

Dear Applicant:

We would like to thank you for choosing the Somerville YMCA Summer Day Care Program. Enclosed are the forms which you requested. Please be sure to fill out every line. If the answer is “none” or “no one”, please be sure to note that on the application.

Each Child must have an up-to-date physical examination according to State Law. If your child is currently enrolled in school this requirement would be satisfied. If you check off NO, your child does not have up-to-date school medical records, it will be necessary for you to get us an immunization form signed by your child’s doctor.

If you need any assistance in filling out the forms, you can call us at 617-625-5050 or stop by the “Y”. Our office hours are Monday through Friday; 8:30 a.m. to 8:00 p.m. and Saturday; 9:00 a.m. to 1:30 p.m.

Thank you,

YMCA Staff

SOMERVILLE YMCA SUMMER DAY CARE

CHILD'S INFORMATION FORM 11.05 (3) (b) (1)

Child's Name: _____
Home Address: _____
City & Zip Code: _____
Name of School _____
Address of School _____

Session(s): _____
Date of Birth: _____ Age: _____
Date of Admission: _____
End Date: _____
Current Grade: _____

Is there documentation of a physical exam, immunization record, and lead screening on file at child's school?
_____ Yes _____ No.

List below any special limitations or concerns your child may have including dietary restrictions, allergies, chronic health conditions: (If none, please write none)

Child's Identifying Information (required by the EEC Regulations) and/or current picture (if available).

Eye Color _____ Hair Color _____ Sex _____
Height _____ Weight _____ Skin Color _____
Identifying Marks _____

Please list any special interest your child may have: _____

Is there any other information you would like us to know about your child? _____

PARENT/GUARDIAN INFORMATION:

Is second parent/guardian authorized to pick up child _____ Yes _____ No.

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Address: _____

Home Address: _____

City _____ State _____

City _____ State _____

Home Phone # _____

Home Phone # _____

Cell Phone # _____

Cell Phone # _____

Bus. Name: _____

Bus. Name: _____

Bus. Address: _____

Bus. Address: _____

Bus. Phone # _____

Bus. Phone #: _____

Hours at Work: _____

Hours at Work: _____

Parent/Guardian Signature

Date

**SOMERVILLE YMCA SUMMER DAY CARE PROGRAM
FIRST AID AND EMERGENCY MEDICAL CARE
AUTHORIZATION AND CONSENT FORM 11.05 (3) (b) 3**

Child's Name: _____ Session(s): _____ Group: _____
Date of Birth: _____ Age: _____

I understand the staff in the summer day care program are trained in the basics of first aid and I authorize them to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of any emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to Somerville Hospital.

Child's Physician's Name: _____
Address: _____
Phone Number: _____

Child's Identifying Information (required by the EEC Regulations) and/or current picture (if available).

Eye Color _____ Hair Color _____ Sex _____
Height _____ Weight _____ Skin Color _____
Identifying Marks _____

Child's Allergies: (if none, write none) _____
Chronic Health Conditions: (if none, write none) _____
Dietary Restrictions: (if none, write none) _____

Parent(s) Name: _____ Phone (h): _____
Hours at Work: _____ Phone (w): _____
Phone (c): _____

Parent(s) Name: _____ Phone (h): _____
Hours at Work: _____ Phone (w): _____
Phone (c): _____

Emergency Contacts (In order to be contacted) are authorized to pick up children.

Name: _____ Address: _____
Relationship to Child: _____ Phone #'s _____

Name: _____ Address: _____
Relationship to Child: _____ Phone #'s _____

Name: _____ Address: _____
Relationship to Child: _____ Phone #'s _____

Health Insurance Coverage: _____
Policy # _____

Parent/Guardian Signature

Date

This permission form is valid for one program year.

Revised 3/10

**SOMERVILLE YMCA SUMMER DAY CARE PROGRAM
TRANSPORTATION PLAN 11.05 (9) (B) & ALTERNATIVE TRANSPORTATION PLAN**

Child's Name: _____ Session(s) _____ Group _____

My child will arrive at Somerville High School
Field House (rainy day arrivals will be at the YMCA)
no earlier than 8:00 am and no later than 9:00 am
in the following manner:

_____ Supervised Arrival (adult signature required)
_____ Unsupervised Arrival*

My Child will depart from the program at:
___4:00 pm ___5:00 pm (X-Care) ___ Voucher
in the following manner:

_____ Supervised Departure (adult signature required)
_____ Unsupervised Departure*

***Children must be at least 9 years old for unsupervised arrival or unsupervised departure.**

List names of Parents/Guardians authorized to pick up child: _____

I give my permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE"). (If more space is needed please use other side).

