

## Payment Policy

- ❖ Weekly fees must be paid by Wednesday prior to the week your child is to attend or a \$5 late payment fee will be charged for each child for each day the payment is late.
- ❖ Hours of operation are 6:00 a.m. - 6:15 p.m. A \$5 late pick-up fee will be charged for each child every 5 minutes the parent is late.
- ❖ Federal Tax ID# 56-2159770
- ❖ You may pay by check or money order (no cash). Please make payment out to ASYMCA. Include the name of the child(ren), and the week(s) you are paying for. There is a \$25 Return Check Fee.

## Sign In-Out Policy

For the safety of your child, you **must** sign them in and out daily. Only those persons authorized by you on the registration form will be allowed to pick up your child from the program. A picture I.D. will be required if the person is unknown to our staff.

## Discipline Procedures

Staff will clearly model and communicate their expectations for behavior. A child may be suspended from the program, particularly if the health and safety of others is compromised by his or her actions.

## Dress Code

- ❖ Campers will spend a large amount of time outside. They will sweat and they will get dirty. Please have them dress appropriately. Tennis shoes are highly recommended. Sandals or flip flops are appropriate on swim days only.
- ❖ Campers will be required to wear their camp shirt on the weekly field trip. Camp shirts will be provided at the beginning of camp. Campers not wearing a camp shirt on the day of a field trip will be given a replacement shirt and charged \$10.

## Lunch / Snacks

- ❖ Campers are required to bring a bag lunch that does not require refrigeration or heating. We recommend purchasing an insulated lunchbox. We also suggest bringing a water bottle. The campers name should be written on all items.
- ❖ An afternoon snack and drink will be provided.

## Snack Bar

- ❖ Campers may also purchase snacks from the Snack Bar during snack time only. We offer a variety of snacks costing 25-75 cents.

## Camp Hours / Closings

- ❖ Camp is open from 6:00 a.m. - 6:15 p.m. and camp activities begin at 8:30 a.m.
- ❖ We will be closed for the following holiday: Monday, 5 July 2010. Camp fees will be adjusted for that week.

## Activities

- ❖ Campers will enjoy two days of swimming each week at a Fort Bragg pool.
- ❖ Other field trips will be scheduled, such as visiting Fascinate-U, Roller Skating, Library, Parks and Movies to name a few!
- ❖ Other activities include games, songs, devotions, arts & crafts, etc.

## Our Staff

We look for dedicated individuals who are sensitive to the needs of children. Staff is selected for their maturity, patience, experience working with children, leadership skills and enthusiasm.

Our child to staff ratio is 15:1. Each staff member is Child Abuse Prevention, CPR and First Aid certified.

## Vacation Policy

Each child is allowed two weeks vacation during Summer Camp. No weekly fee will be due for the vacation weeks. A vacation form must be completed prior to taking vacation.

## FEES

### Registration Fee:

\$25 per child

Includes camp shirt

### Weekly Fee:

\$70/week per child

**First week and last week camp fees and registration is due at sign up.**

## Important Contact Information

Main Office: Bldg. 2-2411, Fort Bragg, NC

Lynne Grates, Executive Director

Phone: 436-0500

E-mail: [lgratesasymca@earthlink.net](mailto:lgratesasymca@earthlink.net)

Melanie Spangler, Bookkeeper

Phone: 436-0500

E-mail: [mshanglerasymca@earthlink.net](mailto:mshanglerasymca@earthlink.net)

Highland Elementary School Site

Veronica Davis, Site Director

Russell Orr, Site Director

1915 Buffalo Lake Road

Sanford, NC 27332

Phone: 494-2069 / 824-1619

NC State Employees Combined  
Campaign Charity Code 2569

Combined Federal Campaign # 81553



The Armed Services YMCA is committed to offering high-quality camp programs with special emphasis placed on Character Development. We focus on the four core values:

#### **Caring . . .**

- To love others.
- To be sensitive to the well being of others.
- To help others.

#### **Honesty . . .**

- To tell the truth.
- To act in such a way that you are worthy of trust.
- To have integrity.
- To ensure that your choices match your values.

#### **Respect . . .**

- To treat others as you would have them treat you.
- To value the worth of every person, including yourself.

#### **Responsibility . . .**

- To do what is right.
- To be accountable for your behavior and obligations.

# Armed Services YMCA

## Summer Fun



**Armed Services YMCA  
Main Office**

**Bldg 2-2411 Rodney Trail  
Ft. Bragg, NC  
(910) 436-0500  
Fax: 436-0018**

**Summer Camp:  
HIGHLAND ELEMENTARY SCHOOL  
494-2069 / 824-1619**

The Mission of the Armed Services YMCA is to put Christian principles into practice through educational, recreational, social and religious programs and services for military personnel, both single and married and their family members.



