



YMCA

We build strong kids,
strong families, strong communities.

A.E. Finley YMCA
9216 Baileywick Rd
Raleigh, NC 27615
919-848-9622



A SMALL MIRACLE, INC.

Comprehensive Services for
Children and Adults with
Autism and Other Special Needs
919-854-4400



Camp G.R.A.C.E.

Growth Recognition Achievement Character Encouragement

Summer 2009

Camp G.R.A.C.E.
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Mission: *To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.*

Vision: *To create an inter-related group setting in which children feel safe, accepted, and valued. To enrich the quality of life for the participants and their families. To meet specialized needs of the participants in a camp setting incorporating therapeutic ideals.*

In 2001, Lauren Askew created Camp G.R.A.C.E. for a class project at Meredith College. Lauren had worked as a camp counselor for A.E. Finley YMCA and was impressed with the expertise they had at working with children in a summer camp. While attending Meredith, Lauren worked with children with special needs at A Small Miracle, Inc. For her project, she decided to merge the two experiences into one making a day camp especially for children with autism and related communication disorders. She took into account the safety, sensory, communication, and other special needs of this population and created plans that incorporated solutions for each of these challenges. Lauren then took her project and pitched it to the senior leadership at the YMCA and A Small Miracle, Inc. convinced them to make Camp G.R.A.C.E. a reality. Camp G.R.A.C.E. was so successful that the partnership between the two has continued years after Lauren moved out of state and had to leave her beloved camp.

Camp G.R.A.C.E. is a day camp designed for children with Pervasive Developmental Disorders (PDD) or Autism Spectrum Disorder. The camp has been designed with the help of an advisory board composed of many professionals who are currently working in the area of autism, as well as parents of children with autism. Individuals from the following organizations have donated their time and expertise in the formation of Camp G.R.A.C.E.: A Small Miracle, Inc., the Autism Society of North Carolina, Community Partnerships, Maxim Home Health, and independently contracted Behavioral Psychologists. Along with the Advisory Board, we have continued support from these organizations as well as the Raleigh TEACCH Center to assist in the comprehensive training of the staff. It is through the generosity and dedication of all the above-mentioned organizations and individuals that we are able to provide Camp G.R.A.C.E.

The A.E. Finley YMCA is partnering with A Small Miracle, Inc. to assure that a qualified professional in the field of autism is on staff and offering leadership to Camp G.R.A.C.E. A Small Miracle, Inc. is a CAP-MR/DD service provider that currently provides services in more than 20 North Carolina counties. Together, our goal is to provide the best possible care and camp experience for your child. While A Small Miracle, Inc. will be providing assistance and guidance to the camp, ASM does not receive any funding from the partnership. All proceeds go directly to benefit the camp.

Camp G.R.A.C.E. will incorporate therapeutic ideals from many disciplines: therapeutic recreation, TEACCH, Applied Behavioral Analysis, Verbal Behavior, and Sensory Integration. Camp G.R.A.C.E. is not a mental health program or a treatment program. While our staff will attend introductory trainings in these disciplines, we are not designed to implement therapeutic programs. Our goal is for the staff to have an understanding of these methods, and to incorporate these ideals into daily activities. We are not staffed to handle children who demonstrate physically aggressive or sexually inappropriate behaviors. We will do our best and consult professional resources; however, if such behaviors do arise, your child may be asked to leave the program.

Each session of Camp G.R.A.C.E. will run for two weeks, with each session focusing on building specific skills. Camp G.R.A.C.E. will begin on June 22, 2009 and will run through August 14, 2009. The camp will run Monday-Friday, from 9:00-2:30 for children ages 6-13. Camp G.R.A.C.E. will be on site at the A.E. Finley YMCA. We will have alternating two-week sessions: Social Skills and Building Blocks. Social Skills sessions are designed for children that do not require one-on-one assistance (1:3 ratio); the focus of these sessions will be on activity skill building, inclusive activities, and social situations. The Building Blocks sessions are designed with a smaller ratio (1:2 ratio) to allow for more individual attention. The goal is to break down the activities in our smaller groups and work on teaching the basic skills. The ratios have the possibility of being closer to 1:1 in each session with additional volunteers.

