



## Somerville YMCA School Age Child Care

February 1, 2020

Dear Families:

The School Age Child Care (SACC) Program is currently accepting children for the 2020-2021 school year. For more information and online registration packets, please visit our website at [www.somervilleymca.org](http://www.somervilleymca.org).

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. Please do not leave any questions blank, as that will impede the registration process.

The completed forms may be dropped off, directly at the Front Desk of the Somerville YMCA, emailed to Jackie Rivera at the address listed below, or faxed to 617-628-2234.

Once your application has been reviewed and processed a member of the Child Care Administration team will contact you regarding deposits, payment options and required orientation. Registration is on a first come, first served basis with priority given to families seeking full time (5 day) care. Please note that **weekly payments are due in advance by Fridays for the following week of care.**

Please feel free to contact the SACC team with any questions you may have.

Jackie Rivera – YMCA Youth and Child Care Director  
[jrivera@somervilleymca.org](mailto:jrivera@somervilleymca.org)  
617-625-5050 x118

***For Voucher, and billing questions***  
Lan Nguyen-Child Care Registrar & Billing/Intake Coordinator  
[lnguyen@somervilleymca.org](mailto:lnguyen@somervilleymca.org)  
617-625-5050 x111

We look forward to having your family as a part of the YMCA SACC Program!

Thank you,

Tania Buck, Director of Child Care Services  
[tbuck@somervilleymca.org](mailto:tbuck@somervilleymca.org)  
617-625-5050 x128



# Somerville YMCA School Age Child Care

## 2020-2021 School Year Registration Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade for 2020-2021 Year: \_\_\_\_\_ School: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

- **SACC will be open beginning on Monday August 24, 2020 as a full day.** We will continue to be open full days for children entering **Kindergarten** and **PHA Charter Schools** until Thursday Aug 28, 2020.
- The first Day of Somerville **PUBLIC** Schools grades 1-8<sup>th</sup> is Wednesday August 26, 2020, which is an early release day. First day of school for Somerville Public **Kindergarten** and **PHA CHARTER** Schools is September 1, 2020.

**Date you wish your child to start the program:** \_\_\_\_\_

Program cost is: **\$27** per day from 2:30pm-6:00pm. **\$42** per day on Early Release/No school days and state holidays.

**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. **Priority is given to families requesting 5 days.**

**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)

*A deposit of one week's tuition is due in order to secure a spot for your child. Payment is due by Friday for the following week of care.*

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

Office use: Date received: \_\_\_\_\_ Date entered into system: \_\_\_\_\_ Staff Int. \_\_\_\_\_

**SOMERVILLE YMCA SACC**  
**CHILD'S INFORMATION FORM 11.05 (3) (b) (1)**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Age: \_\_\_\_\_  
City & Zip Code: \_\_\_\_\_  
School: \_\_\_\_\_ Address: \_\_\_\_\_  
Grade entering September 2020: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

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        EEC    Voucher Begin: \_\_\_\_\_ End: \_\_\_\_\_ Other: \_\_\_\_\_

Payment Rate: Daily Rate: \_\_\_\_\_ Weekly Rate: \_\_\_\_\_

**SOMERVILLE YMCA SACC 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 SACC 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 CHA Cambridge 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): \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone (h): \_\_\_\_\_  
Hours at Work: \_\_\_\_\_ Phone (w): \_\_\_\_\_

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_  
Policy # \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

**SOMERVILLE YMCA SCHOOL-AGE CHILD CARE PROGRAM  
TRANSPORTATION PLAN 11.05 (9) (B) & ALTERNATIVE TRANSPORTATION PLAN**

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

**(FIRST SECTION MUST BE FILLED OUT WITH SACC STAFF)**

My Child will arrive at the program by:

\_\_\_\_\_ YMCA Bus, Van or staff supervised walk

\_\_\_\_\_ Other (describe) \_\_\_\_\_

My Child will depart from the program by:

\_\_\_\_\_ Supervised departure (see list below)

\_\_\_\_\_ Unsupervised departure

\_\_\_\_\_ YMCA Bus or Van (check location)

\_\_\_\_\_ Mystic \_\_\_\_\_ North St \_\_\_\_\_ CHT

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

*Any child who has been asked to stay after school or is not at the designated pick up area, for any reason, is then the responsibility of the school and parent. The YMCA will not go back to pick up the child.*

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 2/20

# SOMERVILLE YMCA SACC PROGRAM

## OFF-SITE ACTIVITIES PERMISSION FORM 11.05

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

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
- Ball Square Bowling Alley
- Battleship Cove
- Beaver Brook
- Blue Hills Reservation
- Burlington Cinemas
- Camp Gannett
- Capitol Theater
- Central Hill Park
- Children's Museum
- Chunky's Movie Theater
- Community Growing Center
- Conway Park
- Corbett Park
- Cowabunga's
- Cummings School Playground
- Dilboy Field
- Draw Seven Park
- Eagle Eye
- Ecotarium
- East Boston Park
- Esplanade Association
- Farrington Farm
- Foss Park/Swimming Pool
- Franklin Park Zoo
- Fun World
- George's Island
- Hampton Beach
- Hampton Beach State Park
- Hopkington State Park
- Hoyt-Sullivan Park
- Kennedy Pool
- Lanes & Games
- Lincoln Park
- Lynch Park & Beach
- Monster Mini Golf
- Museum of Science, Boston
- Nahant Beach
- New England Aquarium
- Oxford Street Park, Cambridge
- Perry Park
- Pine Banks Park, Malden
- Plymouth Plantation
- Powderhouse Park
- Prospect Hill Park
- Revere Cinemas
- Roger Williams Park Zoo
- Roller World
- Ryan's Amusement
- Salem Willows
- Salisbury State Park Reservation
- SCAT
- Scussett Beach
- Singing Beach
- Skyline Park, Arlington
- Somerville DCR Ice Skating Rink
- Somerville Public Library
- Southwick Zoo
- Spectacle Island
- Stage Fort Park
- Stone Zoo
- Trum Field
- Twin City Plaza, Cambridge
- Wingersheek Beach
- Winter Hill Community School Playground
- Woburn Bowl-a-Drome
- Woburn Cinemas

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

\_\_\_\_\_  
Date

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

**SOMERVILLE YMCA SACC PROGRAM  
PERMISSION FORM – ORAL HEALTH, MEDIA, POOL, SUNSCREEN**

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 YMCA School Age Child Care program? YES \_\_\_\_\_ NO \_\_\_\_\_

**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. YES \_\_\_\_\_ NO \_\_\_\_\_

**YMCA SWIMMING POOL PERMISSION**

I give permission for my child to use the Somerville YMCA swimming pool. YES \_\_\_\_\_ NO \_\_\_\_\_

Note; all children in camp must wear a bathing cap in YMCA pool.

**SUNSCREEN PERMISSION**

I will provide my child with sunscreen. If my child arrives at the YMCA without sunscreen, on that day, I give the Somerville YMCA permission to provide sunscreen (Sunscreen SPF30) to my child. YES \_\_\_\_\_ NO \_\_\_\_\_

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

\_\_\_\_\_  
Date

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