# Youth Program Information/Permission Form

## Behavior Expectations and Discipline Policy

It is important that staff maintain good order and discipline in all programs. Top objectives in all ASYMCA programs are safety and a positive atmosphere for learning and developing social skills. The ASYMCA makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

**The ASYMCA does not condone and will not permit:**

1. Corporal punishment.
2. Ridiculing, threatening, using an inappropriate loud voice.
3. Leaving children unsupervised.
4. Use of profanity.

**A child's behavior is expected to be consistent with the following:**

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.
5. Stay in program areas.

**The Discipline Policy**

1. If a child is unwilling to comply with the behavior expectations, a conference will be held by the site director with the child. The parent(s)/guardian will be notified in writing.
2. If after the above meeting the child is still unwilling to comply with the behavior expectations, the site director will set up a conference with the parent(s)/guardian. A behavior contract will be established and signed by the child, parent(s)/guardian and the site director.
3. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.
4. Failure of the parent(s)/guardian to attend conference(s) and cooperate will subject the child to suspension or dismissal.
5. There will be no refund or reduction of weekly fees for a suspension or dismissal.

**Behaviors which may result in immediate dismissal include but are not limited to:**

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, or other children or staff.
2. Fighting.
3. Possession of a weapon of any kind.
4. Vandalism or destruction of ASYMCA property or property of others.
5. Sexual misconduct.
6. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor.
7. Running away.
8. Stealing from the ASYMCA, staff, or another child.

**In signing this agreement for my child, I certify that he/she is in good health and able to participate fully in the ASYMCA Youth programs unless stated in writing to the Site Director. I hereby grant permission for my child to use all of the play equipment and to participate in all activities of the ASYMCA Youth Department. I hereby grant permission for my child to leave ASYMCA program areas, under the supervision of a staff member, for neighborhood walks and field trips in an authorized vehicle. I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:**

1. Attempt to contact a parent or guardian.
2. Attempt to contact a parent or guardian through the persons listed on the information form as emergency contacts.
3. Attempt to contact the child's physician as listed on the medical form.
4. If contact cannot be made with the child's parent, guardian, or physician, the following steps will be taken:
  1. Contact another physician or paramedic
  2. Call for an ambulance.
  3. Have the child transported to an emergency room in the company of a YMCA staff member.
5. Any expense incurred under #4 above, will be born by the child's family.

I agree that the ASYMCA, Department of Social Services and the Counties of Cumberland and Harnett will not be held responsible for any illness, accident, or death. In case of an emergency, I authorize the ASYMCA Site Director or designated Staff to secure proper medical treatment and hereby authorize the physician selected by the ASYMCA Director to hospitalize, to order injection, anesthesia or surgery for our child as named in this sheet. I hereby will not hold the ASYMCA responsible for anything that may happen as a result of false information given at the time of enrollment, or as a result of not updating the information and medical forms as necessary.

Parent or Guardian \_\_\_\_\_

(Print)

\_\_\_\_\_

(Signature)



# Youth Program Information/Permission Form

## SUMMER CAMP AT HIGHLAND ELEMENTARY SCHOOL

T SHIRT SIZE - \_\_\_\_\_

Name of Child \_\_\_\_\_ Start Date \_\_\_\_\_

Address \_\_\_\_\_  
(Last) (First) (Middle) (Street) (City, State) (Zip)

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent's Marital Status: \_\_\_Single \_\_\_Married \_\_\_Separated \_\_\_Divorced \_\_\_Widowed

Father's Name _____	Mother's Name _____
Address _____	Address _____
Zip _____ Home Phone _____	Zip _____ Home Phone _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Title/Rank _____	Title/Rank _____
Work Phone _____	Work Phone _____
Driver's License#/State _____	Driver's License#/State _____

**IN CASE OF EMERGENCY:** If we cannot reach you, whom should we contact?

*NOTE: By law, we must have two (2) alternate contacts.*

Name _____	Name _____
Phone Number _____	Phone Number _____
Relationship to Child _____	Relationship to Child _____

Name of Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please list any health conditions we should be aware of: \_\_\_\_\_

**PICK UP:** Your child will be released ONLY to those persons listed below. Please include any person allowed to pick up your child, **including yourself**. Must be 18 years old to pick up a child. *NOTE: Persons not known to YMCA Staff will be asked to show a picture ID.*

Name _____	Name _____
Phone _____	Phone _____

Name _____	Name _____
Phone _____	Phone _____

Name _____	Name _____
Phone _____	Phone _____

If your child has attended in the past, what year? \_\_\_\_\_

## **ARMED SERVICES YMCA (ASYMCA) SUMMER CAMP RULES**

*WE WOULD LIKE PARENTS TO REMIND CHILDREN THAT THERE ARE RULES THAT WE NEED TO FOLLOW AT THE ASYMCA IN ORDER TO HAVE A SAFE AND WELL-RUN PROGRAM. PLEASE TAKE TIME TO REVIEW THESE RULES WITH YOUR CHILD.*

