



ALL FORMS MUST BE COMPLETE AND SIGNED

Date of Registration _____

Child's Information

YMCA Member Yes No

E-mail Address _____

Name of Child: _____ (_____)
First Middle Last Name Called

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

D.O.B.: _____ Age: _____ Sex: _____

Child's Swimming Ability? None ___ Beginner ___ Moderate ___ Advanced ___

List health conditions, allergies, special needs, and special interests:

Family Information (Please check to indicate the parent to contact for payment and other questions)

Mother/Guardian's Name: _____ Home Phone: _____

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

Employer: _____ Work Phone: _____ Cell Phone: _____

Father/Guardian's Name: _____ Home Phone: _____

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

Employer: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact (If parent or guardian cannot be located)

Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____

Name of Child's Doctor: _____ Phone Number: _____

Hospital Preference: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

Authorized to pick up (If parent or guardian cannot be located)

Name: _____ Relationship: _____ Home #: _____ Work #: _____

Name: _____ Relationship: _____ Home #: _____ Work #: _____

Please read and sign:

Waiver of Liability: I fully assume and understand the risks of my child participating in the YMCA program including death or injury due to falls, collisions with other participants, actions by hostile humans or animals, uneven pavement, obstructions, adverse weather, sudden illness and all other risks. I attest that my child is physically fit to participate. In the event my child needs medical attention and I am unavailable, I authorize program staff to provide medical attention at my expense should my child appear in need. I carry Medical insurance on my child and will provide the YMCA with that information. For injuries my child sustains, including death, I agree to save and hold harmless the YMCA of Iredell County, volunteers, program staff, suppliers, contractors, and anyone else connected with to organization of this program, from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns, arising from my child's participation in this program or the instruction received. I agree that images taken of my child during this program may be used in any legal manner without payment to me. The YMCA reserves the right to reject any and all applications and to terminate any and all program privileges by refunding the prorated program fees. Such rejection or termination is to be the sole discretion of the YMCA of Iredell County. I authorize the YMCA to transport my child on field trips and to play outside fenced-in areas at the YMCA. I make this agreement and pay the program fee in exchange for the privilege of my child participating under the conditions of the program.

Parent or Guardian Signature: _____

Date: _____



YMCA OF IREDELL COUNTY SUMMER CAMP PAYMENT POLICY

There are three options you can choose to make payments.

Option 1: Summer Payment (pay Friday before each camp week)

- When registered, full payment for the first week of camp will be paid.
- Payments will be made on the Friday before the week your child is attending camp. Example: If you registered for both the first week and second week of camp, your first payment would be due on the first day of camp for the next week.
- Payments that are not received by 6:00 p.m. on Friday will be considered late and a \$10.00 late fee will be applied to your balance.
- If no payment has been received by 6:00 p.m. on Friday your child’s spot for that week will be lost and they may not be able to attend camp for that week.
- Payment is due on the Friday before whether or not your child is in camp that week or not. If not, it is still your responsibility to come by and make a payment.

Option 2: Spring Payment (pay by check weekly)

- When registered, you may begin payment for the weeks your child(ren) are registered.

Option 3: Bank Draft (once a week: the Friday prior to child attending)

- When registering for this option please fill out draft option registration sheet and the 2011 Summer Camp Authorization draft form.
- Drafts will be done on Fridays.
- You will need to pay your registration fee of \$25.00 at time of signup. This fee cannot be included in your bank draft.
- In order to change/terminate your bank draft you will need to come in the office and fill out the change/termination form. Changes or terminations cannot be done verbally.

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- Both policies apply to parent fees associated with YMCA scholarships.
 - All payments will be receipted and recorded upon delivery. Please keep your receipts so that you will have record of your payments.
 - All payments must be made in the form of a check, money order, cash or credit card.
 - Please know that no one is turned away from any YMCA program for the inability to pay. If you are in need of assistance, feel free to speak with the Program Director or call the YMCA for information on our Scholarship program.

I have read and understand the payment policy for YMCA of Iredell County.

Parent’s Signature

Date

*****Note: Please make sure you indicate this choice on the Registration Form**



Payment Option Plans

The YMCA of Iredell County offers the following payment plan options listed below. Please mark the payment option that you choose to enroll in. A two-week written notice must be received to change your payment plan. No week or month will be pro-rated.

- Summer Payment-Payments are due on each Friday for the following week.
- Spring Payment-Payments due each Friday prior to camp starting.
- Bank Drafts- Payments will be drafted from your account on Fridays.