The first week of camp the children will be working within their huddles (groups of 5-6 children) to learn the skills of the games. The first week will also include special activities such as music intervention, horseback riding, and activities suggested by an art therapist. The second week Camp G.R.A.C.E. participants will continue to build on the skills both within their huddles as well as through inclusive activities with the A.E. Finley YMCA's Finley Day Camp. The children will have water activities everyday (swim time, slip-n-slide, sprinkler time, etc.) and participate in activities that incorporate sensory integration.

Acceptance to Camp G.R.A.C.E. will be based on a lottery ONLY if we fill before April 15, 2009. If we are not full on April 15, 2009, Camp G.R.A.C.E. will operate on a first come first serve basis. If Camp G.R.A.C.E. fills up, any applications received after that point in time will be placed on a waiting list. In the event that a family withdraws from their session, we will refer to the waiting list to fill the position. Families will be placed on the waiting list in the order that they are drawn. Following notification of acceptance to camp, Parent Handbooks will be available at the A.E. Finley YMCA. The Parent Handbook contains information regarding policies, procedures, and guidelines. **Additional forms within the handbook will also need to be completed and returned prior to admission into camp.**

We will require a supplemental application for the "Play Pal" who will be attending with your child. That application will contain emergency information for the Play Pal and contact information from their agency. A background check will be required for every individual worker sent with a child. To facilitate your child's transition into camp, we will require all Play Pals to attend an introductory meeting during which we will supply a manual that covers the daily schedule, policies, and expectations, as well as answering any questions. **All staff, volunteers, and Play Pals will be required to submit to a background check to ensure the safety of the children. Due to this we will require one week notice of Play Pal information; this will ensure we have enough time to check all Play Pal's backgrounds' also.**

In order to maintain a low ratio and to decrease the cost of the camp, our staff will consist of college interns. We are working with several area colleges to obtain interns. The staff will attend intensive training prior to the beginning of camp. The training will be comprehensive and include topics from many therapeutic areas. We are working with NC State, UNC, and Shaw and their internship programs.

Application Requirements:

- | | |
|---|--|
| <input type="checkbox"/> \$50/per session deposit | <input type="checkbox"/> Sensory Responses |
| <input type="checkbox"/> Designated Sessions | <input type="checkbox"/> Outdoor Activities |
| <input type="checkbox"/> Registration | <input type="checkbox"/> Medical Concerns |
| <input type="checkbox"/> Youth Information Form | <input type="checkbox"/> Parental Agreements |
| <input type="checkbox"/> Communication Section | <input type="checkbox"/> Signed Youth Programs Policy |
| <input type="checkbox"/> Self-Help Skills | <input type="checkbox"/> Signed Behavior and Discipline Policy |
| <input type="checkbox"/> Behavior Section | <input type="checkbox"/> Photo Release Form |
| <input type="checkbox"/> Emotional Responses | <input type="checkbox"/> Scholarship Form (if needed) |

*Parent Handbooks, Play Pal applications, and Play Pal handbooks will be available to parents following notification of acceptance.

Program Description:

Social Skills Sessions:

Social Skills sessions are designed for children who do not require one-on-one assistance (1:3 ratio); the focus of the session will be on activity skill building, inclusive activities, and social situations. We will work on building individual skills and also incorporating teamwork.

The participants of this session should be able to do the following:

- Communicate Clearly
- Follow Complex Instructions
- Participate in Group Activities
- Independent Self-Help Skills

Building Blocks Sessions:

The Building Blocks sessions are designed with a smaller ratio (1:2 ratio) to allow for more individual attention. The goal is to break down the activities in our smaller groups and work on teaching the basic skills. This session is developed for children who need more hand-over-hand assistance and more simplistic instructions.

Examples of Activities (which will be adapted for Social Skills and Building Blocks sessions):

The following are examples of activities that are incorporated into the weekly schedules. Please note, the activities will be adapted to meet the needs and skill levels of the children.

- | | |
|-----------------|--------------------|
| Scooters | Slip and Slide |
| Soccer | Arts and Crafts |
| Bean Bag Games | Imitation Games |
| Tag Games | Water Games |
| Relay Races | Music Intervention |
| Finger Painting | Ball Games |
| Parachute Games | |

Assemblies:

Assemblies are large group activities that occur at the beginning and end of each day. For the Social Skills sessions, we will have songs, skits, and mini competitions. For Building Blocks, we will use the assemblies as cues to help the children understand the routine of the day. We have incorporated techniques suggested by a sensory integrationalist into assemblies: using large muscle groups, rhythms, and repetition. Since we are located in the outdoor structure, the noise level is not contained and there are limited reverberations; children who are sensitive to noise and large groups have the ability to move farther outside the group while still participating.

