



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

# DISCOVER SUMMER

**Summer Camp**  
YMCA OF GREATER  
WILLIAMSON COUNTY

**2012  
Registration  
Packet**

**[ymcagwc.org](http://ymcagwc.org)**



**FOR YOUTH DEVELOPMENT®**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

# JOIN & SAVE ON CAMP



## Y MEMBERSHIP

Enjoy all of these great benefits and so much more as a Y member:

- FREE Group Exercise Classes
- Personalized Training
- FREE Child Care while Exercising\*
- Year-Round Youth Sports
- Year-Round Swimming\*
- Program Discounts
- Priority Registration
- Community Atmosphere

\*some restrictions apply

**In fact, if you joined the Y today,  
you could save up to \$390 per child  
on camp for the entire summer!**

See your local Y for further details and  
become a Y member today!

[ymcagwc.org](http://ymcagwc.org)

# SUMMER CAMP

## REGISTRATION CHECKLIST

**NO PAPERWORK WILL BE ACCEPTED  
WITHOUT THE FOLLOWING  
FOR ALL Y CAMPS:**

- Completed Registration Form\*
- Completed Health History Form\*
- Immunization Records  
(copy or written on Health History Form)
- Signed Discipline & Guidance Policy\*
- Signed Camp Waiver Forms\*
- Payment for Deposits  
& Registration Fee
- Voided Check (if setting up bank draft)

\* included in this packet

## CAMP DATES

May 29 – Aug. 24, 2012

## REGISTRATION DATES

Y Family Members .....Feb. 4

Open Registration .....Feb. 25

## REGISTRATION LOCATIONS

### Y LICENSED CHILD CARE

1812 N. Mays St., Round Rock, TX - 512 615 5563

### YMCA CAMP TWIN LAKES

#### & TWIN LAKES FAMILY YMCA

204 E. Little Elm Trail, Cedar Park, TX - 512 250 9622

### CHASCO FAMILY YMCA

1812 N. Mays St., Round Rock, TX - 512 246 9622

### HUTTO FAMILY YMCA

101 Anthony St., Hutto, TX - 512 846 2360

### TAYLOR FAMILY YMCA

106 W. Lake Dr., Taylor, TX - 512 365 9622

# SUMMER CAMP

## CAMPER CHECKLIST

**FOR EACH DAY OF CAMP  
AT ALL Y CAMPS, EACH  
CHILD SHOULD HAVE:**

- Swim Suit & Towel
- Sunscreen
- Water Bottle
- Sack Lunch  
(if not purchased or provided)
- Closed-Toe Shoes (no flip flops)
- Labels On All Belongings  
With Full Name



# SUMMER CAMP

## WEEKLY CAMP FEES & LOCATION INFORMATION

### Standard For All Camps

One-Time

Registration Fee: .....\$35 per child

Weekly Deposit:.....\$15 per child

- Each child receives a **T-Shirt, Lunch Box & Water Bottle** (while supplies and sizes last) at registration.
- All paid deposits for camp are nonrefundable and nontransferable. Deposits are also applied to the weekly fees for your selected camp location.
- Of note, Weeks #1 & #6 of camp in 2012 will be prorated due to shorter durations.

### KINDER CAMPS

Weekdays 7:00 a.m. – 6:30 p.m.  
4 yrs. – 5 yrs.

#### CHASCO FAMILY YMCA

1812 N. Mays St., Round Rock, TX  
512 246 9622

#### TAYLOR FAMILY YMCA\*

106 W. Lake Dr., Taylor, TX  
512 365 9622

#### Y CHILD DEVELOPMENT CTR.

1812 N. Mays St., Round Rock, TX  
512 615 5563

Y Family Members:.....\$150 per child  
Non-Members:.....\$165 per child  
Swim Lessons\*:.....\$30 per child

#### Taylor Half-Day Option

8:00 a.m. – 1:00 p.m.

Y Family Members:.....\$68 per child  
Non-Members:.....\$73 per child

\* Each add-on requires a \$15 deposit at registration, while swim lessons, which are only available at CHASCO and the CDC, must be paid in full at time of registration.