***Note: Please make sure you indicate this choice on the Registration Form

Withdrawals

Children are considered enrolled in the program until:

1. The parent notifies the YMCA by written notice that the child is being withdrawn from the program. A written notice of 2 weeks is required.
2. Five consecutive days of unexplained absences occur, in which case you will be responsible for the payment of those five days of unexplained absences.

I, _____,
(Last name, First Name)

the parent/guardian of _____
(Last name, First Name)

I understand the financial guidelines of the YMCA of Iredell County. I also agree to follow and abide by all terms of these guidelines. If for any reason circumstances prevent you from adhering to the guidelines stated above, see your Family Programs Director. Any special arrangements between you and the Family Programs Director must be in writing and signed by all parties.

Parent/Guardian Signature _____

Date _____

Financial Assistance

If you feel that you are unable to pay for our childcare services, please contact the facility of your choice for more information on the YMCA of Iredell County's financial assistance program.



Registration Form

ONLY MARK THE WEEKS YOUR CHILD WILL BE ATTENDING.
PAYMENT IS DUE FOR EVERY WEEK REGISTERED, NOT JUST THE
WEEKS ATTENDED!

Week	Dates	Weekly Theme	Select	YMCA	
				Member \$35	Potential Member \$45
1	June 13 -17	We are the Y Kids	<input type="checkbox"/>	\$35	\$45
2	June 20-24	Step Back In Time	<input type="checkbox"/>	\$35	\$45
3	June 27-July 1	Honor Your Country	<input type="checkbox"/>	\$35	\$45
	July 4 - 8	NO CAMP THIS WEEK	<input type="checkbox"/>		
4	July 11 - 15	Survivor Week	<input type="checkbox"/>	\$35	\$45
5	July 18 - 22	Wet & Wild	<input type="checkbox"/>	\$35	\$45
6	July 25 - 29	American Idol	<input type="checkbox"/>	\$35	\$45
7	Aug. 1 - 5	Down & Dirty	<input type="checkbox"/>	\$35	\$45
8	Aug. 8 - 12	Hawaiian Experience	<input type="checkbox"/>	\$35	\$45
			(list below)Camp Fee Total =		

Child's Name: _____
 Child's Shirt Size: _____
 Parent's Name: _____
 Home Phone: _____
 Cell/Other Number: _____
 Email Address: _____
 YMCA Member: Yes No

Registration Fee: \$ 25.00
 Total Camp Fee: + \$ _____
(From Above)
 Total Due = \$ _____
 Payment Plan: 1 2 3

Parent's Signature: _____

Date: _____

Initial Payment	
Registration Fee:	\$ 25.00
1 st Week Paid in Full:	+ \$
Total Paid:	= \$
Remaining Balance Due	
Total Due:	
Total Paid:	- \$
Remaining Balance:	= \$

No refunds will be given for absences. All weeks of your child's camp enrollment must be paid, even if your child is absent. The \$25.00 deposit to hold your child's spot for a particular week is NON-REFUNDABLE and NON-TRANSFERABLE.



2011 Summer Camp Authorization to Draft

This authorization is limited to payments to the YMCA of Iredell County for summer camp payments as they are due. This authorizes the YMCA of Iredell County to charge the account provided for such payments. I understand that payments will come out of my account according to the cycle I select below. This will remain in effect until revoked by me in writing to the YMCA of Iredell County no later than fourteen (14) business days prior to the next payment due date.

I understand that the YMCA of Iredell County may also cancel this authorization, and that I will be notified of such action. I understand and agree that I am responsible for payment of any service charges incurred due to insufficient funds or payments returned. By signing below, I agree to all the terms and conditions of this authorization to draft.

Name as it appears on account

Date

Signature

Your Child(ren's) Name

BILLING CYCLE

\$_____ Bank Draft amount (per chosen date)

Checking or Savings Account Drafting Payment Method

(Must attach voided check or letter from bank here)

Checking or *Savings (circle one)

Account Authorization Signature: _____

Date: _____

*If drafting from a savings account a letter from the bank must be attached approving a draft from savings and verifying routing information.

All other accounts (i.e. Afterschool & Sports) must be at a zero balance in order to start a draft for summer camp.



CHILDCARE FINANCIAL GUIDELINES

It is the intent of the YMCA of Iredell County to provide quality care for each child. The YMCA of Iredell County is a non-profit organization; therefore, it is important for each parent to pay for services as requested in the financial guidelines stated below.

Member/Non-Member Childcare Rates

The YMCA of Iredell County discounts childcare fees if you have a "Family with Dependant Membership" with the enrolled camper listed as a member. Being a member of the Y provides many benefits such as: programs that help build character values such as caring, honesty, respect, and responsibility and facilities that provide a Christian atmosphere where total health is obtained in a safe environment. You can contact the facility of your choice for rates by calling 704-873-9622.

