



## Somerville YMCA School Age Child Care

August 18, 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 to return after the March COVID-19 Shut-down. 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 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 31st, 2020 as a full day Program.** We will continue to be open full days for children **until the schools return to in-person schooling. Times that the program will be open is 7:55am-4:05pm.**

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

Program cost is: **\$212.50 per week.** The program is only open for families needing 5 days a week care, due to limited staffing, groupings and state mandated policies and procedures.

**Do you currently have a state issued voucher?** \_\_\_Yes \_\_\_No

***I understand that a 2-week notice is required should I choose to remove my child from the program. I understand I will be charged for those weeks whether I choose to send my child or not. \_\_\_\_\_ (please initial).***

*A deposit of one week's tuition is due in order to secure a spot for your child. Payment is due on Friday's for the following week of care. I understand that I cannot fall more than two weeks behind on my tuition cost or I shall receive a written warning and then a termination notice.*

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

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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 (if known): \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

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:

\_\_\_\_\_ Parent Drop-off

\_\_\_\_\_ Unsupervised arrival\*

My Child will depart from the program by:

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

\_\_\_\_\_ 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 \_\_\_\_\_
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 8/20

**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:

- Community Growing Center
- Conway Park
- Cummings School Playground
- Foss Park/Swimming Pool
- Hoyt-Sullivan Playground
- Lincoln Park/Argenziano Community School Playground
- Nunziato Field
- Perry Park
- Prospect Hill Park
- Somerville DCR Ice Skating Rink
- Somerville Public Library
- Winter Hill Community School Playground

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

\_\_\_\_\_  
Date

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

**SOMERVILLE YMCA SACC 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.

**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.*