



**HAYES-TAYLOR MEMORIAL YMCA
KIDZ TAYLORED**

Summer Day Camp Application

| | |
|-------------------------|----------------------|
| Administrative Use Only | |
| _____ | Amount Paid |
| _____ | Immunization Records |
| _____ | Parent Orientation/ |
| _____ | Parent Handbook |
| _____ | Emergency Contacts |
| _____ | Completed Forms |
| _____ | Staff Initial |

One (1) Application Per Child. Complete ALL Sections or the application will not be processed through family services.

Summer camp spaces are extremely limited therefore spaces will not be reserved



_____ , _____
Child's Last Name Child's First Name

_____ _____ _____ _____
Birth date Age Gender Grade

_____ _____ _____ _____
Home Address City State Zip Code

_____ _____ _____
Mother/Guardian Name Mailing Address Home Phone Number

_____ _____ _____
Employer Work Phone Cell Phone Number

E-Mail Address _____

_____ _____ _____
Father/Guardian Name Mailing Address Home Phone Number

_____ _____ _____
Employer Work Phone Cell Phone Number

E-Mail Address _____

Emergency Information

(You must list TWO (2) contacts that do not appear above)



Emergency Contact 1 _____ Relationship _____ Phone _____

Emergency Contact 2 _____ Relationship _____ Phone _____

(Complete All Sections)

If None Write "None"

Medications _____ Allergies _____

Behavior Concerns _____ Special Needs _____

Preferred Hospital _____ Doctor's Name _____

Particular Fears _____

People Allowed to Pick Up Child (must be 18 years old and must provide identification)

Hayes-Taylor Memorial YMCA Policies At-A-Glance

Parent Fees

- *All fees are non-refundable.
- *All payments are due each week on Friday by 6:00pm.
- *Registration Fee is a one-time fee that. If your registration fee is being waived through the Department of Social Services or another service a letter must accompany this application otherwise the entire registration fee is due the day you register your child.
- *Account with prior balances will not be able to register a child.
- *A copy of shot records needs to be submitted by the first day of after school.



Summer Camp Operations and Hours

Our program operates on the Guilford County School Schedule. We will not have full day programs for year around schools, or any other program that operates on a different schedule. Our hours of operation are 7:30am 6:00pm. Every minute after 6:05pm will be \$1.00.



Pictures

Please initial one of the following to allow your child to or not to take pictures. All photographs taken will be for the YMCA's website, flyers, newsletters, bulletin boards and community papers.

- I **will** allow my child to take photos during after school
- I **will not** allow my child to take photos during after school.

I give my child permission to play inside and outside of fenced areas, to be transported on any trips or outings, and to swim at the YMCA pool on the designated swim days. My child is physically fit to participate in the Hayes-Taylor after school Program and has my permission to do so. I assume all risk and hazards incidental to the conduction of the program and its activities. I hereby release, absolve, indemnify and hold harmless Hayes-Taylor YMCA, its officers, directors, employees, agents, supervisors appointed or approved by them and the owners and lessees of any activity site from any and all liability, claims, or demands arising out of the child's participation in the YMCA program. If in an event that my child needs medical attention, I hereby give permission to the YMCA staff or any competent medical authority to render such attention. I agree to accept responsibility for all medical expenses. I have read and understand the YMCA discipline policy; and I have received a copy of the NC Child Care Laws and Rules, and I have received a copy of the Hayes-Taylor after school parent handbook.

Note: Hayes-Taylor YMCA carries liability insurance but health/accident insurance is the sole responsibility of the parent/guardian.

I agree that I must hold health/accident insurance on my child and that I must provide this information to the YMCA. If I am unavailable in the event that my child needs medical attention, I hereby give permission to the YMCA staff of any competent medical authority to render such attention. I agree to accept responsibility for all medical expenses.

Parent Signature _____ Date _____

The following forms are to be returned with this application

(Keep Going)



Hayes-Taylor YMCA

Discipline & Behavior Management Policy

Praise and Positive Reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy.

We:

1. DO praise, reward, and encourage the children
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children
6. DO provide alternatives for the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to the children on their levels
11. DO use short supervised periods of "time out"
12. DO stay consistent in our behavior management program

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, and boxes as punishment.
8. DO NOT allow discipline of children by children
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, ethnic groups, or disabilities

Parent/Guardian Signature _____ Date _____

(There's More)



Hayes-Taylor YMCA Travel & Activity Authorization

I, _____ (parent/guardian)
of _____ give my permission to Hayes-Taylor
YMCA for my child to:

Please Initial:

_____ Be transported on YMCA vehicles to scheduled field trips and outings.

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

_____ To play outside and inside of fenced areas such as parks and open fields.

I understand that my child will not play in areas that are hazardous to their safety.
And I understand that the child to staff ratio is 1:14 therefore my child will be supervised adequately.

_____ To swim at the scheduled times in the swimming pool at Hayes-Taylor YMCA.

I understand that there will always be a lifeguard on duty when my child is swimming. I also understand that the staff to child ratio while swimming is 1:15 for children between the ages of 3-6 is 1:15 and ages 7&up is 1:25. I understand that there is to be 1 staff member in the pool with children at all times and 1 staff member walking around the pool at all times.

Parent/Guardian Signature _____ **Date** _____

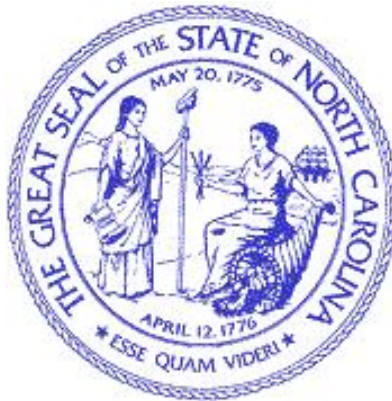
Contact Ebony Burnett
Family Services Coordinator
(336) 272-2131 ext 31

(Almost Done)



Hayes-Taylor YMCA
Kiddie Kollege

Summary of
North Carolina Child Day Care Laws and Rules



C. Robin Britt, Secretary
North Carolina Department of Human Services
101 Blair Dr.
Raleigh, NC 27603

I, the undersigned parent of guardian of _____ (child's full name), do hereby state that I have read and received a copy of the North Carolina Child Day Care Laws and Rules.

Signature of Parent or Guardian _____ Date _____

(Finally Finished☺)