### EXCURSION CAMPS\*

Weekdays 7:00 a.m. – 6:30 p.m.  
entering Kinder – 5th Grade

#### CALDWELL HEIGHTS ELEMENTARY

4010 Eagles Nest St., Round Rock, TX  
Round Rock ISD Site • 512 615 5563

#### DEEPWOOD ELEMENTARY

705 St. Williams Ave., Round Rock, TX  
Round Rock ISD Site • 512 615 5563

#### ROUND ROCK ISD SITE — TBA

Round Rock, TX  
Round Rock ISD Site • 512 615 5563

#### RIVER PLACE ELEMENTARY\*

6500 Sitio Del Rio Blvd., Austin, TX  
Leander ISD Site • 512 615 5563

#### RUTLEDGE ELEMENTARY\*

11501 Staked Plains Dr., Austin, TX  
Leander ISD Site • 512 615 5563

#### HUTTO MIDDLE SCHOOL

1005 Exchange Blvd., Hutto, TX  
Hutto ISD Site • 512 615 5563

Y Family Members:.....\$135 per child  
Non-Members:.....\$145 per child

\* All locations are subject to change. Additionally, both Leander ISD sites will relocate to the Twin Lakes Family YMCA in Cedar Park during the final two weeks of summer camp (Aug. 13-24).

### OUTDOOR ADVENTURE CAMPS

Weekdays 7:00 a.m. – 6:30 p.m.  
entering Kinder – 8th Grade

#### YMCA CAMP TWIN LAKES

204 E. Little Elm Trail,  
Cedar Park, TX  
512 250 9622

Y Family Members:.....\$155 per child  
Non-Members:.....\$185 per child  
Bus Transportation\*:.....\$45 per child  
Lunch Plan\*:.....\$30 per child  
High Ropes\*:.....\$40 per child  
Paintball\*:.....\$50 per child  
Swim Lessons\*:.....\$30 per child

#### YMCA CAMP MURPHY PARK

W. Lake Dr., Taylor, TX  
512 365 9622

Y Family Members:.....\$140 per child  
Non-Members:.....\$165 per child  
Lunch Plan:.....Provided  
Swim Lessons\*:.....\$30 per child

#### YMCA CAMP PFLUGERVILLE\*

Windermere Clubhouse  
16800 Gower, Pflugerville, TX  
512 615 5563

Y Family Members:.....\$140 per child  
Non-Members:.....\$165 per child

#### YMCA CAMP ROUND ROCK

N. Mays St., Round Rock, TX  
512 246 9622

Y Family Members:.....\$140 per child  
Non-Members:.....\$165 per child  
Swim Lessons\*:.....\$30 per child

\* Each add-on requires a \$15 deposit at registration, while swim lessons must be paid in full at time of registration. Of note, the Pflugerville location is subject to change.



# SUMMER CAMP

## WEEKLY CAMP FEES & LOCATION INFORMATION

### SPECIALTY CAMPS

Weekdays 8:00 a.m. – 1:00 p.m.  
ages vary based on selected camp — see below

#### CHASCO FAMILY YMCA

1812 N. Mays St., Round Rock, TX  
512 246 9622

- **All-Star Basketball Camp** (7-14 yrs.)  
Y Family Members:.....\$90 per child  
Non-Members:.....\$140 per child
- **Aquatics & Babysitting Camp** (9-13 yrs.)  
Y Family Members:.....\$200 per child  
Non-Members:.....\$250 per child
- **Drill Team Camp** (Dance Basics) (9-13 yrs.)  
Y Family Members:.....\$90 per child  
Non-Members:.....\$140 per child
- **Elite Volleyball Camp** (9-14 yrs.)  
Y Family Members:.....\$90 per child  
Non-Members:.....\$140 per child
- **Lacrosse Camp** (9-12 yrs.)  
Y Family Members:.....\$90 per child  
Non-Members:.....\$140 per child
- **Scuba Seal Team Camp** (8-13 yrs.)  
Y Family Members:.....\$400 per child  
Non-Members:.....\$450 per child
- **Super Star Camp** (5-8 yrs.)  
Y Family Members:.....\$90 per child  
Non-Members:.....\$140 per child
- **World Cup Soccer Camp** (7-14 yrs.)  
Y Family Members:.....\$90 per child  
Non-Members:.....\$140 per child
- **Young Chefs Camp** (Kinder - 8 yrs.)  
Y Family Members:.....\$125 per child  
Non-Members:.....\$175 per child