Discounts

Effective June 1, 2010, the YMCA of Iredell County discontinued second child discounts.

Delinquent Accounts

Payments not made by the Friday following the due date are considered delinquent. If your account becomes delinquent, your child may not attend childcare. Regardless of the reason your child is withdrawn from the program, if there is a balance due on the account, the debt will be turned over to our collection agency.



DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY:

The YMCA is devoted to helping youth develop self-esteem. We feel discipline must be done in a positive manner. Praise and positive reinforcement are effective methods of the behavior management policy. 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 program will practice the following discipline and behavior management policy.

WE...

1. WILL praise, reward and encourage the child.
2. WILL reason with and set limits for the children.
3. WILL model appropriate behavior for the children.
4. WILL modify the classroom environment to help.
5. WILL listen to the children.
6. WILL provide alternatives for inappropriate behavior.
7. WILL provide the children with natural and logical consequences of their behavior.
8. WILL treat the children as people and respect their needs, desires and feelings.
9. WILL ignore minor misbehaviors.
10. WILL explain things on a child's level
11. WILL use short supervised periods of "time out".
12. WILL stay consistent with our behavior management program.

WE...

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

PARENT PARTICIPATION:

The YMCA Summer Camp program encourages communication between parents and counselors and welcomes conferences at any time with the Family Programs Director. The YMCA requests complaints concerning a particular counselor or a policy to be taken to the Family Programs Director. Please notify them immediately regarding a concern about your child's treatment by other children or a staff member. We believe complete honesty and openness between parents and staff is vital to the operation and success of the program. We do ask that parents refrain from discussing personal/personnel issues with teachers in front of children while at the program. We strive to encourage parent participation in our program. Please see the Family Programs Director if you have any questions or concerns.



PARENT'S EXPECTATIONS

1. We want you to be happy and feel comfortable leaving your child in our care.
2. We want to hear your concerns or comments. Please talk to the counselors and/or Family Programs Director at anytime.
3. We hope you can participate in fund-raisers, parties, outings and other activities your child is involved in the program...
4. We, of course, need you to pay all fees in full on time.
5. We need you to constantly update us on new phone numbers or changes that should be made on your child's records when changes occur.
6. We ask you to bring your child all the way into the facility upon arrival.
7. We need you to sign your child in and out upon arrival and dismissal of your child.
8. We expect you to let us know in person or by note if someone different will be picking up your child.
9. We want you to let the person that may be picking up your child know that we will need some kind of picture identification in order for us to release the child in his / her care.
10. We need for you to make sure your child has a complete change of clothes at the facility.

We feel that each child is unique and special. We also realize that each child develops at different levels than others. We want every child to have the opportunity to be cared for and each of their needs met.

THANK YOU FOR ENTRUSTING US WITH YOUR CHILD

_____ Date: _____
 Parent/Guardian Signature

_____ Date: _____
 Child Signature



YMCA of Iredell County Parent Handbook Statement

I, _____, the parent/guardian of
(Name of Parent/Guardian)

_____ have received a copy of the
(Name of Child)

TRANSPORTATION AND ACTIVITY AUTHORIZATION FORM

This is a blanket permission form for all given field trips and activities.

I, _____ parent/guardian of _____
Name of Parent/Guardian Name of Child

give my permission to YMCA of Iredell County for my child to participate in the following activities:

- Trips in the YMCA Bus
- Field trips away from the facility

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 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.

Blanket Permission for All Given Field Trips and Activities

Parent/Guardian Signature: _____ Date Signed _____

This authorization is valid from the first day of Summer Camp through the end of Summer Camp:

June 13th, 2011 - August 12th, 2011



MEDICAL PERMISSION FORM TO APPLY SUNSCREEN

In accordance with the North Carolina Child Care Rules and Regulations, parents and/or guardians must give written permission for us to apply sunscreen to your child during the summer months and the sunscreen must be kept by the YMCA staff. As for the YMCA, we believe it is in best interest of both the child and the staff that the sunscreen is in a spray form that does not need to be rubbed in. So to keep within these guidelines we request that all parents supply one bottle of Continuous Spray Sunscreen SPF 30. The sunscreen needs to be both waterproof and sweat proof. When buying, please review the ingredients to determine if the product is specifically safe for your child.

I _____ give permission for my child _____

to be given sunscreen that is provided by me, and be applied (sprayed) by a Counselor.

I choose to purchase a different sunscreen to be given to my child:

Brand: _____

SPF: _____

Child's Name: _____

Parent/Guardian's Signature: _____ Date: _____



(Example)