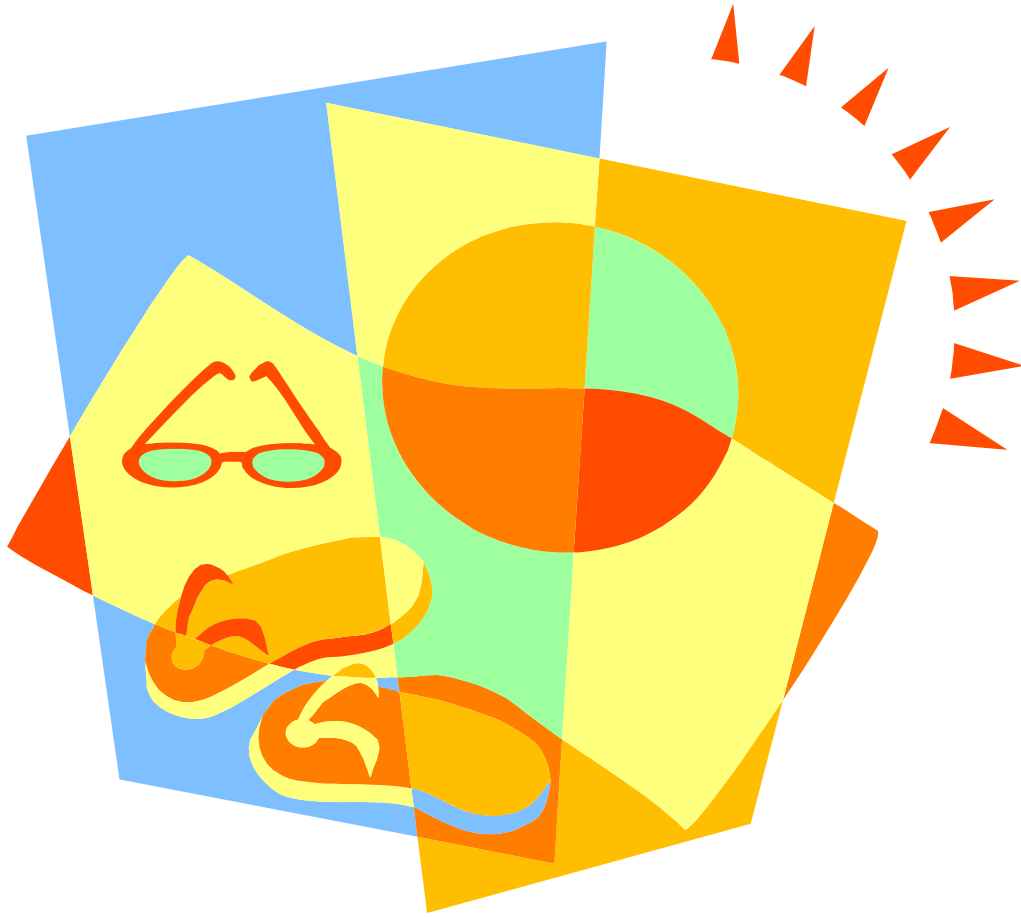


Parent Guide

EXPERIENCE SUMMER AT THE GATEWAY

K – 8TH GRADES



WINSTON-SALEM/FORSYTH COUNTY YWCA
1300 Main Street
Winston-Salem, NC 27127
(336) 354-1589 ext. 301
YWCA Summer Camp Program 2009
www.ywcaws.org