#### TWIN LAKES FAMILY YMCA

204 E. Little Elm Trail, Cedar Park, TX  
512 250 9622

- **All-Star Basketball Camp** (5-14 yrs.)  
Y Family Members:.....\$90 per child  
Non-Members:.....\$120 per child
- **Cheer Camp** (5-12 yrs.)  
Y Family Members:.....\$90 per child  
Non-Members:.....\$120 per child
- **Dance Camp** (5-12 yrs.)  
Y Family Members:.....\$90 per child  
Non-Members:.....\$120 per child
- **Elite Volleyball Camp** (7-14 yrs.)  
Y Family Members:.....\$90 per child  
Non-Members:.....\$120 per child
- **Grand Slam  
Baseball / T-Ball Camp** (5-14 yrs.)  
Y Family Members:.....\$90 per child  
Non-Members:.....\$120 per child
- **Gymnastics Camp** (5-12 yrs.)  
Y Family Members:.....\$90 per child  
Non-Members:.....\$120 per child
- **Touchdown  
Flag Football Camp** (7-14 yrs.)  
Y Family Members:.....\$90 per child  
Non-Members:.....\$120 per child
- **World Cup Soccer Camp** (5-14 yrs.)  
Y Family Members:.....\$90 per child  
Non-Members:.....\$120 per child



# 2012 Y SUMMER CAMP REGISTRATION FORM I

Camper First Name: \_\_\_\_\_ Camper Middle Int.: \_\_\_\_\_ Camper Last Name: \_\_\_\_\_

	Week 1 5/29 - 6/1*	Week 2 6/4 - 6/8	Week 3 6/11 - 6/15	Week 4 6/18 - 6/22	Week 5 6/25 - 6/29	Week 6 7/2 - 7/6*	Week 7 7/9 - 7/13	Week 8 7/16 - 7/20	Week 9 7/23 - 7/27	Week 10 7/30 - 8/3	Week 11 8/6 - 8/10	Week 12 8/13 - 8/17	Week 13 8/20 - 8/24
<b>OUTDOOR ADVENTURE CAMPS</b> (entering Kinder - 8th Grade) — Pflugerville location is subject to change													
<b>YMCA Camp Twin Lakes</b> (Cedar Park, TX)													
Bus Transportation* - Georgetown (+\$45)													
Bus Transportation* - Round Rock (+\$45)													
Lunch Plan (+\$30)													
High Ropes (+\$40)													
Paintball (+\$50)													
Swim Lessons (+\$30)													
<b>YMCA Camp Murphy Park</b> (Taylor, TX)	n/a												
Swim Lessons (+\$30)													
<b>YMCA Camp Pflugerville</b> (Pflugerville, TX)*	n/a												
<b>YMCA Camp Round Rock</b> (Round Rock, TX)													
Swim Lessons (+\$30)													

<b>EXCURSION CAMPS</b> (entering Kinder - 5th Grade) — all locations are subject to change / Leander ISD sites will relocate to the Twin Lakes Family YMCA in Cedar Park from Aug. 13-24													
Caldwell Heights Elementary (Round Rock ISD)													
Deepwood Elementary (Round Rock ISD)													
Round Rock ISD Site — TBA (Round Rock ISD)													
River Place Elementary (Leander ISD)	n/a												
Rutledge Elementary (Leander ISD)	n/a												
Hutto Middle School (Hutto ISD)	n/a												

