

**AFTER SCHOOL CAMP & ALL DAY CAMP**  
**POLICY AND PROCEDURES**  
**PARENT/GUARDIAN HANDBOOK**  
**PLEASE KEEP FOR YOUR RECORDS**

**Hours of Operation**

3:30 P.M. - 6:00 P.M. After School Camp Program includes: Days in school and Early Release Days

7:30 A.M. - 6:00 P.M. Teacher Workdays and one to two holidays

7:30 A.M. - 6:00 P.M. All Day Camp includes: Holidays (3 or more consecutive days)

**(Campers should be in attendance by 9:00am and bring lunch.)**

We pick up early release days: 11:30 A.M.-6:00 P.M.

12:00 Noon-6:00 P.M.

**There will be a charge of \$2.00 for every minute a camper stays at the Y camp after 6:00 p.m.**

**Enrollment**

Children attending the After School Camp Program and All Day Camp Program must be between the ages of 4 and 13 (entering pre-kindergarten up to entering 8th grade). The After School Camp and All Day Camp Packet must be turned in and payment made before attending the camp.

**After School Camp Fees and All Day Camp Fees**

There is a \$25.00 non-refundable, non-transferable registration fee for each child. After School Camp payments are due by the 1<sup>st</sup> of each month. The YMCA will not deduct missed days from the monthly fee. Returned checks will include a \$25.00 handling charge and will be handled in the same manner as delinquent accounts. If a check is returned, checks will no longer be accepted for payment.

**After School Camp Fees**

**\$25 non-refundable registration fee/child**

**Henderson Family YMCA Members - \$170/month**

**Non-Member Program Participants - \$200/month**

First month is payable prior to attendance

After School Camp Fees include Early Release, Teacher Workdays,  
breaks and Holidays that are one or two days.

**All Day Camp Fees**

**\$25 non-refundable registration fee/child**

**Henderson Family YMCA Members - \$21.00/day**

**Non-Member Program Participants - \$25.00/day**

Daily fees are payable prior to attendance

All Day Camp Fees include three or more consecutive days that require All Day service.

**Arrival**

Campers are put into groups with children of their own grade level and are assigned a cubby to store their personal belongings. Upon arrival each camper will receive a snack. Any camper wishing to bring his or her own snack may do so. When campers are in attendance all day due to teacher workdays, holidays and track-out days they are to bring lunch unless otherwise specified. Water will be provided by the camp. Campers are not allowed to make purchases from the vending machine. A child will not be allowed to leave with anyone other than their parents or identified designated adults.

### **Swimming**

A swimming schedule will be provided for parents. Our swimming months are September through October and April through August. Your child will need to bring a swimsuit, towel, and brush or comb. Please put your camper's name on all items with a permanent marker and send an extra set of clothes if you feel it may be needed.

### **Transportation/Attendance**

Please note that all children are to display proper conduct while on the YMCA bus. If a child does not display proper conduct while on the bus, this can be cause for suspension. Good behavior on the bus is a must for both the safety of the children as well as the driver and staff.

**If a child will not be attending the program, the parent is responsible for notifying the After School Camp Program by 2:30pm the day of the absence, or the day preceding the absence.** This policy also applies to the Dabney and Henderson Collegiate school students that are bussed to the YMCA. This will eliminate delays at schools so that the driver will not be waiting for children who will not be attending the camp. ***There will be a \$5.00 charge for failing to notify the YMCA if your child is not riding the bus (\$5 charge per camper) – this policy will be strictly enforced.***

### **Withdrawal**

The **Henderson Family YMCA After School Camp requires a two-week notice** when a parent wishes to withdraw their child from the program. A withdrawal form must be completed and all accounts must be paid in full.

### **Handicaps**

Unusual physical or mental conditions will be evaluated on an individual basis prior to admittance to the camp program.

### **Illness and Medication**

Each child must have a completed medical form prior to entering the camp and **immunization records must be kept on file.**

When a child becomes ill at the camp and is suspected of having an infectious disease, he/she will be separated from the other campers until a parent or authorized person comes to pick the child up. The child should not return to the camp until the illness is cured, has run its course, or has been diagnosed by a physician with a doctor's note stating that the illness is not infectious nor contagious. The Director of Camps may refuse to admit any child who is suspected of having any infectious disease into the center.

If medication is to be taken by a child during hours of operation (prescription or non-prescription drugs), a Medication Form must be filled out and signed by the parent or guardian. This form will be provided upon request.

### **Incidents**

If a child is injured, the Director of Camps will take whatever steps necessary to obtain emergency medical care and will record the incident and actions taken. These steps may include, but are not limited to:

- Attempt to contact parent/guardian or emergency contact person
- Call an ambulance or paramedic.
- Take a child to the hospital, accompanied by a staff member.

### **Child Abuse and Neglect**

Child abuse and neglect is prohibited and will not be tolerated. All staff is required by law to report any case of suspected child abuse or neglect. Reports will be made through the Director of Camps to the YMCA Executive Director and then to the Vance County Department of Social Services.