Devotions:

Devotions are activities in which we try to incorporate the character traits of the YMCA: Caring, Respect, Responsibility, and Honesty. These activities will also be adapted to the skill level of the children and can include: skits, social stories, coloring activities, sharing activities, etc.

Camp Schedule

With the description of the sessions in mind, please indicate which session you think would be the best fit for your child. Please specify the dates that you would like your child to attend. If your child is not selected in the lottery for your first choice, then your application will be placed in the lottery for the dates of your second choice.

If you have questions regarding the session that will best fit your child, please contact:
 Krista Bader, QP
 A Small Miracle, Inc.
 919-854-4400 ext. 24 (office)

Social Skills:

June 22 – July 2*: 1st Choice _____ 2nd Choice _____

July 20 – July 31: 1st Choice _____ 2nd Choice _____

Building Blocks:

July 6 – July 17: 1st Choice _____ 2nd Choice _____

August 3 – August 14: 1st Choice _____ 2nd Choice _____

*Please note camp will not be operating on Friday, July 3 due to the observance of a national holiday.

Applications will be accepted: For A.E. Finley YMCA members on January 26th, Past Participants on February 2nd, and registration will open to all on February 16, 2009.

Applications should be returned to:

A.E. Finley YMCA
 9216 Baileywick Road
 Raleigh, NC 27615

Payment: \$373* per session for A.E. Finley or Triangle YMCA members
 \$402* per session for all other program participants.

A \$50 deposit (per session) is required at the time you submit your child's application. This deposit will be held until you have been notified of your child's acceptance in camp. At the time of notification, your deposit will be applied to the cost of your child's camp.

*Please note that for the June 23 – July 3 session there will be a fee of \$315 for A.E. Finley YMCA or Triangle YMCA members, \$347 for all other program participants.

Payment Plan Option and Scholarships:

Payment plans and scholarships are available. Please contact Erin Grover for more specific information at (919)845-3853. Please return a completed scholarship request form with your child's application form, if you need assistance to send your child to camp. Scholarship request forms may be picked up at the A.E. Finley YMCA Welcome Center.

Communication. Please help us understand how your child communicates. Please check and explain all that apply.

How does your child communicate with others? He/she uses...

- Complete sentences _____
- 2-3 word phrases _____
- Single words _____
- Vocalizations, sounds, etc. _____
- Sign Language _____
- Gestures, points, etc. _____
- Take people to what he/she wants _____
- Cry or whine _____
- Pictures _____
- Word cards _____
- Special system such as a communication board _____
- Writing to communicate _____

How does your child understand what is said to him/her?

- Understands complete sentences _____
- 2-3 word phrases _____
- Understands single words _____
- Gestures or points _____
- Reads: complete sentences 2-3 word phrases single words

- Does your child use a schedule? Yes No If yes, then what type? _____
- Written Schedule How many events on the schedule? _____
 - Line Drawing Schedule Is it a pull card system? _____
 - Photo Schedule
 - Object Schedule
 - Written & Picture Schedule

Can your child communicate the following concepts? If so, then how?

- Yes No Can your child ask for help? _____
- Yes No Can your child communicate illness or pain? _____
- Yes No Can your child communicate dislike? _____

Please provide any additional information we should know about how your child communicates

Self-help Skills. Please help us understand your child's self-help skills. Please check all that apply.

At mealtimes: He/she can...

- Use all utensils
- CANNOT use: Fork Spoon Knife
- Drink from a cup unassisted
- Chew and swallow with no problems
- Has good table manners
- Has inappropriate table manners (throw food, grab food...please describe) _____

- Poor appetite
- Excessive appetite
- Would do better eating in a separate, smaller dining area away from the large group

Even though you are responsible for providing your child's lunch, snacks, and beverages, we want to be aware of allergies to food, drinks and any special dietary needs (no sugar, no wheat or gluten, etc.)?