<b>KINDER CAMPS</b> (4 yrs. - 5 yrs.)													
CHASCO Family YMCA (Round Rock, TX)													
Taylor Family YMCA (Taylor, TX) - FULL DAY	n/a												
Taylor Family YMCA (Taylor, TX) - HALF DAY	n/a												
Y Child Development Center (Round Rock, TX)													
Swim Lessons (+\$30 - CHASCO & CDC only)													

- \* All paid deposits are NONREFUNDABLE & NONTRANSFERABLE. Deposits are also applied to the weekly fees for your selected camp location.
- \* Weeks 1 & 6 will be prorated as they will only have four days due to Memorial Day on Monday, May 28, and Independence Day on Wednesday, July 4, respectively.
- \* Bus service to YMCA Camp Twin Lakes will only be provided if a minimum number of passengers has been reached each week.

( \_\_\_\_\_ x \$15 Deposit) = \_\_\_\_\_ + ( \_\_\_\_\_ x \$15 Spec. Deposits) = \_\_\_\_\_ + \$35 Reg. Fee = \_\_\_\_\_  
 # of Weeks                      Total Deposits                      Add-Ons                      Total Deposits                      Total Due Today

# 2012 Y SUMMER CAMP REGISTRATION FORM II

Camper First Name: \_\_\_\_\_ Camper Middle Int.: \_\_\_\_\_ Camper Last Name: \_\_\_\_\_

	Week 1 5/29 - 6/1*	Week 2 6/4 - 6/8	Week 3 6/11 - 6/15	Week 4 6/18 - 6/22	Week 5 6/25 - 6/29	Week 6 7/2 - 7/6*	Week 7 7/9 - 7/13	Week 8 7/16 - 7/20	Week 9 7/23 - 7/27	Week 10 7/30 - 8/3	Week 11 8/6 - 8/10	Week 12 8/13 - 8/17	Week 13 8/20 - 8/24
<b>SPECIALTY CAMPS</b> (ages vary based on selected camp — see below)													
<b>CHASCO Family YMCA</b> (Round Rock, TX)													
All-Star Basketball Camp (7-14 yrs.)													
Aquatics & Babysitting Camp (9-13 yrs.)													
Drill Team Camp (Dance Basics) (9-13 yrs.)													
Elite Volleyball Camp (9-14 yrs.)													
Lacrosse Camp (9-12 yrs.)													
Scuba Seal Team Camp (8-13 yrs.)													
Super Star Camp (5-8 yrs.)													
World Cup Soccer Camp (7-14 yrs.)													
Young Chefs Camp (Kinder-8 yrs.)													
<b>Twin Lakes Family YMCA</b> (Cedar Park, TX)													
All-Star Basketball Camp (5-14 yrs.)													
Cheer Camp (5-12 yrs.)													
Dance Camp (5-12 yrs.)													
Elite Volleyball Camp (7-14 yrs.)													
Grand Slam Baseball / T-Ball Camp (5-14 yrs.)													
Gymnastics Camp (5-12 yrs.)													
Touchdown Flag Football Camp (7-14 yrs.)													
World Cup Soccer Camp (5-14 yrs.)													

- All paid deposits are **NONREFUNDABLE & NONTRANSFERABLE**. Deposits are also applied to the weekly fees for your selected camp location.
- \* Weeks 1 & 6 will be prorated as they will only have four days due to Memorial Day on Monday, May 28, and Independence Day on Wednesday, July 4, respectively.
- \* Bus service to YMCA Camp Twin Lakes will only be provided if a minimum number of passengers has been reached each week.

