

Program Attending:\_\_\_\_\_

Child's Name:\_\_\_\_\_



# Enrollment Packet

## 2021-2022

## GCYDC

## Whole-Child Development

\*Please complete this packet online and email to [p4kidsgc@gmail.com](mailto:p4kidsgc@gmail.com) along with a current photo of your child. Subject line must read "program name" enrollment packet.

# Guilford County Youth Development Center

## ENROLLMENT/EMERGENCY INFORMATION

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_    Preschool    School Age    5 Days or    3 Days (If 3 days mark which days)    M    T    W    Th    F    S

**School** \_\_\_\_\_ **Current grade in 2021-2022:** \_\_\_\_\_

(PM Boxing only) \_\_\_\_\_ After School only \_\_\_\_\_ (PM Boxing only) \_\_\_\_\_ (DUAL ENROLLMENT) \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_    Boy    Girl

Current Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child is living with:    Both Parents    Mother    Father    Guardian

Parent(s) is/are:    Married    Separated    Divorced    Single Parent    Widowed

Primary language spoken in your home:    English    Spanish    Other \_\_\_\_\_

**Parent/Legal Guardian** \_\_\_\_\_ Home/cell # (    ) \_\_\_\_\_ Parent Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # (    ) \_\_\_\_\_ Driver License # \_\_\_\_\_

**Parent/Legal Guardian** \_\_\_\_\_ Home/cell # (    ) \_\_\_\_\_ Parent Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # (    ) \_\_\_\_\_ Driver License # \_\_\_\_\_

### ADDITIONAL PERSONS TO CALL IN CASE OF EMERGENCY AND PERSONS AUTHORIZED TO TAKE CHILD FROM CENTER (must include 3 persons with different phone numbers. Out of state contact is for earthquake purposes)

1. \_\_\_\_\_ Cell (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_ Home (    ) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_
2. \_\_\_\_\_ Cell (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_ Home (    ) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_
3. \_\_\_\_\_ Cell (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_ Home (    ) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Anyone NOT authorized to pick up child:** \_\_\_\_\_ (Court order is required to restrict natural parent.)

### AN AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

We, the undersigned parent(s)/guardian of \_\_\_\_\_ hereby authorize any physician on the staff of a Licensed Hospital or Emergency Clinic, or any other physician designated by him (them) as agent(s), for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon on the staff of a Licensed Hospital or Emergency Clinic, whether such diagnosis or emergency treatment is rendered at the Office of said Physician or at said hospital(s). It is understood that this authorization is given in advance of any special consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician(s), in the exercise of his (their) best judgment, may deem advisable. This authorization is given pursuant to the provision of Section 25.A of the Civil Code of North Carolina

\_\_\_\_\_  
**Family Physician**                      **Physician Address**                      (    ) \_\_\_\_\_  
**Physician Telephone#** \_\_\_\_\_  
\_\_\_\_\_  
**Medications, allergies, serious medical issues**

### PHOTOGRAPHS

I hereby give permission to the Guilford County Youth Development Center Child Development Program to use any photographs of my child's experiences in your Guilford County Youth Development Center program. Their uses will include presentations to the Guilford County Youth Development Center Board, promotional materials, brochures and appropriate social media.    **Agree**    **Do Not Agree**

\_\_\_\_\_  
**Signature of Parent/ Legal Guardian**

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

# Guilford County Youth Development Center

## ADMISSION AGREEMENT

Child's Full Name\_\_\_\_\_ School Age Site\_\_\_\_\_

Parent/Legal Guardian\_\_\_\_\_

### **FIELD TRIPS**

I hereby grant permission for my child to participate in all field trips, outings, and activities that are part of our Guilford County Youth Development Center Child Development Programs. I understand that I will be informed in advance of field trips or activities that will occur away from the child care site. Field trip transportation may include walking, use of public transportation, or chartered buses. If a parent chooses to not have their child participate in a field trip childcare services will be uninterrupted.

### **ILLNESSES**

I understand that if my child is ill or shows signs of illness or communicable condition, he/she is NOT to be brought to any childcare center for care. If my child becomes ill during the day, I understand that I or a person authorized on my child's emergency form must pick up my child within the hour. I understand that a doctor's note may be required for my child to return to the program.