- | | | |
|----|---------------|--------------------|
| 1. | Name _____ | Relationship _____ |
| | Address _____ | Phone #'s _____ |
| 2. | Name _____ | Relationship _____ |
| | Address _____ | Phone #'s _____ |
| 3. | Name _____ | Relationship _____ |
| | Address _____ | Phone #'s _____ |

Any other transportation requests must be stated in writing and maintained in the Child's File or the above plan must be implemented.

Parent/Guardian

Date

SOMERVILLE YMCA SUMMER DAY CARE PROGRAM

FIELD TRIP PERMISSION FORM 11.05 (10) (c)

Summer Day Care/SACC Program: Somerville YMCA Address: 101 Highland Ave., Somerville, MA 02143

CHILD'S NAME: _____

I acknowledge that without prior notification scheduled trips are subject to change at the discretion of the YMCA. Alternative trips may include but are not limited to:

- Davis Square Bowling, Somerville
- Burlington Cinemas
- Capitol Theater, Arlington
- Kids Playground, Woburn
- Lanes & Games, Cambridge
- Museum of Science, Boston
- New England Aquarium, Boston
- Roller World, Saugus
- Fruitlands Museum
- Puppet Showcase Theater, Brookline
- Local Parks

Parent/Guardian Signature

Date

MEDIA PERMISSION

I give permission for my child's name, photograph, video or likeness, to be used by the Somerville YMCA for public relations purposes, publications or reports.

Parent/Guardian

Date

SOMERVILLE YMCA SUMMER DAY CARE - 2010 SCHEDULED FIELD TRIP

	<i>JUNIORS (5-9)</i>	<i>SENIORS (9-13)</i>
JUNE 28 MON	GYM, SWIM, CRAFTS SPECIALTIES	BLUE HILLS SWIM-FIELD GAMES
JUNE 29 TUES	BEAVER BROOK SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES
JUNE 30 WED	GYM, SWIM, CRAFTS SPECIALTIES	SALEM WILLOWS* SWIM-FIELD GAMES
JULY 1 THUR	BLUE HILLS SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES
JULY 2 FRI	GYM, SWIM, CRAFTS SPECIALTIES	SALSIBURY STATE PARK SWIM-FIELD GAMES
JULY 5 MON	CLOSED FOR 4TH OF JULY	CLOSED FOR 4TH OF JULY
JULY 6 TUES	SALEM WILLOWS* SWIM-FIELD GAMES - HIKING	GYM, SWIM, CRAFTS SPECIALTIES
JULY 7 WED	GYM, SWIM, CRAFTS SPECIALTIES	SCUSSET BEACH SWIM-FIELD GAMES - HIKING
JULY 8 THUR	HAMPTON BEACH SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES
JULY 19 FRI	GYM, SWIM, CRAFTS SPECIALTIES	HAMPTON STATE PARK SWIM-FIELD GAMES
JULY 12 MON	GYM, SWIM, CRAFTS SPECIALTIES	HOPKINGTON SWIM-FIELD GAMES
JULY 13 TUES	HOPKINGTON SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES
JULY 14 WED	GYM, SWIM, CRAFTS SPECIALTIES	HAMPTON BEACH SWIM-FIELD GAMES
JULY 15 THUR	SALISBURY STATE PARK SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES
JULY 16 FRI	GYM, SWIM, CRAFTS SPECIALTIES	BLUE HILLS SWIM - FIELD GAMES
JULY 19 MON	GYM, SWIM, CRAFTS SPECIALTIES	SALISBURY STATE PARK SWIM-FIELD GAMES
JULY 20 TUES	HAMPTON STATE PARK SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES
JULY 21 WED	PAWTUCKET RED SOX R.I. 5:00 PM RETURN **	PAWTUCKET RED SOX R.I. 5:00 PM RETURN **
JULY 22 THUR	BLUE HILLS SWIM-FIELD GAMES - HIKING	GYM, SWIM, CRAFTS SPECIALTIES
JULY 23 FRI	GYM, SWIM, CRAFTS SPECIALTIES	SALEM WILLOWS* SWIM-FIELD GAMES - HIKING
JULY 26 MON	GYM, SWIM, CRAFTS SPECIALTIES	SCUSSET BEACH SWIM-FIELD GAMES
JULY 27 TUES	SCUSSET BEACH SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES
JULY 28 WED	GYM, SWIM, CRAFTS SPECIALTIES	HOPKINGTON SWIM-FIELD GAMES - HIKING
JULY 29 THUR	HAMPTON BEACH SWIM-FIELD GAMES	GYM, SWIM, CRAFTS REACH PERFORMANCE
JULY 30 FRI	GYM, SWIM, CRAFTS SPECIALTIES	HAMPTON BEACH SWIM-FIELD GAMES