( \_\_\_\_\_ x \$15 Deposit) = \_\_\_\_\_ + ( \_\_\_\_\_ x \$15 Spec. Deposits) = \_\_\_\_\_ + \$35 Reg. Fee = \_\_\_\_\_

# of Weeks                      Total Deposits                      Add-Ons                      Total Deposits                      Total Due Today

# CAMPER HEALTH HISTORY FORM

The camper's custodial parent or guardian must complete the following information. The intent of this information is to provide the camper's health background to Y staff so they may provide the appropriate health care treatment. Any changes to this form should be provided to camp health personal upon participant's arrival at camp. The information on this form is not a part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. **Even if your child is a returning camper, we need a new health form each year.**

Child's First Name: \_\_\_\_\_ Middle Int.: \_\_\_\_ Last Name: \_\_\_\_\_

Gender:  Boy  Girl Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Parent / Guardian Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Local Person to call in case of emergency if parent / guardian cannot be reached: (authorized to release child to)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

In addition; I hereby authorize the Y staff to allow my child to be released to the following persons:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICATION INFORMATION

Please list any special problems or limitations your child may have which the staff should be aware of and note required treatment:

**Please list ALL medications, including non-prescription, taken routinely.** The Y prefers that all medications be administered at home before and after the camp day. However, if medications are required, please send enough to last the entire session. Please keep all medications in the original packaging that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. **The camp participant takes medication on a routine basis.**  Yes  No

Med. #1: \_\_\_\_\_ Med. #2: \_\_\_\_\_

(attach additional pages for more information)

## IMMUNIZATION INFORMATION

Please give all dates of immunization for:

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____	_____
or Measles	_____	_____	_____	_____	_____	_____
or Mumps	_____	_____	_____	_____	_____	_____
or Rubella	_____	_____	_____	_____	_____	_____
Haemophilus Influenza B	_____	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____	_____
Varicella (Chicken Pox)	_____	_____	_____	_____	_____	_____

## ALLERGY INFORMATION

List any allergies below. Also provide reaction and management of this reaction:

**Medication Allergies:** \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_

**Other Allergies:** \_\_\_\_\_

**PARENT / GUARDIAN AUTHORIZATION:** This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the Y to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for me / my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of Parent or Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# CAMPER WAIVER FORMS

## Challenge Adventure Program Participation Agreement

(located at Camp Twin Lakes in Cedar Park - some other camps may have the opportunity to participate)

Print Participant Name \_\_\_\_\_

Grade in 2012-2013 school year \_\_\_\_\_

Date \_\_\_\_\_

**INSTRUCTIONS:** Please read this form carefully. Each participant and/or their parent must sign this agreement before the program begins. Without all appropriate signatures, the individual may not be permitted to participate in the program.

I understand that my participation in programs offered by the Challenge Adventure Program at the YMCA of Greater Williamson County / Round Rock ISD is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential and engaging teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity.

I understand the employees of the YMCA of Greater Williamson County / RRISD have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child. I understand that climbing, high ropes course, ground initiatives and other activities in the Challenge Adventure Program for which I and/or my child have enrolled, entail certain risks. I elect to participate in spite of these risks.

**Therefore, for myself / my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release the YMCA of Greater Williamson County / RRISD and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.**

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of this and all future programs I participate in.

I grant the YMCA of Greater Williamson County / RRISD and persons acting through them, the rights to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of myself or my child for use in materials they may create.

\_\_\_\_\_ (Initials) **I give permission for my child to participate in Challenge Adventure Programming**

\_\_\_\_\_ (Initials) **I do not give permission for my child to participate in Challenge Adventure Programming**

Signature of Participant (REQUIRED) \_\_\_\_\_

Signature of Parent / Guardian (REQUIRED if participant is under 18) \_\_\_\_\_

## Parent / Guardian Acknowledgements

please **INITIAL** all lines to indicate received written policies / materials and agree to terms.

Print Participant Name \_\_\_\_\_

Grade in 2012-2013 school year \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ **ADA Policy (REQUIRED):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

\_\_\_\_\_ **Permission for Transportation (REQUIRED):** I grant permission for the Y staff to transport my child to and from his / her Elementary School or other Y camp site for field trips and other planned events. I understand that all reasonable precautions will be taken to ensure the safety and health of my child.

\_\_\_\_\_ **Waiver for Medical Treatment (REQUIRED):** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the Y staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

\_\_\_\_\_ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.

\_\_\_\_\_ **Policy Agreement (REQUIRED)** I acknowledge that I have received a copy of the Y Family Guide (should my selected camp provide one). I also accept responsibility to read and adhere to the billing procedures and all policies as set forth in the Family Guide or by my selected camp.