### **EMERGENCY MEDICAL CARE**

I have signed the necessary forms giving authority to the Guilford County Youth Development Center Child Development staff to seek medical attention for the above named child in the event of an emergency or illness if unable to communicate with me immediately. I understand that the program fee does not include accident insurance and I agree to pay for all expenses.

### **PAYMENT OF FEES**

Parents will be advised of the childcare fee amount at the time of enrollment. Fees for childcare services are due on Fridays for the upcoming week and are automatically drafted from the parent's bank account in advance of service. Fees for childcare services will be considered delinquent on Monday. The parent will be given notification indicating: 1) the total amount of unpaid fees 2) that services shall be suspended until all delinquent fees are paid. Childcare fees are due regardless of attendance. All accounts must be on electronic bank draft. If there are extreme extenuating circumstances, we will attempt to provide a reasonable plan for payment of delinquent childcare fees provided the parent pays current fees for childcare services and complies with the provisions of the repayment plan.

### **REASONS FOR TERMINATION OF CHILDCARE BY THE Guilford County Youth Development Center**

Reasons for termination may include but are not restricted to: non-payment, excessive behavioral problems, harassment, threats or disrespectful use of language towards any staff, parents or other children, or failure of Guilford County Youth Development Center Childcare Department to meet the needs of your family or children.

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Parent/Legal Guardian Signature

Date

# Guilford County Youth Development Center

## **PHOTOGRAPHS**

I hereby give permission to the Guilford County Youth Development Center Child Development Program to use any photographs of my child's experiences in the Guilford County Youth Development Center program. Their uses will include presentations to the Guilford County Youth Development Center Board, promotional materials, brochures and appropriate social media.    ☐ **Agree**    ☐ **Do not agree**

## **DAILY SIGN IN/OUT OF YOUR CHILD**

This is to acknowledge that my child must be signed-in and signed-out of your childcare facility by an authorized adult (must be over 18 years of age) using a full and legible signature on a daily basis. Accurate times of arrival and departure must also be recorded. Failure to comply will result in termination of childcare services.

## **TRANSPORTATION**

I understand that the Guilford County Youth Development Center does not provide transportation to childcare programs. Transportation is the responsibility of the parent/legal guardian. However, transportation can be requested at the school your child attends.

## **CONSULTANT AND COMMUNITY RESOURCES**

When applicable or necessary, the Guilford County Youth Development Center Child Development Program will offer information about community resources in order to best meet the needs of the children in our program.

## **OPEN DOOR POLICY**

The Guilford County Youth Development Center allows parents unlimited access to their children and staff caring for their children during normal hours of operations. However, parents may only interact with their own children.

## **RELIGIOUS INSTRUCTION**

Guilford County Youth Development Center Child Development Programs do not include religious instruction or worship.

## **REQUIRED DOCUMENTS**

1. Physician's Report (Not applicable to School-Age Childcare)
2. Immunization Records (Not applicable to School-Age Childcare)
3. Enrollment Information
4. Pre-Admission Health History
5. Emergency and Identification Information
6. Admission Agreement
7. Food Application (Not applicable to School-Age Childcare)

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Parent/Legal Guardian Signature

Date

## Guilford County Youth Development Center Child Development Behavior Contract

One of the goals of the Guilford County Youth Development Center Child Care Program is to build self-esteem in children. We do this with positive attention and by setting limits to encourage appropriate behavior. Corporal punishment and other humiliating or frightening techniques are prohibited. Constructive methods are used in maintaining group control and handling individual behavior.

Examples of constructive discipline methods are as follows:

- 1) Establish rules with children in the classroom and on the playground.
- 2) Give verbal instructions that are short, specific and clear.
- 3) Praise children for appropriate behavior and redirect inappropriate behavior.
- 4) Verbal discussion between staff and child.

Children are responsible for:

- Remaining with a staff member at all times. Children must be under the visual supervision of a staff member at all times. School-age children are to report directly to the Guilford County Youth Development Center program after school.
- Treating all staff, parents and other children with respect.
- Respecting the rules that guide them during the program day.
- Expressing their feelings in appropriate ways so that their actions do not harm others. Aggressive/Inappropriate behavior is unacceptable.
- Learning to be responsible and take consequences for their own actions.
- Respecting the GCYDC's and school's equipment and supplies. Sharing equipment and supplies.
- Returning materials and equipment to the place they found them.
- Using appropriate language.

