



HAYES-TAYLOR YMCA CAMP COURAGE 2020

Reviewed with family by: _____

*Pick up Password: _____

ALLOW 15 MINUTES PER APPLICATION FOR REGISTRATION

Application Checklist

___ Registration Form (All sections complete & signed)

___ Immunization Records

___ \$35.00 Deposit for Each Week Attending (Weekly Fee: Members \$135.00 / Potential Member: 165.00)

___ Medication Forms (If Applicable)

PLEASE PRINT CLEARLY *Denotes Required Information

*Child's Name: _____ Age: _____ Date of Birth: _____ Gender: _____

*Address: _____ City: _____ State: _____ Zip: _____

*Allergies: _____

Accommodations/Adaptations: _____

School: _____ Grade 2020-2021: 1st 2nd 3rd 4th 5th 6th 7th

*Parent/Guardian 1 Name: _____ Relation: Mother Father Other: _____

Address: _____

*Cell Phone: (____) _____ Able to Receive Texts: Yes No Carrier: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-mail: _____ Employer: _____

*Parent/Guardian 2 Name: _____ Relation: Mother Father Other: _____

Address: _____

*Cell Phone: (____) _____ Able to Receive Texts: Yes No Carrier: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-mail: _____ Employer: _____

Child Lives with (circle): Mother Father Both Other: _____

*Payment Method: (circle) Private Pay DSS Voucher Other: _____

*EMERGENCY INFORMATION (At least 1 non-parent/guardian emergency contact REQUIRED)

*Non-parent Contact: _____ Phone: _____ Relationship: _____

*Non-parent Contact: _____ Phone: _____ Relationship: _____

*Primary Doctor: _____ Phone: _____

* Hospital: Moses Cone (336) 832-7000 Hospital Preferred: _____ Phone: _____

AUTHORIZED PICK-UP

Please list individuals who are 16 years or older and can pick your child up (Identification Required)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Unauthorized Pick Up: _____



MEDICAL INFORMATION

Hayes-Taylor YMCA summer day camp is an inclusive program and we have specialized staff who work with children with differing abilities. This information is used for the sole purpose of providing appropriate care for your child. This information is provided only to the necessary team members who will be working directly with your child.

Relevant Medical Conditions:

Restrictions:

Medications:

Does your child have special needs? Yes No If yes, please explain: _____

Does your child have any particular fears? Yes No If yes, please explain: _____

Does your child have or at risk for any of the following? (circle)

IEP/ 504 Plan ADHD ADD ODD Asthma Autism Insect Sting Allergy
Downs Syndrome Seizure Disorder Behavior Disorder Diabetes Food Allergies
Heart Trouble Cancer OTHER _____

If so, please provide special instructions (additional forms are required for medications):

Please Circle:

Please note: Additional forms or information help our team provide the best care possible for all children. Our summer program intentionally employs licensed counselors, social workers, and adaptive support specialists.

Medication Form Attached

Health Action Plan Attached (Allergy, asthma, diabetes, etc.)

IEP Attached

Behavior Action Plan

Other: _____



DISCIPLINE AND 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.

THE STAFF AT HAYES-TAYLOR YMCA:

- | | |
|---|---|
| <ol style="list-style-type: none">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. | <ol style="list-style-type: none">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. |
|---|---|

I have read and understand the YMCA behavior policy. I understand that I can ask for clarification of these policies. I understand that the YMCA is a mandated reporter of suspected child abuse or neglect.

Parent/Guardian Signature _____ Date: _____



STATEMENTS OF UNDERSTANDING

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

PLEASE INITIAL:

_____ My child will be transported and has my permission to 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 also give permission for my child to play in the YMCA gym. I understand that my child will not play in areas that are hazardous to their safety. Lastly, I understand that the child to staff ratio is 1:20 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 1:13 for children. I understand that there is always 1 staff member in the pool with children and 1 staff member walking around the pool. I understand that swimming will only be available when staff child ratios can be maintained.
(NO 2- piece swimsuits or street clothes allowed in the pool).

I UNDERSTAND THAT: (PLEASE READ)

_____ I understand that all payments for summer day camp are due the Monday Prior to my child's attendance (one week in advance) and a \$10.00 late fee is applied to balances not paid the Tuesday before each week. Non-payment will result inability to attend camp and the space and deposit will be lost. Two weeks of non -payment will result in the child being removed from all remaining weeks of camp.

_____ That the YMCA summer day camp program is not the best fit for every child. I understand that the staff will make every effort to help all children become acclimated to the program. If the staff, director or my efforts are not effective; then my child may be removed from the summer day camp program. I understand that I will be reimbursed all fees paid, less the deposit, for the weeks my child did not attend.

_____ That in the event that an item is broken or destroyed during the summer day camp program by my child; I am responsible for replacing the broken item. Normal wear and tear is expected of materials but the purposeful breaking or destroying of YMCA property will result in the replacement of the item or the child's removal from the program.



