

# ywca

## Summer Empowerment Camp 2010

### For Middle School Girls



**YWCA of Winston-Salem**  
**1201 GLADE ST**  
**WINSTON-SALEM, N.C. 27101**  
**(336) 722-5138**

eliminating racism  
empowering women  
**ywca**

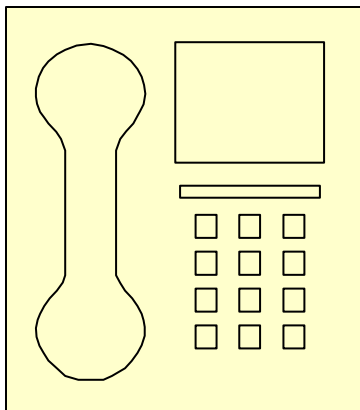


**KEEP THIS  
INFORMATION IN  
YOUR HOME IN  
ORDER THAT YOU  
MAY KNOW THE  
RULES/  
REGULATIONS OF  
THE SUMMER  
EMPOWERMENT  
PROGRAM**

## **TABLE OF CONTENTS**

- I. Telephone Numbers of Assistance**
- II. Program Information**
- III. Program Description**
- IV. Dates/Hours/Days of Operation/Payment Policy and Procedures**
- V. Withdrawals**
- VI. Accident Procedure/ Suspected Child Abuse/ Neglect**
- VII. Credit/Refund/Returned Check (NSF)**
- VIII. Documents**
  - 1. Discipline Policy / Procedure**
  - 2. Sign In / Out Form**
  - 3. Travel/Activity Permission Form**
  - 4. Child Photo/Video Agreement Release Form**
  - 5. Financial Agreement**
  - 6. Registration Record**
  - 7. Medical Authorization**
- IX. Enrollment Application**

## TELEPHONE NUMBERS OF ASSISTANCE



**YWCA Customer Service  
(336) 722-5138 Ext. 221/220**

**Sabrina Slade – VP, Glade St. YWCA  
(336) 722-5138 X 225  
e-mail: [sabrinas@ywcaws.org](mailto:sabrinas@ywcaws.org)**

**YWCA  
GLADE STREET AFTER SCHOOL  
2010 Summer Empowerment Program**

**PROGRAM INFORMATION**

**A. PROGRAM DATES:** June 14<sup>th</sup> – August 20<sup>th</sup>

**B. HOURS/DAYS OF OPERATION:** 7:00am – 6:00pm  
(Daily Monday-Friday)

Late Pick-up Fee & Pick up Location: \$5.00 per every 5 minutes after 6 pm  
Pick up Location: YWCA

**C. PROGRAM COST:** Weekly Fee: \$100

**D. PAYMENT POLICY and PROCEDURES: (PLEASE READ) 4 STEP  
PROCESS**

1. Payments for the Summer Empowerment Program are due the last day of each month for services for the following month.
2. Any payment received after the 2<sup>nd</sup> of the month will be required to include a late fee of \$15.00 per each child.
3. No payment by the 6<sup>th</sup> calendar day of the month, then your child will be dropped from the program (no admittance into program).
4. No payment by the 13<sup>th</sup> calendar day of the month, then your name will be turned in to a collection agency to begin legal procedures.

**D1. PAYMENT METHODS:**

- In person at the customer relations desk  
YWCA – 1201 Glade St. – Winston-Salem, NC 27101
- By mail (before 2<sup>nd</sup> day of the month)
- By telephone with Visa or MasterCard during operating hours.
- YWCA operating hours: Monday-Friday 5:45am – 8:00pm  
Saturday 7:00am-4:00 pm
- Bank Draft

**E. One Time Registration Fee: \$25**

**F. All forms and Payments: are to be turned in/made at the members services desk in the YWCA lobby – 1201 Glade Street, Winston-Salem, NC 27101**

**G. Program Location: YWCA  
1201 GLADE STREET  
WINSTON-SALEM, NC 27101**



# CHILDCARE PROGRAM WITHDRAWAL FORM

Please complete this form if you are withdrawing your child(ren) from a YWCA Childcare Program. This information is needed to notify the Finance Department to stop billing your account. Once withdrawn, there is a \$25.00 re-enrollment fee.