With dressing and undressing:

- Child can put on shirt socks underwear pants
 - Child can fasten buttons snaps zippers
 - Child can put on shoes tie shoelaces
 - Child can undress partially can undress completely
 - Child has no dressing problems
 - Child needs a lot of assistance with dressing, please describe assistance needed _____
-
-

With using the bathroom, your child is

- Completely toilet trained, uses the toilet independently
 - Partially toilet trained, needs to be reminded to go
 - Needs some assistance using the toilet
 - Will use too much toilet paper or clog toilet
 - Needs complete assistance / total supervision in the restroom
 - Not toilet-trained at all (wears diaper / training pants)
- How often does your child need to go to the bathroom? _____
-
-

How does your child indicate that he/she needs to use the bathroom? _____

Additional Information _____

Behaviors. Please indicate how often, if ever, your child demonstrates the following behaviors and what our appropriate response should be. *We must have accurate information on the behaviors and how to respond to them!*

Behavior	Never	Seldom	Often	What our response should be
Bite Self	___	___	___	_____
Scratch, pinch, hit self	___	___	___	_____
Bang their head	___	___	___	_____
Bite others	___	___	___	_____
Scratch, pinch, hit others	___	___	___	_____
Grab other people	___	___	___	_____
Touch others inappropriately	___	___	___	_____
Throws things	___	___	___	_____
Gets into personal belongs	___	___	___	_____
Runs away/ wanders	___	___	___	_____
Climbs on furniture	___	___	___	_____
Uses inappropriate language	___	___	___	_____
Spits on others	___	___	___	_____
Dumps liquids	___	___	___	_____
Takes clothes off	___	___	___	_____

Please describe in more detail these behaviors or any other behaviors that may occur and how we should deal with them.

<i>Behavior</i>	<i>Consequence</i>
Example: Throws an object.	Have child pick up the object and put it away.
_____	_____
_____	_____
_____	_____

Emotional Responses. Please check all those that describe your child.

- | | |
|--|--|
| <input type="checkbox"/> Prefers to be alone | <input type="checkbox"/> Clings to other people |
| <input type="checkbox"/> Does not like to be touched | <input type="checkbox"/> Gets upset by routine change |
| <input type="checkbox"/> Cries for no apparent reasons | <input type="checkbox"/> Laughs for no apparent reason |
| <input type="checkbox"/> Bothered by excessive noise | <input type="checkbox"/> Other _____ |

Please list things that scare or upset your child. _____

Please describe what helps to calm down your child when he/she is sad, hurt, or otherwise upset.

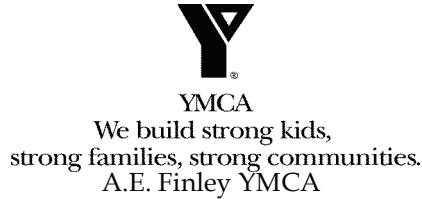
Sensory Responses. Please indicate your child’s reaction to the following sensory input if the response is unusual:

Sensory Input	Over react	Under react	Comments
Visual stimulation	_____	_____	_____
Lights	_____	_____	_____
Sunlight	_____	_____	_____
Heat	_____	_____	_____
Touch	_____	_____	_____
Thunderstorms	_____	_____	_____
Pain	_____	_____	_____
Animals	_____	_____	_____
Sounds	_____	_____	_____
Voices	_____	_____	_____
Darkness	_____	_____	_____

Please note other sensitivities or provide additional information. _____

Outdoor Activities: Please indicate your child’s anticipated reaction(s) to our swimming activity.

- I am unsure of how my child does in the pool.
- Child swims well.
- Child cannot swim. (If child cannot swim independently, parent **must** provide appropriate flotation device.)
- Child fears water / will not get into the water willingly.
- Child drinks pool water.
- Child may go to the bathroom in the pool. (If this is a possibility, parent **must** provide swim diapers.)
- I DO NOT want my child to swim.** (Other activities will be provided.)



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“Photography – I permit the YMCA and A Small Miracle, Inc. to use images of my child as a YMCA Camp G.R.A.C.E. program participant in internal and external promotional materials. This includes any printed material, broadcast and print advertising, promotional videos and the YMCA website, as well as the A Small Miracle, Inc. website, and Camp G.R.A.C.E. website, which are produced or published by the YMCA or A Small Miracle, Inc. I also permit the YMCA and A Small Miracle, Inc. to use images of my child in broadcast and print media news coverage of the YMCA or A Small Miracle, Inc. I understand that my child’s name is not published.”

