



Somerville YMCA Y@PHA Registration Forms

August 18, 2020

Dear Families:

The Y@PHA 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.

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 Michelle Quinlan at the address listed below, or to Lan Nguyen 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 Y@PHA team with any questions you may have.

Michelle Quinlan, Y@PHA Multi-Site Program Administrator
mquinlan@somervilleymca.org
781-434-8227

For Voucher, and billing questions

Lan Nguyen-Child Care Registrar & Billing/Intake Coordinator
lnguyen@somervilleymca.org
617-625-5050 x111

We look forward to having your family as a part of the Y@PHA Program!

Thank you,

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



Somerville YMCA Y@PHA Forms

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: _____

- ***Y@PHA will be open beginning on Monday September 14th, 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. The program will be located at the Webster School for grades K-6th.***

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: _____

Office use: Date received: _____ Date entered into system: _____ Staff Int. _____

SOMERVILLE YMCA Y@PHA
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 Y@PHA 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 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 Y@PHA 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 Y@PHA PROGRAM

OFF-SITE ACTIVITIES PERMISSION FORM 11.05

SACC Day Care Program: Y@PHA Webster Address: 15 Webster 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 Y@ PHA-OST PROGRAM
AUTHORIZATION/PERMISSION FORM**

Child's Name: _____

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 _____

CHILDREN AGE 7 OR OLDER

I give permission for my child, age 7 or older, to participate in activities within the approved indoor space without constant visual supervision by the group leader. The group leader will be aware of the child's location, monitor the child's activity at regular intervals, be readily available to assist as needed, and will be able to respond immediately to an emergency situation. Examples include playing a game in the hallway, walking to homeroom to get homework, taking a break in the hallway, getting a drink, or walking to the bathroom alone. YES _____ NO _____

Parent/Guardian

Date

This permission form is valid for one program year.

Revised 8/2020