

# **Afterschool Program Registration Packet**



**August 29, 2016—June 9, 2017**

**Goldsboro Family YMCA  
900 S. Harding Drive  
Goldsboro NC 27532  
(919) 947-0124**



**GOLDSBORO FAMILY YMCA**  
**Preschool and Child Care Center**  
900 S. Harding Dr., P.O. Box 10355  
Goldsboro, NC 27532  
Preschool (919)778-0016  
Child Care Center (919)947-0124

## **POLICY & PROCEDURE INFORMATION**

### **WELCOME**

The Goldsboro Family YMCA staff welcomes you to the Afterschool Program. We have dedicated ourselves to ensuring the safety of your child while s/he is in our care. The Afterschool Program not only needs to be enjoyable for the children, but for the parents as well. We will strive to keep you well informed and to partner with you to provide the best care for your child.

### **MISSION STATEMENT**

Guided by Christian principles, the YMCA provides all persons services and activities that develop and enrich their lives and help them achieve their fullest potential in spirit, mind, and body. The Goldsboro Family YMCA has established five program themes: (1) promoting healthy lifestyles, (2) strengthening family relationships, (3) developing leadership qualities, (4) increasing international understanding, and (5) participating in community development.

### **OUR PURPOSE**

Our purpose is to provide a quality, Christian-oriented Afterschool Program that is safe, convenient and creative. This program presents age-appropriate opportunities and activities, which will enhance your child's spiritual, physical, social, intellectual and emotional growth.

### **OBJECTIVES**

The YMCA childcare programs seek to help each child: (1) grow personally, (2) learn values, (3) improve personal and family relationships, (4) appreciate diversity, (5) become a better leader and supporter, (6) develop specific skills, and (7) have fun!

### **YMCA CHILD CARE PHILOSOPHY**

The YMCA is proud of its history of dedication to youth. Our primary purpose is to provide dependable, safe care in an environment that helps each child develop to his/her fullest potential. The YMCA provides services to all families without regard to race, religion or national origin.

## **DISCIPLINE**

The Goldsboro YMCA believes that children learn self-control when adults treat them with dignity and use discipline techniques such, as the following:

- Guiding children by setting clear consistent limits for group behavior.
- In the case of older children, helping them set their own limits.
- Visualizing mistakes as learning opportunities.
- Redirecting children to a more acceptable behavior or activity.
- Listening when children talk about their feelings and frustrations.
- Guiding children to resolve conflicts and modeling skills that help them solve their own problems.
- Patiently reminding children of the rules and their rationale as needed.
- Corporal punishment or abusive language of any kind is not allowed in any program at the YMCA. Rules will be consistent, based on the understanding of individual needs and development, and will promote self-discipline and acceptable behavior. Positive reinforcement will be used to guide the children. If necessary, a limited time-out period will be used to help a student regain his/her self-control. If a discipline problem arises and continues to persist, parents and the Director will work together to resolve the conflict.
- Expulsion from the program is for one calendar year. There will be no refund of program fees already paid.
- YMCA staff have been trained in the YMCA's policies on discipline procedures.

### **Disciplinary & Behavior Management Policy**

A child's participation in the Afterschool Program depends upon his/her behavior. We certainly want each child to enjoy the activities planned and benefit from his/her experience with the Goldsboro Family YMCA Afterschool Program.

Basic Rules of Safety and Conduct are reviewed below. Please make certain that your child is aware of these rules. Parents will be informed by phone, in writing (daily behavior and activity log) and through parent conferences if their child continues to display poor behavior. General discipline techniques involve positive reinforcement for good behavior and careful explanation of behavior that is unacceptable. An activity will be denied for repeated poor behavior and the child will be directed to an alternative activity. Physical discipline will not be used. Failure to comply with the following rules may lead to disciplinary action, possible suspension, and/or termination from the program.

- Repeatedly engaging in fighting as a way to solve an issue.
- Stealing or defacing the facility or other children's property.
- Refusing to follow basic safety rules.
- Repeated disrespect for staff or rude and discourteous behavior toward other children.
- Repeatedly displaying an inability to follow established guidelines.

## **PAYMENT POLICY**

Program Fee: The weekly payment is due on Monday for the current week of services. A \$5.00 late fee will be added for payments received after Tuesday. Services will be suspended if no payments are made for two (2) weeks. If your child will be attending our Afterschool Program, all fees are to be paid promptly to ensure that we have sufficient staff on hand for the amount of children signed up. After-school Program payments may be made at the Front Desk of the main Y, at the front office of the Child-care Center, or you may place your check or money order payment in the Program Payment Box.