eliminating racism
empowering women
ywca



TABLE OF CONTENTS

I. Program Information

II. Credits/Refunds/Returned Checks (NSF)

III. Snacks/Lunch

IV. Documents (sign and return to YWCA)

a. Travel/Activity Permission Form

b. Sign In/Out Form

c. Discipline Policy/Procedure

d. Program Description/Weeks Attending

e. Photo/Video Agreement

f. Financial Agreement

g. Medical Report/Child Abuse/Neglect and Accident Procedure

V. Enrollment Application

YWCA SUMMER CAMP PROGRAM 2009

PROGRAM INFORMATION

- A. Program Dates:** June 15, 2009 – August 21, 2009
- B. Hours/Days of Operation:** Monday – Friday; 7:00am – 6:00pm
- C. Program Cost:**
\$150.00 weekly – 1st child
\$128.00 weekly – each additional child
\$30.00 daily rate – 2 days or less
- D. Special Rates:** Register by May 15th and pay \$140.00/weekly per first child in family
- E. Payments:** Due each Friday before the beginning of upcoming week, or no later than the Monday of attending week.
- Late Pick-Up Fee: \$5.00 per every 5 minutes per child after 6:00pm.
- F. Required Registration Fee:** \$25.00 per participant (at the start of attendance)
- G. All forms and Payments:** Are to be submitted at the Members Service Desk in the YWCA Gateway lobby .
- H. Program Location:** Winston-Salem/Forsyth County YWCA
1300 Main Street
Winston-Salem, NC 27127
(336) 354-1589 EXT. 301
- I. Contact Person:** Frankie Koontz-LaGrone – Child Care Manager
(336) 722-0597 Ext. 0 or (336) 722-5138 Ext. 221
- Courtney C. Saunders – VP/YWCA Youth Services
(336) 777-1326



CREDIT/REFUNDS/RETURNED CHECKS (NSF)

Credits or Refunds are ONLY given if the Winston-Salem/Forsyth County YWCA, Inc. cancels a program or a part of a program.

ALL FEES ARE NON-TRANSFERABLE

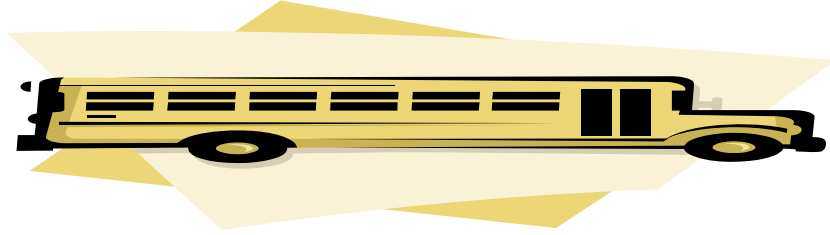
Returned Checks (NSF) – After the return of two non-sufficient funds checks, the YWCA will not accept anymore checks for the year (cash, cashier's check or money order only)

SNACKS/LUNCH



- A. The Winston-Salem/Forsyth County YWCA, Inc. will provide morning/afternoon snacks.
- B. Lunch and drink are to be provided by the Summer Breakfast/Lunch Program through the YWCA and the Winston-Salem/Forsyth County School System.

TRAVEL AND ACTIVITY PERMISSION FORM



I _____ parent/guardian of _____

(Name of Child)

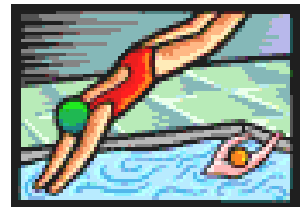
give permission to the YWCA Summer Camp Program 2009 for my child to participate in planned activities inside and outside of the facility, field trips away from the facility and trips in the bus/van/automobile (facility or parent-owned). The facility will also notify me each time my child is to participate in an activity that will involve transportation.

Parent/Guardian Signature

Date

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

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



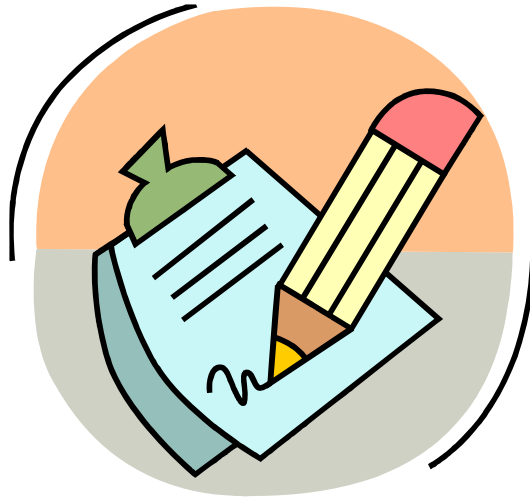
Does Your Child Know How To Swim? yes _____ or no _____

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 Summer Camp Program 2009.