The following steps can be taken if your child chooses not to follow the behavior contract. Steps may be skipped for more severe behaviors.

1. Staff/Child discussion of behavior
2. Incident report sent home and parent notified. Two incident reports for same behavior results in Behavior Report
3. Staff/Parent/Child conference where an individual needs plan will be outlined and implemented.
4. Suspension or termination from the program.

Inappropriate behavior is defined as:

Defiance of authority	Disorderly conduct	Spitting	Defiance of rules & guidelines
Verbal abuse	Profanity	Fighting	Repeated lack of self-control
Destruction of property	Biting	Repeatedly leaving the supervision of the teachers	

***\*The severe behaviors listed below or any other behavior which significantly threatens the safety of anyone in the program will result in immediate termination of services.***

**\*Making threats of violence**

**\*Bringing a weapon**

**\*Physical assault**

**\*Possession of drugs/ alcohol**

(Children whose enrollment is terminated from childcare programs for behavior incidents are also excluded from all other Guilford County Youth Development Center of the East Valley programs)

If a child is suspended from the public school program, they are also suspended from the Guilford County Youth Development Center childcare program. Guilford County Youth Development Center management will consider termination of childcare services based on the personal rights of each child in the program as well as the needs of each individual child.

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Parent signature

Child Signature

Date

## Guilford County Youth Development Center Assessment

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

Phone # (\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

Please check any of the boxes below if you would like information on these community resources

- |   |   |
|---|---|
| <input type="checkbox"/> Brushing Teeth                       | <input type="checkbox"/> Mental Health        |
| <input type="checkbox"/> Child Abuse                          | <input type="checkbox"/> Nutrition            |
| <input type="checkbox"/> Domestic Violence                    | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Food Banks                           | <input type="checkbox"/> Parenting Classes    |
| <input type="checkbox"/> Head Lice                            | <input type="checkbox"/> Sexual Abuse         |
| <input type="checkbox"/> Healthy Families (medical insurance) | <input type="checkbox"/> Shaken Baby Syndrome |
| <input type="checkbox"/> Housing/Shelters                     | <input type="checkbox"/> Substance Abuse      |
| <input type="checkbox"/> Legal Aid                            | <input type="checkbox"/> Toilet Training      |
| <input type="checkbox"/> Medi-Cal                             | <input type="checkbox"/> WIC Program          |

- ☐ I do not need social referral information at this time, but I understand that I can request this at any time.

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

\_\_\_\_\_  
Authorized Agency Representative Date

30 Day Follow-up:



# Guilford County Youth Development Center

## Release and Waiver of Liability And Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the Guilford County Youth Development Center 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 Guilford County Youth Development Center, the undersigned, for himself or herself and any personal representative 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 the affiliated program. It is further warranted that such entry into the Guilford County Youth Development Center for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonable suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE Guilford County Youth Development Center 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 Guilford County Youth Development Center, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASE, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Guilford County Youth Development Center, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, 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, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Guilford County Youth Development Center.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Guilford County Youth Development Center premises or in any way observing or using any facilities or equipment of the Guilford County Youth Development Center or participating in any program affiliated with the Guilford County Youth Development Center whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in, about or upon the premises of the Guilford County Youth Development Center and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Guilford County Youth Development Center.

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, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED expressly grants permission to the Guilford County Youth Development Center to photograph himself/herself and/or his/her children for publicity purposes.

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

***I HAVE READ THIS RELEASE***

***I HAVE READ THIS RELEASE***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature  
(if participant is legally a minor)

\_\_\_\_\_  
Print

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



# Guilford County Youth Development CODE OF CONDUCT

**The Guilford County Youth Development Center is dedicated to providing a safe, supportive and positive environment for all.**

**All guests must adhere to the Code of Conduct as listed below. The Guilford County Youth Development Center reserves the right to deny or cancel the membership of any person at any time.**

## **Code of Conduct Purpose**

In the interest of safety and welfare, all members and Guilford County Youth Development Center guests are asked to follow the Guilford County Youth Development Center Code of Conduct. We seek the highest respect and courtesy toward one another, as well as, proper use, maintenance and care of the Guilford County Youth Development Center property and equipment. All participants are asked to conform to these rules and regulations. Use of the Guilford County Youth Development Center facilities is a privilege, which can be revoked at any time for violation of the Guilford County Youth Development Center Code of Conduct. Abusing facility rules may warrant suspension of Guilford County Youth Development Center membership and privileges.