STATEMENTS OF UNDERSTANDING

(continued)

_____ All meals are provided for the summer day camp program. If I decide to send my child with a meal or snack, it must meet the YMCA HEPA standards as outlined in the YMCA handbook. If an item does not meet the YMCA HEPA standards, it will be taken and given to the parent/guardian at the end of the day. If a child's meal does not have all the components of a meal as outlined in the YMCA handbook, the YMCA will provide the missing component. Use of the vending machine is prohibited, and campers will not have access to the microwave to warm food.

_____ The YMCA regularly uses Barber Park and Gateway Gardens as activity areas. I give my child permission to visit either of those places during the day.

_____ Use of personal electronics is prohibited during summer day camp. This includes: cell phones, handheld gaming devices, tablets, etc. If seen, these items will be confiscated and given to the parent or guardian at the end of the day. **THE YMCA IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS.** Please do not send valuables to camp.

_____ I understand that summer day camp begins at 7:00am and my child must be picked up by 6:00pm. I will be charged a late fee of \$1.00 a minute per child after 6:05pm. This fee is due before the child can attend camp the next day. Children cannot be signed in for camp before 7:00am. Arrival cut-off time is 9:00am.

_____ I understand that I am to be respectful of the YMCA property and its employees. If at any time my behavior or my child's behavior threatens the well-being of any program participant or staff member; my child or I can be escorted off the YMCA property and removed from the program. I understand that at no time am I allowed to speak with or discipline a child that is not my own. This behavior will result in removal from the program.

_____ I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed with the center and must provide photo ID. I understand that should a person arrive to pick up my child (ren) who appears to be under the influence of drugs or alcohol, for the child (ren)'s safety, staff may have no recourse but to contact the police.

_____ I understand that sneakers are required DAILY and flip flops/sandals are only allowed on the pool deck. If my child does not have on the proper shoes, the parent or guardian will be required to bring the appropriate shoes before the child can participate in program activities. Field trip shirts are required for all off-site activities. A new field trip shirt must be purchased, or child cannot attend the summer program on the field trip day.

_____ I understand that the Hayes-Taylor YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Child's Name _____

Parent/Guardian's Name (PRINT) _____

Parent/Guardian Signature _____ Date _____



SMOKING AND TOBACCO AGREEMENT

Child Care Rule .0604 Safety Requirements

“Smoking and the use of any product containing, made or derived from tobacco, including but not limited to e-cigarettes (electronic cigarettes), cigars, little cigars, smokeless tobacco, and hookah, is not permitted on the premises of the child care center, in vehicles used to transport children or during any off premise activities.”

The health and safety of the children that attend the Hayes-Taylor Memorial YMCA Child Care Programs is a matter of major importance to us. Children must be in a smoke and tobacco free environment. Child Care Rule .0604 is the requirement for our staff and parents to follow. By signing this form, you acknowledge that you agree to follow this safety requirement.

I _____, the parent/guardian of _____, agree to the safety requirements of the Hayes-Taylor Memorial YMCA Childcare.

Parent/Guardian Signature _____ Date _____

OINTMENT PERMISSION

The YMCA recognizes that the UV rays from the sun pose risks for certain skin conditions and diseases. For your convenience, the YMCA will provide sunscreen for students before outside play.

The YMCA also uses Petroleum Jelly for minor cuts, dry or cracked skin or lips and lotion after aquatic activities.

Deodorants or other non-YMCA provided ointments **require** a separate ointment permission form.

Please initial below if you give your child permission to use the YMCA provided ointments between the dates of June 8, 2020-August 19, 2020:

_____ Banana Boat Sport Performance Broad Spectrum Sunscreen Lotion, SPF 50.

_____ Petroleum Jelly (Vaseline)

_____ Alba Botanica Very Emollient Body Lotion, Unscented

Parent/Guardian Signature _____ Date _____

_____ I will provide ALL ointments for my child and will complete a separate ointment form.

Parent/Guardian Signature _____ Date _____



TRADITIONAL CAMP SESSION SCHEDULE/ FIELD TRIP CONSENT

Initial Week Attending	SESSION	Field Trip	Field Trip Date	DEPARTURE From YMCA	ARRIVAL To YMCA	Payment Due Date
	Superheroes June 8-June 12	Skate South 208 W. Fairfield Road, High Point	June 12	9:30am	12:00	6/1/20
	*Spirit Week June 15-19 Trip Date: June 18	*YMCA Camp Weaver 4924 Tapawingo Trail Greensboro, NC	June 18	9:30am	2:00pm	6/8/20
	World Travelers June 22-26	(Country Presentations) On-Site Field Trip	June 26	N/A	N/A	6/15/20
	Stars and Stripes June 29-July 3 (Closed July 3)	LeBauer Park 208 N. Davie Street Greensboro, NC	July 2	10:00am	2:00pm	6/22/20
	Wild Kingdom July 6-July 10	Asheboro Zoo 4401 Zoo Parkway Asheboro, NC	July 10	9:00am	5:00pm	6/29/20
	Prehistoric Adventures July 13-July 17	Museum of Natural Sciences 11 W. Jones Street, Raleigh, NC	July 17	8:00am	5:00pm	7/6/20
	*Under the Sea July 20-July 24	*Natural Science Center 4301 Lawndale Dr. Greensboro, NC	July 24	8:00am	5:00pm	7/13/20
	*Space Travelers July 27-July 31	Morehead Planetarium On-Site Field Trip	July 31	9:00am	5:00pm	7/20/20
	* A Bugs Life August 3-August 7	All a Flutter 7850 Clinard Farms Road High Point, NC 27265	August 7	9:00am	3:00pm	7/27/20
	Mad Science August 10-August 14	Mad Science (On-Site Field Trip)	August 14	N/A	N/A	8/3/20
	Back to the Future (3 Day Mini Camp) August 17-August 19	Brassfield Cinemas 2101 New Garden Road Greensboro, NC	August 19	2:00pm	4:30pm	8/10/20

I, _____, give my child _____, permission to attend the above field trips. I understand the arrival and departure dates and times. I understand that a copy of this is in the summer day camp handbook for my review. Field trip shirts are required for all off-site field trips and I am required to purchase one if my child is not wearing one on a field trip day.

*Field trips are subject to change due to weather or other extenuating circumstances. If changes are made you will be informed in writing regarding the location or date change and you authorize your child to attend the alternate field trip location.

I understand that payment for camp is due 1 week prior to the session start date and a late fee is applied on the Tuesday after payment is due. If payment is not made by Wednesday; my child's space in the week can be forfeited.

Parent/Guardian Signature _____ Date _____



RELEASE AND WAIVER OF LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and/or on behalf of any minor child, release the YMCA of Greensboro, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately.

This is important to you and/or any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms:

1) **GENERAL RELEASE:** I hereby agree for myself and/or my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decided to allow myself and/or my child to engage. I further waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

2) **ASSUMPTION OF RISK:** I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. You assume the risks: I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself and/or my child in the YMCA program. Once you sign, you are saying that you understand the risks involved and accept all the risks.

3) **MEDICAL RELEASE:** I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA. A) I take full responsibility for me and my child(s) welfare and safety on or at YMCA activities. B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.

4) **INSURANCE: YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE.** You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you.

5) **PHOTOGRAPHIC RELEASE:** I consent to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole discretion.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

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.

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 child care programs and has my permission to do so.

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 family handbook.

Parent Signature _____ Date _____



HAYES-TAYLOR

PRE-AUTHORIZED PAYMENT FORM (OPTIONAL)

Camper's Name _____

Parent/Guardian _____

Payment Option (Please Circle Method of Payment)

Weeks Payment is authorized for: (Circle appropriate weeks that child is registered for and write authorized payment amount for the week.

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11
June 8	June 15	June 22	June 29	July 6	July 13	July 20	July 27	Aug 3	Aug 10	Aug 17
Due	Due	Due	Due	Due	Due	Due	Due	Due	Due	Due
June 1	June 8	June 15	June 22	June 29	July 6	July 13	July 20	July 27	August 3	August 10
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

*(Please use chart below and write in the amount authorized per payment)

Camp Rates: Less \$35.00 Deposit Specialty Camp \$40.00 Deposit

	MEMBER	POTENTIAL MEMBER
Traditional Camp	\$100.00	\$130.00
Art Camp	\$100.00	\$130.00
STEM Camp	\$100.00	\$130.00

Please note that your payment will be processed for the session of camp on the MONDAY prior to the week attending.

American Express

Visa

MasterCard

Discover

Debit Card with Visa or MasterCard Logo

Name as it appears on Card: _____

Card Number: _____

Expiration Date: _____ (month/year) Zip Code _____

Pre-Authorized payment agreement (please initial each statement and sign the bottom)

_____ I understand that the weekly payment will be processed the Monday prior to the week of camp my child is attending.

_____ I understand that if I do not send a cancelation IN WRITING 6 days prior to the due date, my card will still be charged the weekly amount.

_____ In the event that my card is not accepted at the time of processing; I will be notified the same day in which I must rectify my payment at that time. Otherwise, I understand that my child will lose his/her space for that week.

_____ I understand that if for any reason the draft does not go through, I am still responsible for that payment plus a \$20.00 service charge and late fee (if made after Monday) applied by the YMCA. This is in addition to any service fee my bank/credit card may charge.

Parent/Guardian Signature _____ Date _____



SEND A CHILD TO CAMP!!