# YMCA AFTER SCHOOL CAMP REGISTRATION

**Camper Information 2019-2020**

**Health History**

DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female  Member  Non-member  
 Last Name \_\_\_\_\_ First \_\_\_\_\_ Called \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Information:  
 Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_  
 DOB \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mother/Guardian Home # \_\_\_\_\_ Father/Guardian Home # \_\_\_\_\_  
 Mother/Guardian Cell # \_\_\_\_\_ Father/Guardian Cell # \_\_\_\_\_  
 Mother/Guardian Work # \_\_\_\_\_ Father/Guardian Work # \_\_\_\_\_  
**School Name** \_\_\_\_\_

**IMMUNIZATIONS: I HAVE ENCLOSED A COPY OF PARTICIPANT'S IMMUNIZATION RECORD**

*Please answer each question (if not applicable, please indicate)*

Description of camp activities from which camper should be exempted for health reason

\_\_\_\_\_

Description of any current physical, mental or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp

\_\_\_\_\_

Record of past medical treatment, operations, or serious injury \_\_\_\_\_

\_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Date of last exam \_\_\_\_\_

Emergency Contacts (other than Parents/Guardians)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**PLEASE CHECK THE DAYS YOUR CHILD WILL ATTEND:**

**Monday**   
  **Tuesday**   
  **Wednesday**   
  **Thursday**   
  **Friday**

**The After School Camp program closes at 6:00 pm. There is a \$2.00 charge for each minute a camper stays after 6:00 pm.**

**Responsible Party For Payment Signature:** \_\_\_\_\_

**Insurance Information:**  
 Is the child covered by family/medical hospital insurance?  
 Yes  No  
 If YES, indicate carrier or plan name:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Group Policy # \_\_\_\_\_  
 Name of Insured: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 \_\_\_\_\_

**Allergies:**  
 Please list ALL known medications, food and other allergies:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Medications:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Monthly RATES**

**Member**  
 \$170/month

**Non-member**  
 \$200/month  
 Discounts given to multiple children within the same family.

**FOR OFFICE USE ONLY**

Date paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Received by \_\_\_\_\_

Form of payment: Cash \_\_\_\_\_ Check # \_\_\_\_\_ C Card \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**

**Henderson Family YMCA**  
**AFTER SCHOOL CAMP PERMISSION FORM AND WAIVER**

Camper Name: \_\_\_\_\_

Initial  
beside each  
appropriate  
item for  
authoriza-  
tion:

**SWIM PERMISSION**

My child has permission to participate in the swim time provided by the Henderson Family YMCA

After School Camp program. My child is a swimmer \_\_\_\_\_ yes \_\_\_\_\_ no

Child's Date of Birth \_\_\_\_\_ Comments \_\_\_\_\_

**PHOTOGRAPHY/VIDEO PERMISSION**

My child has authorization to be photographed or videotaped for use connected with the YMCA After School Camp program.

**PLAYGROUND PERMISSION**

My child has permission to use all the playground equipment and participate in all activities provided in the YMCA After School Camp program.

**CLIMBING WALL/SPORTS FIELDS PERMISSION**

My child has permission to use the climbing wall and/or participate in sports field activities by the YMCA After School Camp program.

**FIELD TRIPS PERMISSION**

My child has permission to participate in all field trips according to the posted activity schedules with the YMCA After School Camp program.

**SUNSCREEN CONSENT**

I agree to allow my child to have Coppertone Water Babies UVA/UVB sun block lotion with 45 SPF applied before going outside during the YMCA After School Camp program.

The health history is complete and accurate, and participant has permission to engage in all activities unless otherwise specified in writing. I understand that the Henderson Family YMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in day camps, athletics, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities. I acknowledge that my child has been medically cleared to participate in vigorous physical activities. I also understand that there is a risk of injury while participating in physical activity by my child. I agree to hold harmless the YMCA, its staff and volunteers for accidents or injuries arising out of his/her participation in the activity.

I agree to have my child examined within a reasonable time period prior to camp by the family physician stating he/she is free from communicable disease and has not been exposed to such. I hereby give my permission to the medical personnel selected by the YMCA Director order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for myself/or my child. In the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the YMCA Director to secure and administer treatment including hospitalization for my child. I understand that no accident or medical insurance is provided with this activity.

I give permission to the Henderson Family YMCA, without limitation or obligation to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs and release the YMCA from any claim of liability to that use.

I give my consent for my child to leave the YMCA site, participate in authorized YMCA trips, swim at approved facilities and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA program.

I HAVE READ AND AGREE TO ALL THE POLICIES SET FORTH BY THE HENDERSON FAMILY YMCA CAMP PROGRAM.

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

**Waiver**

**HENDERSON FAMILY YMCA**  
**AGREEMENT TO AFTER SCHOOL CAMP & ALL DAY CAMP**  
**POLICY**

I have read, understand and agree to the operational policies of the Henderson Family YMCA After School Camp and All Day Camp program as provided.

\_\_\_\_\_

**Child's Name**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Parent/Guardian Signature**

**HENDERSON FAMILY YMCA**  
**AFTER SCHOOL CAMP & ALL DAY CAMP**  
**EMERGENCY PICKUP PERMISSION**

The following people have my permission to pick up my child from the After School Camp/All Day Camp if I, the parent/guardian, cannot be contacted.

**NAME**

**PHONE #**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The following people **are not permitted** to pick up my child from the After School Camp/All Day Camp.

**NAME**

**PHONE #**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

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

# HENDERSON FAMILY YMCA

## Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, nonviolent, 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.
  1. DO reason with and set limits for the children.
  2. 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 inappropriate behavior to 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 children on their levels.
  11. DO use short supervised periods of "time-out"
- 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, or 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, or ethnic groups.

I, the undersigned parent or guardian of \_\_\_\_\_, do  
(child's full name)

hereby state that I have read and received a copy of the Facility's Discipline and Behavior Management Policy.

\_\_\_\_\_  
**Signature of Parent or Guardian**

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