Please Print

Today's Date \_\_\_\_\_ Program \_\_\_\_\_

Child(ren)'s Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, NC Zip \_\_\_\_\_

Last Date Attended: \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature Date \_\_\_\_\_

**IMPORTANT: Please return completed form to Finance Department –  
1201 Glade St. Immediately!**

1201 GLADE STREET, WINSTON-SALEM, NC, 27101  
(336) 722.5138

## **PROGRAM DESCRIPTION**

### **Summer Empowerment Camp 2010: Middle School Girls**

We offer 6 wonderful, creative workshops. **Two workshops are offered each session** and they split their time evenly between these workshops.

All our workshops are hands-on and project-based. They encourage creativity, teamwork, and abstract thinking. No matter what they choose, girls leave with new friends and enhanced leadership skills. We design an environment for creativity and learning exploration that is non-traditional, creative and tons of fun!

#### Workshop Descriptions:

- **Project Recycle Runway:** —Enjoy creating a fashion show using old clothing and materials.
- **Lights, Camera, Action!:** – Watch out Spielberg! Create your own movie!
- **Choreography for Fun**—Have fun creating and teaching routines to other girls.
- **Debating Divas**— Learn the art of debating by researching topics important to teen girls.
- **Creative Writing** — Improve your writing through journaling, reporting, and more!
- **Recycle Art** —Create art projects from recycled products.

## **Sample Daily Schedule**

**8:00am-8:45am-** Morning Gathering

**9:00am-12:00pm-** Class Session 1

**12:00pm-12:45om** – Lunch

*\* lunch will also include mini workshops on etiquette or topics such as the dangers of texting or media images and women.*

**1:00pm-4:00pm-** Class Session 2

**4:15pm-5:30pm-** Afternoon activities (swim, gym play, yoga, crafts)

### **Bad Weather/ Snow Days**

The YWCA will provide youth care with lots of fun at the business locations: Best Choice Center, Glade Street and Gateway from 7:00 a.m. – 6:00 p.m. (or other times announced) daily during bad weather and/or snow days for its enrolled school population (when YWCA is open for an additional charge of \$20 per day).

Just call 722-5138 EXT. 220 to make sure the facility is open or check local TV listings. Pickup is at 6:00 p.m. or announced closing hours.

## **WITHDRAWAL FROM PROGRAM**

1. Parent/guardian of a child who is withdrawing from the Summer Empowerment Program should do so before the month begins or at the end of the month in order to not be charged.
2. Re-enrollment, after one month, will require a registration fee of \$25.00 per student non-refundable.

### **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. If a counselor notes that supplies are needed in a first aid kit it is his/her responsibility to inform the Supervisor so that supplies may be replenished.**

**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. (Please stay by the telephone in order to receive the return call). The supervisor will telephone the child's parent or guardian or the emergency squad.**

**An incident 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.**

### **Suspected Child Abuse/ Neglect**

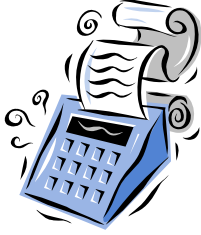
**All staff will comply with the provisions of the Child Abuse Reporting Act by bringing suspected cases of abuse and neglect to the attention of the director of Youth Services. If necessary, the**

**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 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.**

**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.**



## **CREDIT/REFUNDS/RETURNED CHECKS(NSF)**

- 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**
  - C. Returned Checks(NSF)- After the return of two non- sufficient funds(nsf) checks, the YWCA will not accept anymore checks for the year (only cash, cashiers check or money order).**
  - D. Should you withdraw your child(ren) from this program, please call or e-mail Bonnie Howell at (336) 722-5138 ext. 241 or [bonnieh@ywcaws.org](mailto:bonnieh@ywcaws.org) in order that you may not be charged a program fee.**
- 



## **SNACKS**



**The YWCA will provide afternoon snacks. Participants MUST provide their own lunch.**

Attach voided check here

**YWCA Winston-Salem / Forsyth County**  
1201 Glade Street, Winston-Salem, NC, 27101 ~ 336.722.5138  
**Bank Draft Contract for Youth Care**

Today's Date \_\_\_\_\_ Date child started program at YWCA: \_\_\_\_\_

Child(ren)'s Name \_\_\_\_\_  
(Please print)

Parent's Name \_\_\_\_\_  
(Please print)

My bank draft will begin on \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount to be drafted each month is  
\$ \_\_\_\_\_

Name of School: \_\_\_\_\_

**Select One:**

After School Program _____	
Registration Fee (\$25.00)	\$
First Month Childcare Fee	\$
Total	\$
Amount Paid Today	\$

