

POSITIVE ATTITUDE YOUTH CENTER BEHAVIOR CONTRACT

It is important that staff maintain good order and discipline in all programs. Safety and a positive atmosphere are top priorities in all PAYC programs. Positive Attitude makes every effort to help chil- dren understand clear definitions or acceptable and unacceptable behavior.

Positive Attitude Youth Center

229 N. Graham-Hopedale Rd. Burlington, NC 27215 336.222.6066, phone 336.222.8901, fax positiveattitude@att.net

PAYC does not condone and will not permit:

- 1. Corporal Punishment
- 2. Ridiculing
- 3. Leaving children unsupervised
- 4. Use of Profanity

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

- 1. use of appropriate language
- 2. Cooperate with staff and follow directions
- 3. Respect other children, staff equipment facilities and yourself
- 4. Maintain a positive attitude



Discipline Policy

If any child is unable to comply with the behavior expectations, proper discipline procedures will take place as follows:

- Conference with program director, child, parent/guardian.
- Behavior contract written and signed by director, child, parent.
- If a child's behavior continues to be disruptive, the child will be subject to suspension or dismissal.

Behaviors That May Result in immediate Suspension or Dismissal:

- Fighting
- Possession of Weapon of any kind
- Vandalism or destruction of PAYC property
- Sexual Misconduct
- Runny Away
- Any action that could threaten or pose direct threat to the
- physical/emotional safety of the child or other children or staff

Program Tuition Fees:

After-School

- 200.00 per month
- 100.00 bi-weekly
- 50.00 weekly

Summer Enrichment

- 700.00 for 10 weeks
- 140.00 biweekly
- 70.00 weekly

Recreation

- 25.00 registration fee
- Uniform fee may apply



Enrollment form

Programs (Check Program Enrolling Child In)	
After-School August - June	
Summer Enrichment June - August	
Recreation Basketball, Baseball	
Child Name	Age/ Grade



Family Information

Work Phone	Mobile	
Parent/ Guardian Name	Employer	
Phone	Email	
Address		
Child Name	School	DOE



Emergency Contact Information (In case mother cannot be reached, please contact):

Name	Mobile	Relationship to Child
Name	Mobile	Relationship to Child
People not authorized to pick up yo	ur child	

Does your child have any allergies? If yes, please list the child's name and allergies.



Program Policies - Please Read and Sign Below

WAIVERS/PERMISSIONS

- I hereby release and discharge PAYC, its agents, volunteers, and employees from any and all claims of injury, illness, death, or damage that the participant may suffer as a result of participation in enrolled programs.
- I give PAYC staff permission to contact teachers concerning my child/children's academic status.
- I give PAYC staff permission to receive copies of my child/children's progress report/report card for records.

FIELD TRIPS

My child has permission to participate in field trips and activities that occur away from PAYC facility. PAYC arranges field
trips and activities and information regarding those field trips will be sent home at least two days prior to the event.

PHOTOGRAPHY

• I permit PAYC to use images and videos of my child as PAYC program participants in internal and external promotional materials. This includes any printed material and print advertising, promotional videos, the PAYC website (which is published and produced by PAYC or Elon University students), and broadcast and print media news coverage of PAYC.

PAYMENT POLICIES

- Payments are due the 5th of each month. Payments can be made weekly, biweekly, or monthly. Payment arrangements are made at time or registration.
- The payment amount is a flat rate. Payments made bi-weekly must be made on Mondays.

REFUNDS

- I understand that NON-ATTENDANCE does not entitle me to a refund or adjustment in my tuition fee.
- Adjustments and prorated fees are granted for illness, vacation, or PAYC programs that are cancelled due to inclement weather.

MEDICATION

- PAYC does not administer medication.
- Parents are welcome to visit during the day to administer medication if needed.

PICK UP POLICY

- I hereby acknowledge that PAYC will assume that either the parent or guardian of my child may pick the child at any time during the program.
- If someone other than a guardian or listed persons picks up my child, identification will be needed.

Parent/ Guardian Name	Signature	 Dat