



Somerville YMCA

101 Highland Avenue, Somerville, Massachusetts 02143-1661

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TEL. 617-625-5050
www.somervilleymca.org

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CHILD CARE REGISTRAR

June 16, 2020

Dear SACC Summer Families,

Welcome to the Somerville YMCA SACC Summer Program! This year our Summer Theme is: **STEAMing Ahead @ the Y!** STEAM stands for Science, Engineering, Arts, and Math programming/activities. This summer we will continue to focus on literacy, social/emotional learning and physical activity, but are also infusing STEAM into your children's day!

Children who participate in high quality academically enriched programs during the summer months have more of a chance to stem any learning loss that may take place over the summer. If you have ideas or resources in STEAM, please feel free to reach out to the Child Care staff and share your ideas.

Enclosed are the forms which are required for registration. 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. Please do not leave any spaces blank.

Please note: Each Child must have an up-to-date physical examination according to State Law. If your child is currently enrolled in a Massachusetts school this requirement would be satisfied. If your child is not enrolled in a Massachusetts school prior to the summer, 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 attached forms, you can call us at 617-625-5050 or stop by the front desk at the Y. Our office hours are Monday through Friday; 8:30 a.m. to 5:00 p.m. Please feel free to also e-mail the child care registrar at lnghuyen@somervilleymca.org. If you have questions about the Summer SACC Program, please refer to our SACC Summer Parent Handbook.

Thank you,

Tania Buck, Director of Child Care Services
tbuck@somervilleymca.org
www.somervilleymca.org
617-625-5050 x128



FOUNDED: 1867 AND STILL GROWING
Gifts and Bequests toward the Endowment Fund
are greatly needed to make more permanent the work of the Association

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

Child's Name: _____ Date of Birth: _____
Home Address: _____ Age: _____
City & Zip Code: _____
School: _____ Address: _____
Current Teacher's Name _____ Grade child will enter September 2020: _____

Is there documentation of a physical exam, immunization record, and lead screening on file at child's school?
Please note that if the child does not attend school in Massachusetts a record of a physical and immunization record is required to be submitted along with this form. 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: _____
Session(s) 2 3 4 5 6 7 8 9 10
Payment Type: Private EEC Voucher: Begin _____ End _____ Other: _____
Payment Rate: Daily Rate: _____ Weekly Rate: _____

**SOMERVILLE YMCA SACC SUMMER 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/CPR and I authorize them to give my child First Aid/CPR 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 SACC SUMMER PROGRAM

OFF-SITE ACTIVITIES PERMISSION FORM 11.05

Summer 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:

- Nunziato Field

Parent/Guardian Signature

Date

This permission form is valid for one program year.

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

Child's Name: _____

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. Foss Park DCR Pool may also be utilized during programming time as well as local beaches.

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.

Revised 2/20

SOMERVILLE YMCA SACC SUMMER PROGRAM
TRANSPORTATION PLAN 11.05 (9) (B) & ALTERNATIVE TRANSPORTATION PLAN

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

My Child will arrive at the YMCA
no earlier than 8:00 am and no later than 9:00 am

My Child will depart from the program at:
____ 4:00 pm*

In the following manner:

____ Supervised Arrival* (adult signature required)

In the following manner:

____ Supervised Departure* (adult signature required)

____ Unsupervised Departure (9+ years Required)

****All children MUST be signed in by a parent/legal guardian in order to do the required health screening. Children ages 9+ can depart the program at 4pm with written permission.***

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

SESSION SIGN-UP

The Daily schedule for the Summer SACC Program due to Covid-19 Restrictions will be open from 8am-4pm. There will be no extended day programming or transportation provided. All children must be dropped off and picked up daily at the Y. Parents will not be allowed to enter the program space and all children must wear a mask while at the program. Parents will need to attest to a daily health screen of their child before the child may enter the program. Drop-off and pick-up will take place in the front of the YMCA building by driving up and lining up in the front of the building. A staff member will come to your vehicle to do the screening and then bring your child into the program.

Please indicate which sessions you child will attend by placing a check mark ☒ or an **X** next to the Session week. All sessions are from 8am-4pm and cost **\$212.50 per session**. A \$25 per week non-refundable deposit is due upon registration to ensure your child's place in the program. All payments for the sessions are due in full by the Friday prior to the session. No child will be allowed into the program if payment has not been made. Payments can be made by contacting the registrar to bill you, autodraft or by calling or stopping by the front desk of the YMCA where we accept cash, check or credit/debit.

Session 1: NOT OPEN

*Session 2: June 29th-July 3rd _____

Session 3: July 6-10th _____

Session 4: July 13-17th _____

Session 5: July 20th-24th _____

Session 6: July 27th- 31st _____

Session 7: August 3rd-7th _____

Session 8: August 10-14th _____

Session 9: August 17-21st _____

**Session 10: August 24th-28th _____

****Program will be closed on Friday July 3rd in observance of Independence Day Holiday.***

*****Program will be closed Friday August 28th for Professional Development Day.***

+++++

For program use Only:

Total cost of program: \$

Deposit: \$

Remaining Balance: \$