are NON-TRANSFERABLE**
-



LUNCH / SNACKS

- A. THE YWCA EMPOWERING FAMILY CENTER will provide Morning/Afternoon snacks.**
- B. Breakfast/Lunch will be served during Summer Breakfast/Lunch program daily (Parents will be notified of the dates).**
- C. Lunch and Drink are to be provided by the Parent/Guardian, daily Monday through Friday, except when students attend Summer Breakfast/Lunch Program. (Parents will be notified of summer lunch dates).**

PARENT /GUARDIAN INVOLVEMENT

It is always a plus to have our parents involved in their children's activities at the YWCA Empowering Family Center.

Below are a few suggested ways that you can be involved with your child in the YWCA Empowering Family Center Summer Camp.

- A. Assist staff in leading a group in an activity.**
- B. Assist staff in preparing, serving, or cleaning up after morning or afternoon snack.**
- C. Go with a group of students on a field trip as a parent counselor.**
- D. Assist students at lunch time.**
- E. Lead or assist staff in a group sports/recreational activity (examples: line up students for a game; be the base that students run to).**
- F. Assist students in bathroom needs.**

FINANCIAL AGREEMENT

Upon enrolling my child in the YWCA Empowering Center Program, I understand and agree to the following:

- (1) I agree to pay the specified registration fee and I understand that these fees are non-refundable and non-transferable.
- (2) I understand that weekly fees are due by the Friday before the week my child attends or no later than Monday of the week to attend. I understand that if the fee is not paid at this time my child will not be allowed to attend.
- (3) I understand that no credits or transfers are given for absences. We DO NOT have a daily or hourly rate. If your child attends even one day of any given week you are responsible for the full weekly rate.
- (4) I understand that a late pick up fee of **\$5** will be added to my account for each **15** minute period or any part thereof after the close of the program.
- (5) I understand that I will be assessed a \$30 service charge for any returned checks. I also understand that I may be required to pay in cash after two returned checks.
- (6) I understand that I will be responsible for paying my child's fee for field trips taken as part of the summer program (If any).
- (7) I understand that the program will not operate on July 6, 2009 in observance of the Independence holiday. I realize that this week will stand as a full week.
- (8) I understand that the YWCA Empowering Family Center DOES NOT provide insurance for Volunteers/Program Participants.
- (9) I understand that my child may be withdrawn from the program if I do not carry out these terms.

I certify that I have legal custody and possession of my child and the only other persons allowed to pick up my child are as follows (parents are automatically allowed pick-up privileges if signed below unless noted otherwise):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

I hereby release, indemnify and hold harmless you and your staff from any and all claims, damages and other liabilities from injury to or damage by my child which are not a result of negligence by the YWCA, its agents or employees. I certify that I have read the financial agreement and agree to the terms as described.

DATE _____

SIGNATURE _____



TRAVEL AND ACTIVITY PERMISSION FORM

I _____ parent/guardian of
Name of Parent/Guardian

_____ give my permission to the YWCA
Name of Child

Empowering Family Center for my child to participate in planned activities inside and outside of the facility, field trips away from the facility and trips in the bus/van/automobile (facility or parent-owned). The facility will also notify me each time my child is to participate in an activity that will involve transportation.

Parent/Guardian Signature

Date Signed

This authorization is valid from June 15, 2009 through August 21, 2009.

SWIM PERMISSION FORM (For children 6 years old and older)

Does Your Child Know How To Swim? yes _____ or no _____

Has Your Child Had Swimming Lessons? yes _____ or no _____

If Yes, When and Where? _____

My child has permission to participate in swimming activities as planned by the YWCA Empowering Family Center, including swimming at the Glade Street Pool and the Gateway Pool and Water Park.

Parent/Guardian Signature



CHILD SIGN IN/OUT AGREEMENT FORM

Each child must be accompanied by a parent/guardian daily who will sign the child in and out. This is necessary to protect the child and also to protect the YWCA both legally and for insurance purposes. If you cannot for some reason come in daily with the child, a release form is required. Please sign this form below allowing your child(ren) into the program without your daily signed signature.

If you send someone else to pick up your child(ren), in order for us to release your child(ren), you must use following procedure:

Give written notice to a counselor stating who will be picking up your child(ren) – person will have to show identification.

I WILL COOPERATE WITH THE YWCA IN CARRYING OUT ALL RULES AND REGULATIONS AFFECTING THE OPERATION OF THE YWCA PROGRAMS.

