Dear Prospect Hill Academy Families,

Thank you for your interest in the Y@PHA Out-of-School Time Program. Enclosed is the registration form and the enrollment packet, both of which need to be completed. Please be sure to fill out every line. If the answer is “none” or “no one”, please be sure to note that on the enrollment packet.

Feel free to bring the completed materials to the Y@PHA OST Offices at the Franklin Street or Webster Avenue locations while school is in session. During the weeks of Summer Programming (July 1st -August 9th) the packets can be dropped off at the Y@PHA Summer Program, which will be located at 15 Webster Avenue. As always, the packets can be brought directly to the Somerville YMCA, emailed to Michelle or Evelyn at the email addresses below, or faxed to (617)628-2234. You can also call the Somerville YMCA at 617-625-5050 for assistance with the registration process.

Once your packet has been reviewed, the Y@PHA team will be in touch regarding deposits and payment options. Registration is first come, first served with priority given to families seeking full time (5 day) care. Please note that payment is due on Thursdays before the following week of care.

Please contact the Y@PHA team with any questions:

Michelle Quinlan – Y@PHA Program Administrator
mquinlan@somervilleymca.org
(781)434-8227

Evelyn Lueders-Booth – Y@PHA Webster Site Director
eluedersbooth@somervilleymca.org
(781)434-8184

All voucher, and billing questions:
Tania Buck-Child Care Registrar
tbuck@somervilleymca.org
617-625-5050 OR
Joe Pinto – Somerville YMCA Youth Services Director
jpinto@somervilleymca.org
(617)625-5050

We look forward to having your family as a part of the Y@PHA!
2019-2020 School Year Registration Form

Child’s name: ___________________________ Date of Birth: ____________

Grade for 2019-2020 year: _______ School: Webster or Franklin

Parent/guardian: ___________________________

Phone number: _________________ email: _________________________

Parent/Guardian 2: ___________________________

Phone number: _________________ email: _________________________

First Day of School for PHA is September 3, 2019

Date you wish your child to start the program: ______________

The program cost is: 5 Days-$120., 4 Days-$105., 3 Days-$85., and 2 Days- $65.

Do you currently have a state issued voucher? ___Yes ___No

Please check off the schedule and days you are interested in having your child attend.

5 days: ___ (Monday–Friday)

4 days: Monday___ Tuesday___ Wednesday___ Thursday___ Friday___

3 days: Monday___ Tuesday___ Wednesday___ Thursday___ Friday___

2 days: Monday___ Tuesday___ Wednesday___ Thursday___ Friday___

I understand that a 2-week notice is required should I choose to remove my child from the program. _____________ (please initial)

*Priority is given to families requesting 5 days.
*A deposit of one week’s tuition is due in order to secure a spot for your child. Payment is due Thursdays for the following week of care.

Parent/Guardian Signature: ___________________________ Date: __________

______________________________

Office use: Date received: _______ Date entered into system: _________
Child’s Name: ______________________________ Date of Birth: ____________
Home Address: ______________________________ Age: ____________
City & Zip Code: ______________________________
School/OST Site: Webster Ave. or Franklin St. Address: ______________________________
Current grade: ____________ Grade entering September 2019: ____________

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) __________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Height: ______ Weight: _____ Eye Color: ______ Hair Color: ______ Skin Color: ______ Sex: ______
Identifying Marks: __________________________________________
Other info on 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: _____________________________
Email: _____________________________ Email: _____________________________
Home Telephone #: _____________________________ Home Telephone #: _____________________________
Cell Phone #: _____________________________ Cell Phone #: _____________________________
Bus. Name: _____________________________ Bus. Name: _____________________________
Bus. Address: _____________________________ Bus. Address: _____________________________
Telephone #: _____________________________ Telephone #: _____________________________
Hours at Work: _____________________________ Hours at Work: _____________________________

Parent/Guardian Signature __________________________________________ Date ____________

FOR CENTER USE ONLY:

Date of Admission: _____________________________ Age at Admission: ____________ End Date: ____________
Number of Days: 5 Days 4 Days 3 Days 2 Days
Days of Week: Monday Tuesday Wednesday Thursday Friday
Payment Type: Private Voucher Begin: ______ End: ______ Other: ______
Payment Rate: Daily Rate: _____________________________ Weekly Rate: _____________________________

Revised 3/18
SOMERVILLE Y@PHA-OST PROGRAM
FIRST AID AND EMERGENCY MEDICAL CARE
AUTHORIZATION AND CONSENT FORM 11.05 (3) (b) 3

Child's Name: ___________________________ Date of Birth: __________ Age: ______

I understand the staff in the Y@PHA-OST program are trained in the basics of first aid and I authorize them to give my child first aid when appropriate. My child attends: (Please circle name of school/OST site): Webster   Franklin

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): ___________________________ Phone (w): ___________________________

Hours at Work: ___________________________

Parent(s) Name: ___________________________ Phone (h): ___________________________ Phone (w): ___________________________

Hours at Work: ___________________________

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

Name: ___________________________ Relationship to Child: ___________________________ Address: ___________________________ Phone #: ___________________________

Name: ___________________________ Relationship to Child: ___________________________ Address: ___________________________ Phone #: ___________________________

Name: ___________________________ Relationship to Child: ___________________________ Address: ___________________________ Phone #: ___________________________

Health Insurance Coverage: ___________________________

Policy #: ___________________________

Parent/Guardian Signature ___________________________ Date ___________________________

This permission form is valid for one program year.