**Please Read and Initial:**

- 1) I authorize the YWCA to draft my account on a continuous basis the first business day of each month. \_\_\_\_\_
- 2) In the event I should change banks or change my account number, I will provide the YWCA with a new voided check or statement from the bank immediately. \_\_\_\_\_
- 3) In the event I should close my bank account, I will notify the YWCA immediately and pay the balance on my account. \_\_\_\_\_
- 4) If the YWCA cannot collect from the bank account I have listed above, I understand that I will be expected to pay the balance in cash, plus the additional Return Draft fee of \$30.00. If not paid, my child(ren) may be removed from the program. \_\_\_\_\_
- 5) To cancel bank draft, a written notice must be received no later than five days prior to the end of the month preceding the next bank draft transmission.  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of person authorized on checking account**

\_\_\_\_\_  
**Date**

Please present receipt to ensure admittance to program.  
YWCA Summer Empowerment Program

### DISCIPLINE POLICY AGREEMENT

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

- |                       |  |
|-----------------------|--|
| <b>First Offense</b>  | <b>Warning and discussion of behavior</b>  |
| <b>Second Offense</b> | <b>“TIME OUT” (See definition below).</b>  |
| <b>Third Offense</b>  | <b>Supervisor will contact parent with documentation regarding child’s behavior.</b>   |
| <b>Fourth Offense</b> | <b>Suspension</b>  |
| <b>Fifth Offense</b>  | <b>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, and Vice President of Youth Services.</b> |

“Time Out” defined: “Time Out” is the removal of a youth 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 Middle School Program 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



## **PICK UP AGREEMENT FORM**

**A. 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:**

- a.) Give written note to counselor stating who will be picking up your youth – person will have to show a picture identification.**

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

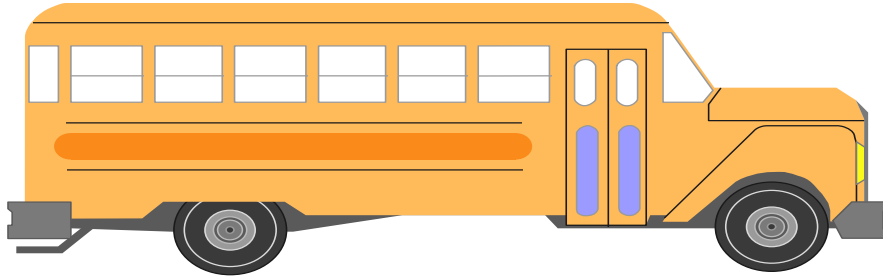
---

**Signature of Parent or Guardian**

---

**Date**

# TRAVEL AND ACTIVITY PERMISSION FORM



I \_\_\_\_\_, parent/guardian of  
Name of Parent/Guardian

\_\_\_\_\_ (child's name) give my permission to the YWCA Summer Empowerment Program 2010 to allow my child(ren) 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(ren) is to participate in an activity that will involve transportation.

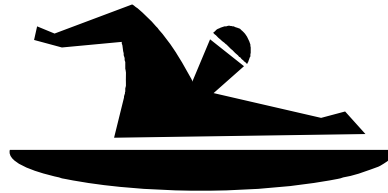
\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

The authorization is valid from June 2010 through August 31, 2010

---

## SWIM PERMISSION FORM



DOES YOUR CHILD(REN) KNOW HOW TO SWIM?    yes\_\_\_    no\_\_\_

HAS YOUR CHILD(REN) HAD SWIMMING LESSONS?    yes\_\_\_    no\_\_\_

IF YES, WHEN AND WHERE? \_\_\_\_\_

My child(ren) has permission to participate in swimming activities as planned by the YWCA Summer Empowerment Camp for Girls.

