



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Effingham County Pryme Tyme After School Program Behavior Contract

Participant's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Pryme Tyme Site: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ GA, Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

I \_\_\_\_\_ (Pryme Tyme Participant) agree to follow the rules of conduct while attending Pryme Tyme. I further understand that if my behavior is not appropriate, participation in Pryme Tyme will be subject for a review by the Site Director and Effingham County Pryme Tyme Director, with possible suspension and expulsion.

## Rules of Conduct

1. NO swearing or inappropriate behavior
2. NO fighting
3. NO misuse or damaging of Pryme Tyme equipment or facilities.
4. NO trashing of facilities. Place trash in appropriate container.
5. NO stealing. NO touching personal property of another person unless permission is given.
6. NO leaving group without permission from group leader.
7. NO drugs, alcohol, tobacco, weapons or firearms permitted. Only prescription medication cleared with the Site Director is permitted.
8. NO disrespect to participants, staff or volunteers.
9. NO toys from home allowed.

## Outcomes

- |                   |  |
|-------------------|--|
| 1. First Offence  | Verbal warning to child with parent's awareness (documented) |
| 2. Second Offence | First write up given to parent                               |
| 3. Third Offence  | Suspension/Expulsion   |
| 4. Fourth Offence | Expulsion  |

Any act that is considered dangerous to the participant or staff is grounds for immediate dismissal. The steps for the "Offenses" may be skipped depending upon the severity of the Rule Violation. I/We understand this behavior contract and will abide by the rules and policies that have been established for the safety and enjoyment of all participants. I also understand that the YMCA will make every effort to work with each participant. However, if the participant does not want to behave and be part of his/her group, steps will be taken to insure that the total program is not affected.

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