- I agree to allow my child’s images to be utilized as stated in the policy above.
- I do not want my child’s images to be utilized as stated in the policy above.

Signature

Date

STEPPIN' HEAVEN FARMS, INC.

100 Cedarwood Drive
Louisburg, North Carolina 27549
www.SteppinHeaven.com
(919) 497-0700

Registration and Release

ALL PARTICIPANTS IN ACTIVITIES OF STEPPIN' HEAVEN FARMS MUST COMPLETE THIS FORM. Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. (Chapter 99E of the North Carolina General Statutes.)

Release and Discharge of Liability: I, _____ ("Participant"), hereby voluntarily and intentionally release, hold harmless and forever discharge Steppin' Heaven Farms, Inc., Robert Belton, Susan Belton, Donald Fialka, Lynda Fialka and/or their affiliates, heirs, assigns and staffs, from any and all liability claims, demands, actions or rights of actions which are related to, arise out of, or in any way are connected with my participation in this activity. Activities include but are not limited to riding lessons, handling, preparing or untacking horse(s) before or after a lesson, trail riding, or any contact with any of the animals or property of Steppin' Heaven Farms.

Acceptance of Risk and Responsibility: Being aware that this activity entails risks, I agree and promise to accept and assume all responsibility and risk for injury, death or disability for myself and my heirs, and I elect to participate in spite of risks and do so voluntarily. I understand that my family and/or guests brought to, and/or accompanied by me, at Steppin' Heaven Farms activities do so at their own risk and knowingly assume all liability resulting from such visit.

Authorization for Emergency Medical Care: If I am rendered unable to communicate during an emergency or accident, I hereby give permission to staff present to give first aid, to secure treatment, to hospitalize, and to take whatever actions are deemed appropriate to treat me.

Agreement to Listen Carefully and Abide By All Safety Standards: I agree to listen carefully to, seek full understanding of, and to actively enforce and promote for myself and others all safety standards and information as will be explained prior to and during activities.

My signature below indicates that I have read fully and understand completely this Registration and Release and agree to be bound by its terms.

Printed Name of Participant: _____ Date: _____

Signature of Participant: _____ Telephone: _____
(or if under age 18, signature of Parent or Guardian)

Address of Participant: _____

Allergies or other medical conditions: _____

Person to contact in an emergency: _____

Doctor's name and telephone: _____

Steppin' Heaven Farms is operated by Susan Belton at (919) 497-0700

Camp G.R.A.C.E.
Permission, Insurance, and Release of Liability

Name of One-on-One Play Pal:

The A.E. Finley YMCA and A Small Miracle, Inc. have my permission to transport me off site for medical treatment or hospital care in the case of an emergency, illness, or accident during the summer sessions.

One-On-One Play Pal Signature

Date

I hereby release A.E. Finley YMCA and A Small Miracle, Inc. from any liability for accident or injury that may occur while I am at Camp G.R.A.C.E.

One-on-One Play Pal Signature

Date

This application must be completed and returned to A.E. Finley YMCA at least one week prior to start of camp session.

2009 - 2010 YOUTH Information Form

FOR OFFICE USE ONLY

Payor # _____

Child # _____

My child is a: YMCA member Child of adult member Program participant

Date of registration ____/____/____ Need flexible spending receipt

Child's Information

Child's name (first/middle/last) _____ Name called _____

Address _____ City _____ Zip _____

Male Female Birth date ____/____/____ Age (as of Aug. 2009) _____ Grade (as of Aug. 2009) _____

School _____ Track # _____

If the schools have an unscheduled early release (i.e. inclement weather), my child will:

Ride the school bus home Be picked up by a parent at school **Tracking Out participants will follow branch guidelines.**

Check all that apply to your child, or check "None" for those that don't apply:

Allergies (type) _____ None

ADD No Yes ADHD No Yes

Medication (type and schedule) _____ None

Emotionally, behaviorally, intellectually or physically challenged (explain) _____ None

Special circumstances (see back page and provide additional information if necessary)/Requests _____

None

Family Information (check one parent to contact for payment and other questions)

Mother/guardian's name _____ Employer _____

Home address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager # _____

E-mail address _____ (providing an e-mail address authorizes e-mail communication about your child's programs)