## **Code of Conduct**

- The use of, or being under the influence of drugs, alcohol, illegal substances or weapons is prohibited.
- The Guilford County Youth Development Center is a smoke-free environment. Smoking (including vapor use) is prohibited throughout facilities, property and parking lots.
- Verbal abuse, intimidating language, swearing, fighting and arguing, and/or any behavior which threatens the enjoyment and/or welfare of other members participants and staff are unacceptable. Violators will be asked to leave or be removed by the police. Abuse of this nature may warrant suspension of Guilford County Youth Development Center membership and privileges.
- Treat all members, staff and volunteers with an appropriate level of respect.
- Instruction of any kind must be provided by a Guilford County Youth Development Center staff member. (i.e. swim instructors, personal trainers, etc.) Second party instructors are not permitted.
- The removal of Guilford County Youth Development Center property, or the property of others, results in termination and prosecution.
- The Guilford County Youth Development Center cannot guarantee or accept responsibility for the security of personal belongings anywhere on the premises, including those locked in lockers.
- Adults/legal guardians must supervise their child(ren)/minor dependents in the facility at all times.
- Equipment use is provided as a service. The abuse of any Guilford County Youth Development Center equipment will not be tolerated.
- Cell phone usage is not permitted in any of our locker rooms at all times.
- Members and program participants are expected to wear clothing appropriate for the activities which they are participating in, and may not be overly revealing or offensive to the general membership. This includes, but is not limited to any attire or visible tattoos that contain offensive, vulgar and/or obscene material. Additionally, shoes and shirts are required for everyone in the building.

**NONDISCRIMINATION POLICY UNDER THE AMERICAN WITH DISABILITIES ACT** In accordance with the requirements of Title III of the Americans with Disabilities Act of 1990, the Guilford County Youth Development Center will not discriminate against any individual on the basis of disability. The Guilford County Youth Development Center will make reasonable modifications in policies, practices or procedures when such modifications are necessary to afford its services and facilities to individuals with disabilities, unless the modifications would fundamentally alter the nature of its services. The Guilford County Youth Development Center will not exclude any individual with a disability from the full and equal enjoyment of its services and facilities, unless the individual poses a direct threat to the health or safety of others that cannot be eliminated by a modification of policies, practices or procedures or by the provision of auxiliary aids or services. The Guilford County Youth Development Center will not exclude any individual from the full and equal enjoyment of its services and facilities because of the individual's association with a person with a disability.

**Please see the front desk for more information on the Code of Conduct.**



## CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

### DEVELOPMENTAL HISTORY *(\*For infants and preschool-age children only)*

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

### PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

<input type="checkbox"/> Chicken Pox	DATES	<input type="checkbox"/> Diabetes	DATES	<input type="checkbox"/> Poliomyelitis	DATES
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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### DAILY ROUTINES *(\*For infants and preschool-age children only)*

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*		

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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**Guilford County Youth Development Center  
Child Development Program**

**Acknowledgement of Documents Received**

I, the undersigned parent/legal guardian of \_\_\_\_\_ acknowledge  
(Print child's name)  
receipt of and agree to adhere to the guidelines contained in the following documents:

**Please keep these documents for your future reference**

**PLEASE INITIAL EACH LINE BELOW:**

\_\_\_\_\_ **Caregiver Background Check**

\_\_\_\_\_ **Personal Rights**

\_\_\_\_\_ **Parents' Rights**

\_\_\_\_\_ **Member Code of Conduct**

\_\_\_\_\_ **Calendar of Holidays/Staff Development Days**

\_\_\_\_\_ **Parent Handbook**

\_\_\_\_\_ **Quick Look Policies**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Print Name of Childcare Site: \_\_\_\_\_