Signature of Parent or Guardian

Date

SUMMER CAMP PROGRAM 2009 DISCIPLINE POLICY AGREEMENT

IT IS THE AIM OF THE YWCA SUMMER CAMP PROGRAM 2009 TO PROVIDE A SAFE AND ENJOYABLE EXPERIENCE FOR ALL CHILDREN PARTICIPATING IN OUR PROGRAM. IN ORDER TO MAINTAIN A SAFE PLACE FOR ALL, GOOD BEHAVIOR IS EXPECTED OF ALL CHILDREN. UNACCEPTABLE BEHAVIOR WILL BE HANDLED ACCORDING TO THE FOLLOWING PROCEDURES:

First Offense	Warning and discussion of behavior
Second Offense	“TIME OUT” (See definition below).
Third Offense	Supervisor will contact parent with documentation regarding child’s behavior.
Fourth Offense	Suspension
Fifth Offense	Dismissal from the program-We reserve the right to Permanently remove any child from our program who fails to adapt to the structure of the program. To be determined after conference with parents, staff, Child Care Manager, and VP of Youth Services.

“Time Out” defined: “Time Out” is the removal of a child for a short period of time from a situation in which the child is misbehaving and has not responded to other discipline techniques. The “time out” space-usually a chair-is located away from the activity area but within the counselor’s sight. During “time out” the child has a chance to think about the misbehavior, which led to his/ her removal from the group. After a brief interval, the counselor discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown to the other children.

I, the undersigned parent/guardian of _____,
(Child’s Full Name)

do hereby state that I have read and understand the YWCA Summer Camp 2009 Discipline Policy. I also understand that I may be asked to withdraw my child from the program if he/she is not successfully functioning in the program.

Parent/Guardian signature **Date**



CHILD PHOTO/VIDEO AGREEMENT RELEASE FORM

My signature below confirms that I give permission for the YWCA of Winston-Salem & Forsyth County to photograph/video my child and to have it used in publicity for the YWCA. I understand that the pictures will be used only to promote and expand public awareness of YWCA programs and services.

Signed _____ **Date** _____

Name of Child(ren)

Site and Program

Suspected Child Abuse/ Neglect

All staff will comply with the provisions of the Child Abuse Reporting Act by bringing suspected cases of abuse and neglect to the attention of the Director of Youth Services. If necessary, the director will report the suspected case to the Forsyth County Department of Social Services. All cases that are reported to the Department of Social Services shall also be documented in writing and kept in the child's folder, or a designated program folder for reports on child abuse and neglect. The written documentation of the report must be completed immediately following any report to the DSS.

If an employee of the program is named as a perpetrator of child abuse or neglect, the employee must report such accusations to the Director of Youth Services immediately. The employee will immediately cease working directly with children. An investigation will be conducted by the YWCA administration. If this investigation and the DSS investigation find the employee innocent, the employee will be reinstated and will be paid for all days missed.

If the employee is found guilty, the employee will be terminated immediately. If the state investigations are inconclusive, the status of the employee will be determined by the YWCA Chief Executive Officer.

Under no circumstances will negligent behavior be tolerated on the part of the counselors.

Accident Procedure

When a minor accident occurs, the counselor will administer first aid. An incident report will be completed. The incident report will be turned in to the supervisor, and will be included in the child's file.

First aid kits will be checked periodically. Water ONLY may be used to clean a wound. After cleaning a scrape or cut, it will be flushed with cool water and a bandage will be applied.

Should a serious accident occur, the counselor will administer first aid as appropriate and notify the supervisor immediately. If an accident occurs on a field trip, the counselor will notify the supervisor that is over the site. The supervisor will telephone the child's parent, guardian, or the emergency squad.

An accident report will be completed and turned in to the supervisor. The report will be included in the child's file. The child's parents will receive a copy upon request.

CHILDCARE MEDICAL REPORT							
(Please return to YWCA Empowering Family Center)							
Name of Child _____				Age _____		Date of Birth _____	
Name of Parent/Guardian _____							
Address _____							
MEDICAL HISTORY							
(May be completed by the parent)							
Previous hospitalization or operation?				Yes _____ No _____		If so, what? _____	
Is the child allergic to anything?				Yes _____ No _____		If so, what? _____	
Any continuous medication?				Yes _____ No _____		If so, what? _____	
Any operations?				Yes _____ No _____		If so, what? _____	
Any physical handicaps?				Yes _____ No _____		If so, please describe _____	
Is the child under a doctor's care? _____				Yes _____ No _____		If so, for what reason _____	
Any history of:		_____ Convulsions		_____ Diabetes		_____ Heart Trouble	
Parent's Signature _____							
PHYSICAL EXAM							
(Must be completed by a licensed physician)							
Date of Exam _____		Weight _____		Height _____		Heart _____ GU _____	
Chest _____		Throat _____		Abdomen _____			
Ext. _____				Neurological System _____			
Skin _____		Head _____		Eyes _____		Ears _____	
Should activities be limited? If so, please explain _____							
Results of Tuberculin Test (if given) _____							
		type		date		results	
Signature of authorized examiner/title _____						Date _____	
Address _____						Phone _____	
IMMUNIZATION RECORD							
(All child care centers must have this on file)							
		DATE		DATE		DATE	
DPT							
POLIO							
HIB							
MMR							
MEASLES							
MUMPS							
RUBELLA							
TB							
OTHER							