Father/guardian's name _____ Employer _____

Home address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager # _____

E-mail address _____ (providing an e-mail address authorizes e-mail communication about your child's programs)

Emergency Information

In the case of emergency, please contact the following first: Mother/guardian Father/guardian

Child's doctor _____ Doctor's phone _____

Child's dentist _____ Dentist's phone _____

Hospital preference _____

Insurance company _____ Policy # _____

Emergency Contacts (if mother, father or guardian cannot be reached) and Youth Pickups for all YMCA of the Triangle programs:

Individuals can act as an emergency contact and are allowed to pick up your child until a written request is made to remove any names listed.

1. Name _____ Relationship to child _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager # _____

2. Name _____ Relationship to child _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager # _____

3. Name _____ Relationship to child _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager # _____

4. Name _____ Relationship to child _____

Home # _____ Work # _____ ext. _____ Mobile # _____ Pager # _____

YOUTH Programs Policy

Please read each of the following policies and sign below to indicate your understanding of these policies. Policies are subject to all applicable laws.

Waivers/Permissions:

1. I permit my child to participate in activities the YMCA conducts outside the fenced-in play areas at YMCA facilities.
2. **Field Trips** - I permit my child to leave the YMCA on authorized trips under the supervision of the YMCA staff. I may review a written schedule of activities to be conducted off the YMCA premises.
3. **Photography** - I authorize the YMCA of the Triangle Area, Inc., to utilize video-tape, audio or photograph materials of myself or dependent children, for the purpose of promotional materials for YMCA programs and services. This includes any printed material, broadcast and print advertising, promotional videos and the YMCA website. I also permit the YMCA and/or the media to use images of my child in broadcast and print media news coverage of the YMCA. I understand that my child's name is not published.
4. **Transportation** - I understand and agree that for YMCA programs providing transportation for my child **1)** to a YMCA program from home, **2)** home from a YMCA program or, **3)** from his/her school to a YMCA program, the YMCA of the Triangle Area's liability for my child begins when the child boards a YMCA vehicle and ends when the child exits the vehicle. Under some circumstances, YMCA liability will continue if my child is exiting the YMCA vehicle to participate in a YMCA program. Pickup and drop off points will be determined prior to my child attending the program for which he/she is registered. If YMCA staff encounters circumstances that they perceive as dangerous at the location where my child is scheduled to exit a YMCA vehicle, my child will not be permitted to exit.

Program Policies

5. **Babysitting Policy** - The YMCA strives to employ the very best staff possible in all of our programs. During staff time off or after they are no longer employed with the YMCA, these persons are private citizens and are no longer subject to our employment rules and procedures. The YMCA cannot and does not endorse or recommend its present or former staff members as babysitters to any parent or guardian of any child in any of our programs. Any babysitting arrangements with present or former staff of the YMCA is separate and independent from any YMCA program and must be based on the independent investigation, responsibility and judgement of the parent or guardian. I agree that the YMCA shall not be responsible and will be held harmless from any claims or liability in connection with such babysitting activities.
6. **Licensing** - Tracking Out is the only YMCA of the Triangle program licensed by the State of North Carolina, because care is provided on a regular basis of at least once per week for more than four hours but less than 24 hours per day from persons other than a parent or guardian.
7. **Inclement Weather** - I understand that programs are not available when school is closed due to inclement weather. This includes all Tracking Out, Early Arrivals, After School and Preschool programs.
8. **Indemnity** - I understand that YMCA activities have inherent risks, and I hereby assume all risks and hazards incident to my participation/my child's participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA and its employees, organizers, volunteers, supervisors, officers, directors, participants, coaches and referees, as well as all persons or parents transporting participants to and from activities, from any legal claims, liabilities, damages and costs for any physical injury or damage to my personal property sustained during my use of YMCA property and/or my participation/my child's participation in any YMCA activities.
9. I understand that the YMCA is not responsible for any personal items lost or stolen at our programs.
10. **Children age 3 and older need to be toilet-trained.**

Payment Policies

I understand policies concerning payment, cancellation and refunds. I may not register my child for a new program until outstanding balances due on past programs at any branch of the YMCA of the Triangle Area are paid.

