



# SOMERVILLE SACC

## 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: \_\_\_\_\_

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

The program cost is: The per diem cost is:  
Full days are charged at **\$43.00** and regular afterschool days are **\$27.00** per day.

**Please Note: Every Wednesday is a full day for PHACS.**

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 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.*