



# HAYES-TAYLOR YMCA BACK 2 SCHOOL AT THE Y

Reviewed with family by: \_\_\_\_\_

## Application Checklist

- \_\_\_\_ Registration Form (All sections complete & signed)
- \_\_\_\_ Immunization Records
- \_\_\_\_ Medication Forms (If Applicable)
- \_\_\_\_ Health Questionnaire

**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: K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup>

\*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: \_\_\_\_\_

Unauthorized Pick Up: \_\_\_\_\_



# MEDICAL INFORMATION

Hayes-Taylor YMCA's child care 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:

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Restrictions:

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Medications:

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

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

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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):

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## 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:**

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.
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 7:30am 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 7:30am. 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.

\_\_\_\_\_ 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 August 17-October 16:

\_\_\_\_\_ 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 \_\_\_\_\_

# COVID-19 HEALTH STATEMENTS OF UNDERSTANDING:

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

## Initial:

\_\_\_\_\_ I understand that if my child is ill, they are to remain at home and under no circumstances are they allowed in the program.

\_\_\_\_\_ I understand that a daily health screening will be conducted during drop off and I understand that my child's temperature will be taken daily before entry into the building. Children may only enter if they are without an elevated temperature of 100.4 degrees. I understand that children's temperatures will be taken throughout the day.

\_\_\_\_\_ I understand that if at any time my child becomes ill in the program, they will be immediately separated from the group and will be supervised in a separate area until the designated pick up individual arrives. Children that become ill must be picked up from the program within 30 minutes. The child can return with written documentation from a physician or in 14 days.

\_\_\_\_\_ I understand that it is required for my child have a face covering while in the program and they must come to camp with a face covering. All staff wear face coverings.

\_\_\_\_\_ I understand that the YMCA practices social distancing in our programs due to COVID-19. Youth will use individualized supplies. Equipment and surfaces are frequently sanitized with disinfectant solutions.

\_\_\_\_\_ I understand that if my child needs to use electronics for classwork, that they must bring and use their own device.

\_\_\_\_\_ I understand that if my child becomes sick with COVID-19 within 14 days after they have left camp, I will inform the YMCA.

## Designated drop off and pick up individual:

**This person should NOT be an elderly person or a person deemed high risk for COVID-19.**

\_\_\_\_\_ will be the designated drop off and pick up individual for my child. School age drop off and pick up is conducted at the side child-care entrance.

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



# SESSION SCHEDULE & FEE SCHEDULE

Initial Week Attending	SESSION	Payment Due Date
	August 17-August 21	August 10
	August 24-August 28	August 17
	August 31-September 4	August 24
	September 7-September 11	August 31
	September 14-September 18	September 7
	September 21-September 25	September 14
	September 28-October 2	September 21
	October 5-October 9	September 28
	October 12-October 16	October 5

I understand that payment for camp is due 1 week prior to the session start date and a late fee is applied on the Friday 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 \_\_\_\_\_



## MINOR PARTICIPANT WAIVER, RELEASE, INDEMNIFICATION OF ALL CLAIMS & COVENANT NOT TO SUE

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT.** Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in YMCA of Greensboro, Inc (YMCA) Programs, now or any time in the future.

### Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in YMCA program activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with YMCA program participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with YMCA program participation and that said list in no way limits the operation of this Agreement.

### Coronavirus / COVID-19 Warning & Disclaimer

\_\_\_\_\_  
*Initial* Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA of Greensboro programs or accessing YMCA of Greensboro facilities could increase the risk of contracting COVID-19.** YMCA of Greensboro in no way warrants that COVID-19 infection will not occur through participation in YMCA of Greensboro programs of accessing YMCA of Greensboro facilities.

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of \_\_\_\_\_'s participation in YMCA of Greensboro and YMCA programs, I, \_\_\_\_\_, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE** YMCA of Greensboro, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against YMCA of Greensboro on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of YMCA of Greensboro facilities/equipment or participation in YMCA of Greensboro programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees. \_\_\_\_\_

**Initial**



