



## 2020-2021 School Year Registration Form

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

Grade for 2020-2021 year: \_\_\_\_\_ School: EC/Webster or UE/Franklin

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

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

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

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

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

The program cost is: 5 Days-\$130\*. The per diem cost for 4days-2days is:  
Full days are charged at **\$43.00** and regular afterschool days are **\$23.00** per day.

**Every Wednesday is a full day.**

Vacation Program and Summer Program weeks are \$212.50.

**\*Priority is given to families requesting 5 days. Tuition is subject to change with a 60 day written notice.**

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

Please check off the 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)**

*\*A deposit of one week's tuition in addition to the payment for the first week of care, is due in advance in order to secure a spot for your child. Weekly Payments are due no later than Fridays for the following week of care. Families who are two weeks or more behind in payments risk termination from the program. Please see Parent Handbook for the complete financial policy information.*

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

Office use: Date received: \_\_\_\_\_ Date entered into system: \_\_\_\_\_

**SOMERVILLE Y@PHA-OST**  
**CHILD'S INFORMATION FORM 11.05 (3) (b) (1)**

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 in September 2020: \_\_\_\_\_

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: \_\_\_\_\_

**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): \_\_\_\_\_

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 Y@PHA-OST PROGRAM**  
**TRANSPORTATION PLAN 11.05 (9) (B) & ALTERNATIVE TRANSPORTATION PLAN**

Child's Name: \_\_\_\_\_ School (Please Circle One) **Webster** **Franklin**

My Child will **arrive** at the program by (please check all that apply):

\_\_\_\_\_ Y@PHA Webster staff supervised walk: grades K, 1<sup>st</sup>  
\_\_\_\_\_ Y@PHA Webster walk to group location: grades 2<sup>nd</sup>, 3<sup>rd</sup>      \_\_\_ Walk to location (**Franklin location**)  
\_\_\_\_\_ Parent/guardian drop off (*vacation/summer/COVID*)      \_\_\_ Other: \_\_\_\_\_

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 departure, and an addition form must be filled out.*

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:** \_\_\_\_\_

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.*

# 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:

- Beaver Brook
- Blue Hills Reservation
- Central Hill Park
- Community Growing Center
- Conway Park
- Corbett-McKenna Park
- Cummings School Playground
- Danehy Park
- Davis Square
- Dilboy Field
- Esplanade Association
- Farrington Nature Linc
- Foss Park
- Latta Brothers Memorial Pool
- Franklin Park Zoo
- George's Island
- Gore Street Park
- Hoyt-Sullivan Park
- Honey Pot Hill Orchards
- Kennedy Pool
- Lincoln Park
- Lynn Woods
- Monster Mini Golf
- North Point Park
- Nunziato Field
- Oxford Street Park, Cambridge
- Perry Park
- Plymouth Plantation
- Powderhouse Park
- Prospect Hill Park
- Roger Williams Park Zoo
- Skyline Park, Arlington
- Somerville YMCA
- Southwick Zoo
- Spectacle Island
- Stage Fort Park
- Stone Zoo
- Trum Field
- War memorial pool
- PHA EC/Webster location for children attending UE/Franklin campus
- Winter Hill Community School Playground

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, when programming ends at 6:00pm. During program days that are 7:55am-4:05pm due to shortened days during the pandemic, the program will return by 3:30pm. 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 prior to arrival time from trip.

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

\_\_\_\_\_  
Date

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

**SOMERVILLE Y@ PHA-OST PROGRAM  
AUTHORIZATION/PERMISSION FORM**

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

**ORAL HEALTH PERMISSION**

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 \_\_\_\_\_

**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 1/2020