**CASH PAYMENTS MAY NOT BE DROPPED IN THE PAYMENT BOX.**

## **LATE PICKUP**

In fairness to our staff and because of subsequent program demands, it is very important that your child be picked up on time. A late fee of \$5.00 will be charged for any child not picked up by 6:00 p.m. After 6:15 p.m., there will be an additional \$10 charge; after 6:30 p.m., there will be an additional \$15 charge; after 6:45 p.m., there will be an additional \$25 charge. This fee will be added to your account. Per State Law: The Department of Social Services will be notified if a child is not picked up by 7:00 p.m. The YMCA Childcare Center phone number is (919) 947-0124. Whenever possible, parents should call the Child Care Center when they will be late for pickup. This is not only beneficial to the staff, but also to your child. When parents are late, children begin to worry. Alternative pick up arrangements should be considered.

**Continued late pick-up may result in suspension or termination of services.**

## **ACCOUNTING POLICIES**

- The Registration Fee for each child is due upon enrollment; it is NON-REFUNDABLE and NON-TRANSFERABLE.
- The Program Fee is a weekly payment that is due on Monday of each week.
- Failure to make scheduled payment- Services will be suspended immediately if no payments are made for two weeks. All payments, including late charges, must be made before services can resume.
- Late Pick up Fee- A late pick up fee of \$5.00 will be charged for the first 15 minutes after 6:00pm (Childcare Center clock), an additional \$10 after 6:15, an additional \$15 after 6:30, and an additional \$25 after 6:45. The late fee will be applied to your account. If a parent is not located by 7:00pm, DSS (Department of Social Services) will be contacted.
- Holidays/Vacations- Due to the fact we are closed so few holidays, there will not be a reduction in program fees during the weeks these holidays occur.
- Closings- The Child Care Center will be closed Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Eve, Christmas Day, Day after Christmas Day, New Years Eve and New Years Day.
- Check Policy- Make all checks payable to the Goldsboro Family YMCA. There will be a \$30.00 charge for all returned checks. If two checks are returned, cash or money order will be required for future payments.

## THINGS NOT TO BRING

Please do not bring electronic games or devices, toys, water guns, or money (unless requested for field trip purposes). Staff is not responsible for lost or stolen items.

## LOST ARTICLES

Lost and found items are placed in a bin near the Director's office. Items will be held for one (1) month after which they will be donated. Socks and underwear will be thrown away at the close of each day. We are not financially responsible for children's lost items.

## PARENTS' RESPONSIBILITIES

1. Keep proper registration and current phone numbers in the child's permanent records. Services may be withheld if this information is not provided.
2. An **authorization to give medication form must be completed** by the parent if a child requires medication while at the program. Medicines must be in the original containers. Please give specific instructions. If medication is to continue for more than 10 days, a letter from the physician is required along with the form. Medication is stored in a locked area away from the children.
3. If your child has the following, you should keep him/her at home or you will be required to pick up him/her:
  - Temperature of 100° or more
  - Contagious illness
  - Vomiting or diarrhea.

Your child will need to be symptom free for 24 hours before returning.

4. Evaluations: Most importantly, we need your comments and ideas for this program. Periodically, we will hand out evaluation cards. Please fill them out and return them. Evaluations are used to improve our strengths and work on any weaknesses.
5. You are always welcome to visit the Childcare Center. We also encourage you to talk with your child's Counselors and/or the Director about the program and any needs or special successes your child is experiencing.
6. Children's actions often reflect problems they are experiencing at home, e.g. pet's death, parents' divorce, sibling disagreements, etc. If any such disruptive or traumatic experience should occur, please inform the Director. This will enable us to better meet the needs of your child.

If you should have any questions, comments, or concerns please contact:

Kendrick Exum  
After School Program Coordinator  
kendrick.exum@goldsboroymca.org  
Phone:919-947-0124

Felisha Widener  
Youth & Family Services Director  
felisha.widener@goldsboroymca.org  
Phone:919-947-0124





**OFFICE USE ONLY**

(Initial & Date)

FA Awarded/Notified/Entered \_\_\_\_\_

Participant/Sponsor Info: \_\_\_\_\_

Enroll \_\_\_\_\_ Receipt \_\_\_\_\_

Information Entered/Updated \_\_\_\_\_

Valid Email: \_\_\_\_\_

ProCare System: \_\_\_\_\_

# **Goldsboro Family YMCA Afterschool Program Registration**

**EMAIL ADDRESS:** \_\_\_\_\_

Please provide a valid email address. We send important information out to families via email.