- 1. NO TALKING DURING ATTENDANCE.**
- 2. NO ONE SHOULD BE IN THE HALLWAYS WITHOUT A STAFF MEMBER PRESENT.**
- 3. YOU MUST HAVE PERMISSION TO USE THE BATHROOM.**
- 4. CLEAN UP ANYTHING YOU PLAY WITH.**
- 5. NO RUNNING INSIDE THE BUILDING.**
- 6. NO PUSHING, PUNCHING, OR HITTING. FIGHTING WILL NOT BE TOLERATED.**
- 7. IF PERSONAL ITEMS ARE BROUGHT TO THE SITE, YOUR CHILD IS RESPONSIBLE FOR THEIR SAFE-KEEPING.**
- 8. BE QUIET DURING REST TIME.**
- 9. NO PICKING UP OR THROWING STICKS, WOOD CHIPS OR ROCKS.**
- 10. OBSERVE COMMON COURTESY AND BE RESPECTFUL OF OTHERS. BULLYING WILL NOT BE TOLERATED.**
- 11. USE APPROPRIATE LANGUAGE AT ALL TIMES.**
- 12. SHARE MATERIAL AND EQUIPMENT.**
- 13. BE RESPECTFUL OF OTHER PEOPLE'S PROPERTY.**

**I have reviewed the ASYMCA rules with my child:**

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

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

**I have read the ASYMCA rules and will do my best to follow these rules at all times:**

\_\_\_\_\_  
**Child/Participant Signature**

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

**MEMBER/CHILDREN  
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the ASYMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the ASYMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE ASYMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE ASYMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the ASYMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon ,or about the premises or any facilities or equipment therein or participating in any program affiliated with the ASYMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the ASYMCA premises or in any way observing or using any facilities or equipment of the ASYMCA or participating in any program affiliated with the ASYMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the ASYMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the ASYMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

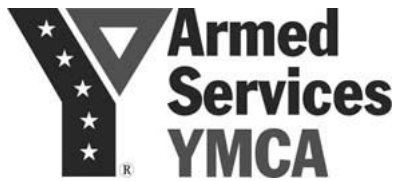
THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Signature of Applicant/Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Name(s) of child(ren) in program: \_\_\_\_\_

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**Childcare Payment Policy  
Before/After School & Summer Care**

- ❖ **To ensure proper staffing, weekly fees must be paid by Wednesday before the week the child will be attending the program. A \$5 late payment fee will be charged per child for each day the payment is late.**
  
- ❖ **In order to ensure a slot in the program for your child, weekly fees must be paid. We cannot effectively staff the site if we do not know how many children will be attending. Each child is allowed two weeks of vacation per school year (August – May). No weekly fee will be due for the vacation weeks. A Vacation Form must be completed by the end of the week prior to taking vacation. We do not prorate the weekly fee. Christmas Camp and Spring Camp are optional programs. They do not count towards your two weeks of vacation.**
  
- ❖ **You may pay by check or money order only-no cash. Please make check or money order payable to ASYMCA. Include the name of the child(ren), and the week(s) you are paying for. If you are paying by check, include your driver's license number and State. There is a \$25 fee for each return check. If a returned check is received by the ASYMCA, personal check writing privileges will be revoked and all fees must be paid by money order only – no cash.**
  
- ❖ **If you desire a tax letter for childcare fees paid, please call the main office at 436-0500 to request a copy. The Federal Tax ID number is 56-2159770.**
  
- ❖ **Drop off time for before school care is 6:00 a.m. Pick up time is 6:30 p.m. at the Johnsonville Site. Pick up time is 6:15 p.m. at the Highland Site. A late pick-up fee of \$5 will be charged every 5 minutes until the child is picked up.**
  
- ❖ **For the safety of your child, you must sign them in/out daily. You may be asked for your ID if a staff person is not familiar with you. This is for the safety of your child.**

**If you have any questions or concerns, please feel free to contact Lynne Grates, Executive Director at 436-0500.**

**I have read the Childcare Payment Policy and agree to the policy.**

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

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



**ARMED SERVICES YMCA**  
*Serving Fort Bragg / Pope AFB, NC*  
Main Office: Bldg 2-2411 • Fort Bragg, NC  
Mailing Address: 208 Thorncliff Drive • Fayetteville, NC 28303  
(910) 436-0500 Fax: (910) 436-0018

**Parent/Guardian Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Soldier/Airman Name and Unit:** \_\_\_\_\_

**Child(ren) Name(s) and Age(s):** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**ASYMCA Release:**

Armed Services YMCA Privacy Policy

We would like your permission to use photographs for use in grants that are submitted for our programs or to promote our programs through ASYMCA media, promotional and fundraising purposes.

We do not disclose any nonpublic personal information about you to anyone, except as permitted by law. We restrict access to your personal information to those employees and volunteers who need to know that information to provide products and/or services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

I give permission for photographic images of my spouse, my child(ren), my family and myself to be used for ASYMCA grants, media, promotional and fundraising purposes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_