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



## **YOUTH 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(ren) 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 Youth**

---

---

---

---

---

**Site or Program** \_\_\_\_\_

# FINANCIAL AGREEMENT

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

- (1) I agree to pay the specified fees and I understand that these fees are non-refundable and non-transferable.
- (2) I understand that all payments are due the last day of the month for the following month of child care.
- (3) I understand that no credits or transfers are given for absences. We DO NOT have an hourly rate.
- (4) I understand that a late pick up fee of \$5 will be added to my account for EACH 5 minute period or any part thereof after the close of the program.(Students will have to be picked up at YWCA after 6:15pm).
- (5) I understand that I will be assessed a \$30 service charge for any returned check. I also understand that I may be required to pay in cash after two returned checks. The YWCA will notify the parent about returned checks.
- (6) I understand that I will be responsible for paying my child's fee for field trips taken as part of the YWCA School Aged Program.
- (7) I understand that the program will not operate on holidays, teacher workdays, etc; I realize that I can drop my child off at the YWCA for a fee of \$20.00 daily per child.
- (8) When my payment is not paid, I understand that my child will not be allowed back into the program, after the counselor gives me a late notice, until I show the counselor my payment receipt.
- (9) I understand that my child may be dismissed 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 \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

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.

I understand that the YWCA does not provide insurance for any of its participants.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Summer Empowerment Camp 2010: Middle School Girls

### Weekly Camp Schedule

<b>Camp Week</b>	<b>Workshops Offer</b>
<b>June 14 – June 18</b>	Lights, Camera, Action & Debating Divas
<b>June 21 – June 25</b>	Project Recycle Runway & Creative Writing
<b>June 28<sup>th</sup> – July 2</b>	Choreography for Fun & Recycle Art
<b>July 6 – July 9</b> <i>(YWCA closed July 5<sup>th</sup>)</i>	Creative Writing & Debating Divas
<b>July 12 – July 16</b>	Project Recycle Runway & Creative Writing
<b>July 19 – July 23</b>	Lights, Camera, Action & Recycle Art
<b>July 26 – July 30</b>	Choreography for Fun & Debating Divas
<b>August 2 – August 6</b>	Project Recycle Runway & Choreography for Fun
<b>August 9 – August 13</b>	Lights, Camera, Action & Creative Writing
<b>August 16<sup>th</sup> – August 20</b>	Choreography for Fun & Recycle Art

**CHILDCARE MEDICAL REPORT**

(Please forward to YWCA Child Care Department)

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	DATE
DPT				
POLIO				
HIB				
MMR				
MEASLES				
MUMPS				
RUBELLA				
TB				
OTHER				

## ENROLLMENT FORM

Student's Name \_\_\_\_\_  
(First) (Middle) (Last) (Nickname)

Address \_\_\_\_\_  
(Street) (Apt. no.) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Age \_\_\_\_\_ Birthdates \_\_\_\_\_ Sex: Male/Female

School \_\_\_\_\_ Grade Entering \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Name of Child's Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_ Hospital Preference \_\_\_\_\_

If neither parent can be contacted, call:

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

### MEDICAL AUTHORIZATION

- (1) I agree that the counselor/ director of the program may authorize the physician of her choice to provide emergency care in the event that neither I, nor the family physician can be contacted.
- (2) I understand that if my child appears to be ill, at the discretion of the counselor/ director, I will be notified and expected to pick up my child immediately.
- (3) I understand that a medical report is required upon registration. I understand that a signed statement from my child's physician can be required after a communicable or disabling illness and readmission will be allowed only with a doctor's signed statement.
- (4) I understand that no drug or medication will be administered to my child while in this program. I will adjust my child's schedule accordingly.
- (5) I understand my child must be able to participate in the day's activities in order to attend the program.
- (6) I will cooperate with the YWCA in carrying out all rules and regulations affecting the operation of the YWCA program.

PARENTS/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please select the camp sessions below. See *Camp Descriptions* on page 20 for weekly camp themes.

\_\_\_\_\_ Session 1: **June 14 – June 18**

\_\_\_\_\_ Session 2: **June 21 – June 25**

\_\_\_\_\_ Session 3: **June 28<sup>th</sup> – July 2**

\_\_\_\_\_ Session 4: **July 6 – July 9**

\_\_\_\_\_ Session 5: **July 12 – July 16**

\_\_\_\_\_ Session 6: **July 19 – July 23**

\_\_\_\_\_ Session 7: **July 26 – July 30**

\_\_\_\_\_ Session 8: **August 2 – August 6**

\_\_\_\_\_ Session 9: **August 9 – August 13**

\_\_\_\_\_ Session 10: **August 16<sup>th</sup> – August 20**

\_\_\_\_\_ **All 10 camp sessions**

**COMPLETE THESE  
FORMS AND BRING  
THEM WITH YOU  
WHEN YOU COME  
TO THE YWCA 1201  
GLADE STREET TO  
PAY FOR SUMMER  
CAMP FEES**