## **Afterschool Program Weekly Fee Information**

The weekly fee is **\$75** for members and **\$95** for non-members. The fee covers afterschool care every week that school is in session, including early release days, teacher workdays, and/or vacation days and includes dinner and a snack.

Please **CIRCLE** the school your child attends:

**Elementary Schools:**

Eastern Wayne    Meadow Lane    Northeast    Northwest    North Drive  
Rosewood    Spring Creek    Tommy's Road    Wayne Prep    Saint Mary's

**Middle Schools:**

Eastern Wayne    Greenwood    Norwayne    Rosewood

**High Schools:**

Rosewood    Eastern Wayne



## Child Information

Name: \_\_\_\_\_ DOB \_\_\_\_\_

## Contact Information

Mother/Guardian's Name \_\_\_\_\_

Phone: (h) \_\_\_\_\_ Phone: (w) \_\_\_\_\_ Phone: (c) \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Phone: (h) \_\_\_\_\_ Phone: (w) \_\_\_\_\_ Phone: (c) \_\_\_\_\_

## Child Medical Information

Does your child have any known allergies? Yes \_\_\_ No \_\_\_

## Emergency Care Information

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Emergency Contacts

If neither Guardian can be contacted, call the following:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Release

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither guardian nor the family physician can be contacted immediately.

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In this situation, other children will be supervised by a responsible adult. I will not administer any drug or any medication without the specific instructions from the physician or the child's parent, guardian or full-time custodian. Provisions will be made for adequate and appropriate rest during outdoor play.

\_\_\_\_\_  
Signature of Operator

\_\_\_\_\_  
Date





# WE CHECK I.D.

You **MUST** be prepared to show I.D. when picking up your child EVERYDAY! YMCA Staff will not release until I.D. is provided and verified. Please remember this is to provide a safe environment for your child.

Thank you in advance for your patience.

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized Pick-Up	Phone
1.(self) _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

## Supplemental Information

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

Are there any special family circumstances such as adoption, divorce, separation, stepparent, etc.? If separation or divorce, what is the relationship between you and the other parent? What are custody arrangements? Who takes primary care of the child? Please explain in detail:

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How did you hear about us? \_\_\_\_\_

Does your child adjust easily to new situations? \_\_\_ yes \_\_\_ no

Is there anything else we should know about your child? \_\_\_\_\_

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What are your expectations for the school year?

## Children's Medical Report (To be completed by Parent)

Name of Parent/Guardian \_\_\_\_\_

Address of Parent or Guardian \_\_\_\_\_

### Medical History

Is your child allergic to anything? No \_\_\_ Yes \_\_\_

If yes, what? \_\_\_\_\_  
\_\_\_\_\_

Is your child currently under a doctor's care? No \_\_\_ Yes \_\_\_

If yes, for what reason? \_\_\_\_\_  
\_\_\_\_\_

Is the child on any regular medications? No \_\_\_ Yes \_\_\_

If yes, what? \_\_\_\_\_  
\_\_\_\_\_

Any history of significant previous diseases or reoccurring illness?

Diabetes No \_\_\_ Yes \_\_\_

Convulsions No \_\_\_ Yes \_\_\_

Heart Trouble No \_\_\_ Yes \_\_\_

Asthma No \_\_\_ Yes \_\_\_

Others \_\_\_\_\_

Does the child have any physical disabilities? No \_\_\_ Yes \_\_\_

## **Individualized Care Plan**

This form is to be completed when a parent/guardian has indicated that the child will be taking a prescription medication, requires special attention, has a special need or disability while participating in the Afterschool Program.

**MEDICATION INFORMATION:** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

An Authorization to Dispense Medication form is available on site and must be completed before staff will administer medication.

**TELL US MORE ABOUT YOUR CHILD:**

If you listed a medication or indicated that your child has a special need, please explain so that our staff are familiar prior to your child attending the program.

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If the YMCA staff and/or parents/guardians feel it is necessary, a meeting will be scheduled in advance to discuss specific information. The YMCA program welcomes all children to the extent that it is reasonably able to do so. A child who requires measures

**PERMISSION SLIPS**

**Video/Photographs & Field Trips**

1. I hereby give my permission for the Goldsboro Family YMCA to take photographs and videos of my child and use them in publicity if they so desire.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

My child, \_\_\_\_\_, has permission to accompany the YMCA Afterschool Program staff to various designations/field trips. Field trips include trips on YMCA premises such as the pool and play areas as well as trips to other businesses and parks.

I will be notified of all field trips and mode of transportation.