11. **Insufficient Funds** - If my bank returns a draft or check, due to insufficient funds, immediate payment is required to keep my child's account up to date. I understand that I will be charged \$25 for each returned check or draft. I will need to send cash, money order or a certified check for the draft or check within 10 business days after I receive a notification letter from YMCA Financial Services. Personal checks will not be accepted. Payment in full is required before my child can continue to participate in YMCA programs. **If I have two returned drafts or checks within a six-month period, I will no longer have the bank draft privilege and will be required to pay program fees in full, in advance.**
12. **Cancellations:** Nonattendance, without written cancellation, does not relieve me of the responsibility to pay for the program. I will refer to the registration receipt for details on specific program cancellation policies.
Bank draft participants - I understand that I must cancel, in writing, 30 days prior to date of bank draft in order to stop payment.
13. **Refunds** - I understand that nonattendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness, vacation or when YMCA programs are cancelled due to inclement weather. All refunds or program credits given for other reasons are issued on a prorated basis. I understand that the YMCA reserves the right to apply any credit due to other outstanding balances. **Refunds are issued within 45 days of cancellation.** Program payment is not transferable from one YMCA program to another nor from one YMCA branch to another.

Medical Treatment Policies

14. **Accident Insurance** - Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site.
15. **Medication** - The YMCA does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. **Notice:** The staff of The YMCA of the Triangle will not administer shots or medications that have to be inserted into body cavities. The one exception to the foregoing is epipen injections. When special circumstances exist, personnel from the YMCA will be available to meet with the parent(s) or guardian(s) of the child in question and strive to develop through dialogue a mutually acceptable alternative way to make sure the medication requirements of the child are met.
16. **Blood Borne Pathogen Exposure** - I understand that, while my child is in the care of the YMCA, if a child is exposed to a body fluid on broken skin or mucous membrane (e.g. splashing in mouth or eye) from another child, the YMCA will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the YMCA will provide the name and telephone number of the child's attending physician to the staff member.
I have read and agree with the statement and specifically authorize the YMCA to release the name and telephone number of my child's physician and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or to any staff member who experiences such an exposure from my child.
17. **Emergency** - In the event of an emergency in which the parent or guardian cannot be contacted, the YMCA will contact emergency medical personnel and, pending their arrival, take those actions that are in the YMCA's judgement to be in the best interests of the child.

I have read and understand all the policies stated above.

Parent/guardian signature _____ Date _____

YOUTH Behavior Expectations and Discipline Policy

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

The YMCA 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—running away is not acceptable.
6. Participate successfully within the YMCA staff-child ratios specific for each program.

The Discipline Policy

1. If a child is unable to comply with the behavior expectations, a conference will be held by the program director with the child. The parent(s)/guardian will be notified in writing.
2. If after the above meeting the child is still unable to comply with the behavior expectations, the program director will set up a conference with the parent(s)/guardian. A behavior contract will be established and signed by the child (if appropriate), parent(s)/guardian and the program 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.

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, other children or staff. Prohibited conduct may include, but is not limited to, abusive jokes, insults, slurs, threats, name calling, bullying or intimidation.
2. Fighting
3. Possession of a weapon of any kind
4. Vandalism or destruction of YMCA 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. Biting

Special Circumstances

Parents or guardians are required to inform the YMCA in writing, prior to a child's acceptance in a YMCA program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

Upon being informed of such circumstances, the branch director (or his or her designee, i.e., senior program director, youth director) may require a conference with the parent(s)/guardian to discuss issues created by these circumstances.

I understand and acknowledge that: (i) it is the responsibility of the parent(s)/guardian to make full disclosure to the YMCA of any special circumstances which may affect the ability of my child/ward to participate, as described above; (ii) it is the responsibility of the parent(s)/guardian to inform the YMCA of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to the YMCA's evaluation of the child's/ward's ability to participate and the YMCA's consideration of any requested accommodation.

Please initial, indicating you have read and understand the above:

Parent/legal guardian

Date

I have read, understand and agree with the policies as stated in this document and have discussed the expectations of behavior with my child/ward. I understand that the YMCA has the authority to revoke my child's right to participate in YMCA programs for behavior which is not in keeping with the mission of the YMCA or for failing to follow the policies/procedures of the YMCA. My signature below indicates that I agree to adhere to all policies, procedures and the mission of the YMCA.

Parent/legal guardian signature

Date