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

PROGRAM DESCRIPTION/WEEK ATTENDANCE

- A. Program focus is on K-8th grade students.
- B. Program is designed for each child to have fun, fun, fun, while learning and experiencing new ventures.
- C. Program will carry a different theme each week with activities reflecting weekly theme.
- D. Weekly schedules will be posted in program areas. Distributed upon request.

ALL WEEKS ACTIVITIES WILL BE DESIGNED AGE APPROPRIATELY. TRIPS/TOURS ARE PLANNED THROUGHOUT THE WEEKS. SPECIAL EVENTS THROUGHOUT THE SUMMER CAMP. SWIMMING/WATER PARK – MUCH MORE!

CHILD'S NAME _____ PARENT'S NAME _____

- Theme 1 “On Broadway” – Theatre Arts Camp
- Theme 2 “Albracadabra!” – Juggling, Puppets, Magic, etc.
- Theme 3 “Fitness & Nutrition” – With Healthy Meal Creation!
- Theme 4 “Picture This” – Basic To Intermediate Photography.
- Theme 5 “To The Moon and Back” – Space Exploration, Rocket Making!
- Theme 6 “Around The World in Five Days” – International Tour, Foods, etc.
- Theme 7 “Sports” – Explore Basketball, Volleyball, Soccer, and more!
- Theme 8 “We Got Wii” – Video Gaming and Contests.
- Theme 9 “Mad Science” – Dab-Dab-Kaboom – Make Snow, etc.!
- Theme 10 “Family Week” – Contests for Families with winners at close-out program – Much Fun!

WEEKLY ATTENDANCE		
<u>WEEK DATES</u>	<u>CIRCLE HERE</u>	
June 15 – June 19	Yes	No
June 22 – June 26	Yes	No
June 29 – July 3	Yes	No
July 7 – July 10	Yes	No
July 13 – July 17	Yes	No
July 20 – July 24	Yes	No
July 27 – July 31	Yes	No
August 3 – August 7	Yes	No
August 10 – August 14	Yes	No
August 17 – August 21	Yes	No



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 _____

FINANCIAL AGREEMENT

Upon enrolling my child in the YWCA Summer Camp Program 2009, 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 weekly fees are due 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 an hourly rate. (Daily – two days or less – see program cost)
- (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.
- (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 Summer Camp Program.
- (7) I understand that the program will not operate on July 6, 2009 in observance of the Independence holiday. I understand that this week will stand as a full week.
- (8) I understand that the YWCA Summer Camp 2009 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 _____ 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.

Signature _____ Date _____

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	DATE
DPT				
POLIO				
HIB				
MMR				
MEASLES				
MUMPS				
RUBELLA				
TB				
OTHER				

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.

YWCA GATEWAY SUMMER CAMP PROGRAM 2009 ENROLLMENT FORM

Child's Name _____
(First) (Middle) (Last)

Address _____
(Street) (Apt. no.) (City) (State) (Zip)

Home Phone _____ Age _____ Birthdate _____ Sex: _____

School _____ Grade Entering _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

Home Phone _____ Work _____ Home Phone _____ Work _____

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 Manager 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 Manager, I will be notified and expected to pick up my child immediately.
- (3) I understand that a medical report is required before entering the program.
- (4) 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.
- (5) I understand that no drug or medication will be administered without specific signed instructions from the physician or child's parent/guardian.
- (6) I understand that no drugs or medication will be administered in this program by counselors.
- (7) I understand my child must be able to participate in the day's activities in order to attend the program.
- (8) I will cooperate with the in carrying out all rules and regulations affecting the operation of the YWCA Summer Camp Program.

PARENTS/GUARDIAN'S SIGNATURE _____

DATE _____