# **Guilford County Youth Development Center**

## **Program Rules**

### **Safety is the number one priority**

- Children must remain within sight of the Guilford County Youth Development Center staff at all times
- Children are responsible for reporting to the Guilford County Youth Development Center School-Age program immediately after leaving their school day classroom
- Guilford County Youth Development Center staff will make every effort to escort kindergarten children to and from class
- Guilford County Youth Development Center staff immediately take roll and determine if any child has not reported to the school-age program
- The school office is contacted to see if any missing child was absent from school
- If child was in attendance, parent is immediately contacted to determine if child was picked up directly from school by an authorized adult
- If child remains unaccounted for, a search of the school is started and police are called
- Children may not enter bathrooms alone

Children must adhere to the behavior contract, treating all children, teachers and parents as well as the Guilford County Youth Development Center property with respect.

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Parent signature

Date

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Child's signature

Date

## Guilford County Youth Development Center Quick Look Policies Reminder

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This is a brief reminder of important policies in our Parent Handbook

- 1) Guilford County Youth Development Center  
Membership - In order to participate in any Guilford County Youth Development Center program, including childcare, children must be current members of the Guilford County Youth Development Center. This is an annual fee, renewed 12 months from initial enrollment. At a minimum the child must have a Youth Program Membership or two or more children in a family must have a Family Program Membership in order to attend childcare. This membership allows a child(ren) to participate in other programs offered by the Y as well. Membership must be paid within 30 days of renewal. Failure to pay in a timely manner will result in suspension of childcare services until paid.
  
- 2) Two Week Notice - We require a two weeks' written notice of enrollment withdrawal in order for us to call from our wait list. Without a two weeks' notice, your account will be charged the fee for two weeks of childcare. Changes in Writing - Any changes to your child's schedule, change in the adults authorized to pick up your child, or withdrawing from the program must be done in writing. Please ask your site director for the correct form.
  
- 3) Returned Payment - If your automatic bank draft is returned unpaid, you will be notified and expected to insure payment is made within the week. There is a \$25 per item return fee. Three instances of returned bank drafts will result in termination of childcare services.
  
- 4) Childcare Fee Deductions – There are no deductions from childcare fees for vacation

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Child's name (please print)

School

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Parent/Guardian Signature

Date

## Guilford County Youth Development Center Parent/Child/Site Visit Check Off List

A site visit is mandatory for both parent and child prior to enrollment

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Please contact your child's childcare program site to schedule an appointment

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Room# \_\_\_\_\_

School: \_\_\_\_\_ Phone# \_\_\_\_\_

The Site Director will review the following with the parent and child

- |   |   |
|---|---|
| <input type="checkbox"/> Lesson plan/Curriculum | <input type="checkbox"/> Payment of fees            |
| <input type="checkbox"/> Mission statement      | <input type="checkbox"/> Child's interests          |
| <input type="checkbox"/> Character counts       | <input type="checkbox"/> Allergies/medical concerns |
| <input type="checkbox"/> Supervisor information | <input type="checkbox"/> Behavior contract          |
| <input type="checkbox"/> Daily Schedule         | <input type="checkbox"/> Earthquake/Disaster kit    |
| <input type="checkbox"/> Menu/Meal Service      | <input type="checkbox"/> Overview of program rules  |
| <input type="checkbox"/> Sign in/out procedure  | <input type="checkbox"/> Child reporting to program |

This site's Guilford County Youth Development Center program is located in \_\_\_\_\_

The Guilford County Youth Development Center site phone # is \_\_\_\_\_

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

Date of visit \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Site Coordinator  
Signature

# **Guilford County Youth Development Center Child Development Programs 2021-2022**

## **Calendar of Holidays/Staff Development Days**

All Guilford County Youth Development Center Child Development Programs will be closed on the following days during the 2021-2022 fiscal/school year:

New Year's Day  
President's Day  
Memorial Day  
Teacher Prep Day  
Labor Day  
Thanksgiving Day  
Day after  
Christmas Eve  
Christmas Day - New Year

Please be sure to post this where you can easily refer to the list and make alternate childcare arrangements

**Additionally, School-Age parent paid programs in the Guilford County School District are open on public school holidays with the exception of the days listed above and/or inclement weather. In all cases parents/ guardians will receive notice via email, text.**