	<i>JUNIORS (5-9)</i>	<i>SENIORS (9-13)</i>
AUG. 2 MON	GYM, SWIM, CRAFTS SPECIALTIES	SALISBURY STATE PARK SWIM-FIELD GAMES - HIKING
AUG. 3 TUES	SALISBURY STATE PARK SWIM-FIELD GAMES - HIKING	GYM, SWIM, CRAFTS SPECIALTIES
AUG. 4 WED	GYM, SWIM, CRAFTS SPECIALTIES	BLUE HILLS SWIM-FIELD GAMES
AUG. 5 THUR	ROGER WILLIAM ZOO 0	ROGER WILLIAM ZOO 0
AUG. 6 FRI	GYM, SWIM, CRAFTS SPECIALTIES	HAMPTON STATE PARK SWIM-FIELD GAMES
AUG 9 MON	GYM, SWIM, CRAFTS SPECIALTIES	HAMPTON BEACH SWIM-FIELD GAMES
AUG 10 TUES	HOPKINGTON SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES
AUG. 11 WED	GYM, SWIM, CRAFTS SPECIALTIES	HOPKINGTON SWIM-FIELD GAMES
AUG. 12 THUR	HAMPTON STATE PARK SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES
AUG. 13 FRI	GYM, SWIM, CRAFTS SPECIALTIES	SCUSSET BEACH SWIM-FIELD GAMES
AUG. 16 MON	GYM, SWIM, CRAFTS SPECIALTIES	SCUSSET BEACH SWIM-FIELD GAMES
AUG. 17 TUES	BEAVER B ROOK SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES
AUG. 18 WED	GYM, SWIM, CRAFTS SPECIALTIES	BATTLESHIP COVE 0
AUG. 19 THUR	SALISBURY STATE PARK SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES
AUG. 20 FRI	GYM, SWIM, CRAFTS SPECIALTIES	BLUE HILLS SWIM-FIELD GAMES
AUG. 23 MON	GYM, SWIM, CRAFTS SPECIALTIES	HAMPTON STATE PARK SWIM-FIELD GAMES
AUG. 24 TUES	HAMPTON BEACH SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES
AUG. 25 WED	GYM, SWIM, CRAFTS SPECIALTIES	HOPKINGTON SWIM-FIELD GAMES
AUG. 26 THUR	BLUE HILLS SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES
AUG. 27 FRI	SALISBURY STATE PARK SWIM-FIELD GAMES	SALISBURY STATE PARK SWIM-FIELD GAMES

SOMERVILLE YMCA SUMMER DAY CARE PROGRAM

SUNSCREEN AND ORAL HEALTH PERMISSION FORM

Childs Name: _____ Session(s): _____ Group _____

SUNSCREEN PERMISSION

I will provide my child with sunscreen. If my child arrives at camp without sunscreen, on that day, I give the Somerville YMCA permission to provide sunscreen (Sunscreen SPF30) to my child.

Parent/Guardian Signature

Date

OR

I will provide my child with sunscreen. If my child arrives at camp without sunscreen, I understand that on that day he/she will not be allowed to participate and will be sent home.

Parent/Guardian Signature

Date

ORAL HEALTH PERMISSION

In January 2010, EEC issued new regulations for child care programs that include a requirement that educators assist children with brushing their teeth if children are in care for more than four hours or if children have a meal while in care (606 CMR 7.11(11)(d)).

EEC licensed program must comply with this regulation. However, parents may choose that their child(ren) not participate in tooth brushing while present at the child care program.

I do not wish to have my child participate in tooth brushing while in care at the Somerville YMCA Summer day care.

I do wish to have my child participate in tooth brushing while in care at the Somerville YMCA Summer day care.

Parent/Guardian Signature

Date

SOMERVILLE YMCA
RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, 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 YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement 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 reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HERBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HERBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees) 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 therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees 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 YMCA, without respect to location.
2. THE UNDERSIGNED HERBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees 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 YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HERBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Massachusetts 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 HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the forgoing written agreement have been made.

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

_____/_____/_____
Print participant's name

_____/_____/_____
Signature
Parent's or guardian's signature

Membership Due Date: _____