I have signed and dated a medical release attached to the parent/guardian packet received during registration.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

**RELEASE FROM LIABILITY**

In consideration of my requesting my child's attendance with the group from the Goldsboro Family YMCA, I accept any and all responsibility for, and assume the risk of, and all injuries of his/her participation in the program and I hereby expressly discharge and hold harmless from any liability whatsoever, the Goldsboro Family YMCA, the various branches and subdivisions thereof, as well as the officers, agents, employees, and servants thereof, in their capacities as representatives of the Goldsboro Family YMCA, whether employed or voluntary.

I certify that I am familiar with the content of this release and that I have read and understand the same and that it is my intention by signing this release, that the same be binding not only upon me, but also upon my heirs, administrators, executors, successors, and/or assigns.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

## **PARENT STATEMENT OF UNDERSTANDING**

The following information is important for the safety and protection of your child. Please read the information, sign this form and return to the Goldsboro Family YMCA.

Please keep and refer to your copy of the Goldsboro Family YMCA Program Policies. Your signature below indicates that you have received them.

I understand that the Goldsboro Family YMCA staff and volunteers are not allowed babysitting or transporting of children at any time outside of the YMCA program.

I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.

I understand that participants' files, records, and payment information pertaining to the Family YMCA Preschool and Child Care Center Programs are property of the Goldsboro Family YMCA.

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 either be listed with the YMCA or other arrangements must be made by directly speaking with the Youth Director to inform him/her of the change.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, the staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that state law mandates the Goldsboro Family YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I have read and understand the statements above and the Goldsboro Family YMCA Policies & Procedures.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Child's Name

## 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 center will practice the following discipline and behavior management policy:

### WE

- **DO** praise, reward and encourage the children.
- **DO** reason with and set limits for the children.
- **DO** model appropriate behavior for the children.
- **DO** modify the classroom environment to attempt to prevent problems before they occur.
- **DO** listen to the children.
- **DO** use short supervised periods of "time out".
- **DO** explain things to the children on their level.
- **DO** treat the children as people and respect their needs, desires, and feelings.

### WE

- **DO NOT** spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish.
- **DO NOT** make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
- **DO NOT** shame or punish the children when bathroom accidents occur.
- **DO NOT** deny food or rest as punishment.
- **DO NOT** relate discipline to eating, resting, or sleeping.
- **DO NOT** leave children alone, unattended, or without supervision.
- **DO NOT** allow discipline of children by other children.
- **DO NOT** criticize, make fun of, or belittle

I, the undersigned parent or guardian of \_\_\_\_\_, do hereby state that I have read and received a copy of the center's Discipline and Behavior Management Policy and that the center director has discussed the policy with me.

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

## **Goldsboro Family YMCA Afterschool Program Hours, Rates, and Accounting Policies**

### **Center Hours**

After school: 2:30 pm-6:00 pm

Teacher Work Days & Designated Holidays:  
7:00am-6:00pm

### **Registration Fee Due at Enrollment**

Afterschool Registration Fee: \$20

### **AFTERSCHOOL PROGRAM FEES**

#### **Member**

\$75 for 1 child per week

#### **Non-Member**

\$95 for 1 child per week

### **ACCOUNTING POLICIES**

- The Registration Fee for each child is due upon enrollment and is NON-REFUNDABLE and NON-TRANSFERABLE.
- The Program Fee is a weekly payment that is due on Monday of each week. Weekly Program fee is due whether a child is in attendance or not. This keeps your child's space reserved.
- Failure to make scheduled payment- Services will be suspended immediately if no payments are made in a timely manner. All payments must be made before services can resume.
- Late Pick up Fee- A late pick up fee of \$5.00 will be charged for the first 15 minutes after 6:00pm (Preschool/Child Care Center Clock), an additional \$15 after 6:30, and an additional \$25 after 6:45. The late fee will be applied to your account. If a parent is not located by 7:00pm, DSS (Department of Social Services) will be contacted.
- Holidays/Vacations- Due to the fact we are closed so few holidays, there will not be a reduction in program fees during the weeks these holidays occur.
- Closings-Preschool & Child Care Center will be closed Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Eve, Christmas Day, Day after Christmas Day, New Years Eve and New Years Day.
- Check Policy- Make all checks payable to the YMCA. There will be a \$30.00 charge for all returned checks. If two checks are returned, cash or money order will be required for future payments.

I/We understand and agree to pay in accordance with the above fee schedule and Accounting Policies of the Goldsboro Family YMCA.

I understand that my weekly fee is: \$ \_\_\_\_\_