Revised 6/17
Child's Name: __________________________

School/OST Child Attends: (Please Circle One) Webster Franklin

My Child will arrive at the program by: My child will depart the program by:

(please check all that apply):

_____ Y@PHA staff supervised walk
_____ (at Webster during school year and for summer school)
_____ Walk to program location (Franklin location)
_____ Parent/guardian drop off (vacation/summer)
_____ Other: __________________________

During vacation weeks and full day summer programming, parents/guardians are responsible for walking their child into the program and signing them in. Please initial: __________

*Children must be at least 9 years old for unsupervised departure, and an addition form must be filled out.

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 ___________________________

2. Name ___________________________ Relationship ___________________________
   Address __________________________________ Phone ___________________________

3. Name ___________________________ Relationship ___________________________
   Address __________________________________ Phone ___________________________

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

This permission form is valid for one program year.

Revised 4/19
SOMERVILLE Y@PHA-OST PROGRAM

OFF-SITE ACTIVITIES PERMISSION FORM

School/OST Program: (Please circle one): Webster Franklin

CHILD'S NAME: ________________________________________________

I give permission for my child to participate in all of the activities located at the following off-site facilities:

- Apple Cinemas
- Assembly Row
- Ball Square Bowling Alley
- Beaver Brook
- Blue Hills Reservation
- Burlington Cinemas
- Capitol Theater
- Central Hill Park
- Children’s Museum
- Chunky’s Movie Theater
- Community Growing Center
- Conway Park
- Corbett-McKenna Park
- Cummings School Playground
- Danehy Park
- Davis Square
- Dilboy Field
- Ecotarium
- Esplanade Association
- Farrington Nature Linc
- Flatbreads/Sacco Bowl Haven
- Foss Park
- Latta Brothers Memorial Pool
- Franklin Park Zoo
- Fun World
- George’s Island
- Gore Street Park
- Hoyt-Sullivan Park
- Honey Pot Hill Orchards
- Kennedy Pool
- Laser Quest
- Lincoln Park
- Lynn Woods
- Monster Mini Golf
- Museum of Science, Boston
- New England Aquarium
- North Point Park
- Nunziato Field
- Oxford Street Park, Cambridge
- Perry Park
- Plymouth Plantation
- Powderhouse Park
- Prospect Hill Park
- Revere Cinemas
- Roger Williams Park Zoo
- Roller World
- Ryan’s Amusement
- Salem Willows
- SCAT
- Skyline Park, Arlington
- Somerville DCR Ice Skating Rink
- Somerville Public Library
- Somerville Theatre
- Somerville YMCA
- Southwick Zoo
- Spectacle Island
- Stage Fort Park
- Stone Zoo
- Townline bowling
- Trum Field
- Twin City Plaza, Cambridge
- War memorial pool
- Wheelock Family Theatre
- Winter Hill Community School Playground
- Woburn Bowl-a-Drome
- Woburn Cinemas

I also acknowledge that without prior notification my child may visit one or more of the above sites and not be back to the Y@PHA-OST program until 5:30PM. I further realize it is my responsibility to contact the Y@PHA-OST program by 9:00AM if it is necessary for my child to be picked up before 5:30PM.

Parent/Guardian Signature ____________________________ Date ____________

This permission form is valid for one program year.

Revised 7/17/18
Child's Name: ________________________________

**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.

Do you wish to have your child participate in tooth brushing while in care at the Somerville Y@PHA-OST program? If so, please supply a toothbrush and toothpaste.  

**YES** ______  **NO** ______

**MEDIA PERMISSION**

I give permission for my child’s name, photograph, video or likeness, to be used by the Somerville Y@PHA-OST for public relations purposes, publications or reports.  

**YES** ______  **NO** ______

**YMCA SWIMMING POOL PERMISSION**

I give permission for my child to use the Somerville YMCA swimming pool.  

**YES** ______  **NO** ______

**SUNSCREEN PERMISSION**

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

**YES** ______  **NO** ______

**PERMISSION TO SPEAK**

I authorize the Y@PHA Directors to speak with my child’s pediatrician, nurse, therapist, school teacher/principal/guidance counselor/school adjustment counselor, the Department of Children & Families, social worker, psychiatrist, or psychologist. I will be informed by the Directors should any of these people need to be contacted prior to doing so.  

**YES**______  **NO**_______

**INDIVIDUALIZED EDUCATION PROGRAM**

I authorize the Y@PHA Directors to have a copy of my child’s IEP in order to better support him/her in the program.  

**YES**______  **NO**_______

Parent/Guardian ________________________________  Date ________________________________

*This permission form is valid for one program year.*

Revised 3/18
If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us in writing, with at least a one week notice.

Name of Parent: ________________________________

Day time Contact number: _______________________

Name of Child/ren: ______________________________

Name of School/OST Site: (Please circle one) Webster  Franklin  SACC  Preschool

Payment information:
I authorize the Somerville YMCA to automatically bill the card listed below as specified:

Amount: $_______

Frequency:  _____Weekly  __________  Bi-weekly  _______  Monthly  _______

Start Billing on:  ______________

Credit Card Information:

Credit Card Type:  Please Circle
                        Master Card  Visa  Discover  American Express

Number ________________________________  Expires: __________

Card Holders Name: __________________________

Credit Card Billing Address: ____________________  Zip Code: _______

Email Address: __________________________________

This payment is a continuous withdrawal with the option to stop at anytime with a written notice of a one week minimum to the financial office.

Customer Signature: ___________________________  Date: ___________