The YMCA of Greensboro and Hayes-Taylor YMCA works to ensure that we turn no family away from the opportunity to attend our fun and engaging summer camp programs. We also help to support families obtain YMCA memberships, youth to participate in sports and provide shopping opportunities for children in our community to receive school clothing and supplies.

All of this is accomplished through Hayes-Taylor's Annual Giving Campaign and we need your help. Please consider giving to support Hayes-Taylor YMCA's efforts to strengthen our community- one child, family and older adult at a time.

_____ I elect not to give at this time.

Yes! I would like to give!

Name: _____

Name to list on recognition materials: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: (c) _____

(h) _____

(w) _____

Email: _____

_____ Please bill me in the amount of: _____ on _____, 2020
(Date)

_____ Bank Draft or Credit Card Authorization (use camp payment authorization form)

American Express

Visa

MasterCard

Discover

Debit Card
with Visa or
MasterCard Logo

Name as it appears on Card: _____

Card Number: _____

Expiration Date: _____ (month/year) Zip Code _____

I authorize: A one-time charge of \$ _____ or a monthly draft of \$ _____

Signature: _____ Date: _____ Phone: _____



CAMP COURAGE INFORMATION AT A GLANCE

7:00am-6:00pm/ CLOSED JULY 3

Initial Week Attending	SESSION	Field Trip	Field Trip Date	DEPARTURE From YMCA	ARRIVAL To YMCA	Payment Due Date
	Superheroes June 8-June 12	Skate South 208 W. Fairfield Road, High Point	June 12	9:30am	12:00	6/1/20
	Spirit Week June 15-19 Trip Date: June 18	YMCA Camp Weaver 4924 Tapawingo Trail Greensboro, NC	June 18	9:30am	2:00pm	6/8/20
	World Travelers June 22-26	(Country Presentations) On-Site Field Trip	June 26	N/A	N/A	6/15/20
	Made in the USA June 29-July 3 (Closed July 3)	LeBauer Park 208 N. Davie Street Greensboro, NC	July 2	10:00am	2:00pm	6/22/20
	Wild Kingdom July 6-July 10	Asheboro Zoo 4401 Zoo Parkway Asheboro, NC	July 10	9:00am	5:00pm	6/29/20
	Prehistoric Adventures July 13-July 17	Museum of Natural Sciences 11 W. Jones Street, Raleigh, NC	July 17	8:00am	5:00pm	7/6/20
	Under the Sea July 20-July 24	Natural Science Center 4301 Lawndale Dr. Greensboro, NC	July 24	8:00am	5:00pm	7/13/20
	Tropical Paradise July 27-July 31	Keeley Park 4110 Keeley Rd McLeansville, NC	July 31	9:00am	5:00pm	7/20/20
	Space Travelers August 3-August 7	Morehead Planetarium On-Site Field Trip	August 6 & 7	N/A	N/A	7/27/20
	Mad Science August 10-August 14	Mad Science (On-Site Field Trip)	August 14	N/A	N/A	8/3/20
	Back to the Future (3 Day Mini Camp) August 17-August 19	Brassfield Cinemas 2101 New Garden Road Greensboro, NC	August 19	2:00pm	4:30pm	8/10/20

CAMP FEES

Camp fees are due the Monday prior to the week children attend camp. Please review fee schedule above. Deposits are non-refundable or transferrable to a different week.

Fees not paid by the due date are charged a \$10.00 late payment fee. Non-payment by Wednesday will have fees and spaces forfeited. Hayes-Taylor maintains extensive wait lists and we want to ensure all children have space in camp.

ELECTRONICS/VALUABLES

At no time are electronics/toys allowed at camp. Unless specified by camp director. This includes cell phones, handheld gaming devices, Pokémon cards, jewelry, clothing, etc. The YMCA, its staff nor its affiliates are responsible for lost or stolen items.

CAMP ATTIRE

Campers must wear sneakers at all times. Flip flops are only allowed in wet areas such as the pool. No child can wear backless or open toed shoes while at camp. Camp is messy and we will be having fun in dirt, paint, grass, water, shaving cream etc.! Please be sure your child is dressed in clothes that can get messy while they are having fun at camp.

MEALS

Breakfast, Lunch and Afternoon Snack are served daily. Campers can bring their own lunch, but it cannot be food that must be heated. Meals must contain all food components.

*Staff will not heat or allow any camper to heat any food or use vending machines during

FIELD TRIPS

Money cannot be used on the field trips except for travel camp. Campers will not have opportunity to purchase items on the field trip. Parents/guardians can attend the field trips but must drive and pay admission fees. Parents/ guardians should remain with their child's group and will act as a chaperone and will assist with campers.

WATER DAYS

Monday-Swimming
Tuesday-Barber Park Spray Ground
Wednesday-Swimming
(Swim clothes required)