\_\_\_\_\_ **Waiver for Photo/Video Release (OPTIONAL):** I give my consent for any photos or videos taken of my child involved in Y programs to be used for Y promotions, trainings or displays.

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

# DISCIPLINE & GUIDANCE POLICY FORM

## ▶▶ Discipline must be:

1. Individualized and consistent for each child
2. Appropriate to the child's level of understanding
3. Directed toward teaching the child acceptable behavior and self-control

## ▶▶ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control and self-direction, which include at least the following:

1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior
2. Reminding a child of behavior expectations daily by using clear, positive statements
3. Redirecting behavior using positive statements
4. Using a brief cooling off period when appropriate; which is limited to the child's decision to rejoin the group

## ▶▶ There must be no harsh, cruel or unusual treatment of any child.

### The following types of discipline and guidance are prohibited:

1. Corporal punishment or threats of corporal punishment
2. Punishment associated with food, quiet time or bathroom use
3. Pinching, shaking or biting a child
4. Hitting a child with a hand or instrument
5. Putting anything in or on a child's mouth
6. Humiliating, ridiculing, rejecting or yelling at a child
7. Subjecting a child to harsh, abusive or profane language
8. Placing a child in a locked or dark room, bathroom or closet with the door closed
9. Requiring a child to remain silent or inactive for inappropriate periods of time



## Parent / Guardian Acknowledgement

My signature verifies that I have read and received a copy of this discipline and guidance policy.

-----  
Child Name

-----  
Date

-----  
Parent / Guardian Signature

-----  
Date

Please Choose One:     Parent / Legal Guardian     Employee / Caregiver

# BANK DRAFT FORM

## YMCA of Greater Williamson County Summer Camp Agreement ACH/CC Automatic Payment Option

### STEP #1

Child's Full Name	
Child's Address	
City, State, Zip	
Phone Number (Day / Evening)	
Child's School	

### STEP #2

Begin Draft Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### STEP #3

Week #	1	2	3	4	5	6	7	8	9	10	11	12	13
Draft Date	May 1	May 15	May 15	June 1	June 1	June 15	June 15	July 1	July 1	July 15	July 15	Aug. 1	Aug. 1
Total Amt.													

### STEP #4

<input type="radio"/> <b>OPTION A</b> use current information on file	<input type="radio"/> <b>OPTION B</b> fill out information to the right	Account Type: <input type="radio"/> Checking (circle one) <input type="radio"/> Savings (voided check required) <input type="radio"/> Credit Card (voided check required)
		Credit Card Number: Credit Card Expiration Date:
		Name on Card:

- ✓ Only 1 Form of Draft Payment can be entered per person.
- ✓ Children enrolled in Afterschool may have a larger draft amount on May 1, May 15 & Aug. 1.

#### **AUTOMATED CLEARING HOUSE (ACH) DRAFTS ARE REQUIRED TO HAVE A VOIDED CHECK. DEBIT CARDS ARE NOT ACCEPTED. MUST BE ACH OR CREDIT CARDS ONLY.**

- I understand that this transfer will occur twice monthly on the 1st; semi-monthly on the 1st and 15th of each month for checking / savings and credit card drafts. First draft begins May 1.
- I understand that should I choose to terminate or change Bank Accounts, Banks, Account Types or Child Care Plan in anyway, I must provide the Y with at least a 2 week written notice prior to my transfer date.
- I understand that the information above will be used to transfer payment from my account.
- I understand that if my payment is returned for non-sufficient funds (NSF) for any reason, the item(s) will be re-presented electronically and I understand I will be charged a \$30 non-sufficient funds (NSF) processing fee. I am also responsible for all other recovery costs.
- I understand that if my account has a late pick up fee or late payment fee, the amount will be drafted from my account on the next draft date.
- The Y only accepts Visa and MasterCard.
- I understand that after three returned items, I will be ineligible to use the automatic payment option. My account will then become cash or money order only.

Account Holder Signature

Date

