



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

May 5, 2021

Dear Y@PHA Summer Families,

Welcome to the Somerville YMCA Y@PHA Summer Program, **STEAMing Ahead @ the Y!** STEAM stands for Science, Technology, Engineering, Arts, and Math programming and 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! We will also be using the Bellxcel Scholar Enrichment Curriculum for five weeks again this summer. This program was highly successful last summer in helping our children increase their Math and English Language Arts (ELA) scores. 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. The program will be housed at the EC Campus as that is where the PHACS Summer Learning Program will also take place. The program will be open from 7:45am-4:45pm, Monday-Friday, from June 21st-August 13th. Drop-off will be between 7:45am-8:45am.

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; 8:00 a.m. to 8:00 p.m. Saturdays from 9am-1pm. Please feel free to also e-mail the child care registrar at lnghuyen@somervilleymca.org. If you have questions about the program, please refer to our Y@PHA Summer Parent Handbook or speak with Michelle Quinlan, Y@PHA Multi-Site Program Administrator at mquinlan@somervilleymca.org. To register please submit the forms to Lan Nguyen, Registrar at lnghuyen@somervilleymca.org or by faxing them to 617-628-2234, or by dropping them off at the YMCA Front Desk.

Thank you. We look forward to caring for your child this summer!

Tania Buck, Director of Child Care Services
tbuck@somervilleymca.org
www.somervilleymca.org



Y@PHA

Registration form for Y@PHA Summer Program 2021

The Y@PHA Summer Program will start on Monday June 21st and ends on Friday August 13th. The cost is \$216 per session. **There is a non-refundable \$25.00 deposit per session which is due at the time of registration and will be applied to the cost of each session.** If you cancel a session without giving a two-week notice your deposit will not be re-funded. The program will be on a first-come, first-served basis. Once we've reached capacity, we can put families on a waitlist. Please note that the balance on each session must be paid by the Wednesday, one week prior, to the start of that session. For example, the Session 1 payment will be due on Wednesday June 16th.

Please let us know which sessions you want your child to attend the program

Session	Dates	Rate	✓ attending
1	June 21 st -June 25 th	\$216	
2	June 28 th -July 2 nd	\$216	
3	July 6 th -July 9 th (closed Monday July 5 th)	\$216	
4	July 12 th -July 16 th	\$216	
5	July 19 th -July 23 rd	\$216	
6	July 26 th -July 30 th	\$216	
7	August 2 nd -August 6 th	\$216	
8	August 9 th - August 13 th	\$216	

Is your child attending the PHACS Summer Learning Program? YES NO

Child's name: _____ Date of Birth: _____

Grade for current (2020-2021) year: _____

Parent/guardian: _____

Phone number: _____ email: _____

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. _____ (please initial)

Parent/Guardian Signature: _____ Date: _____

Total sessions attending ____ X \$25.00= deposit due upon registration \$ _____

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 2021: _____

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: _____

Session(s) 1 2 3 4 5 6 7 8

Payment Type: Private EEC 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 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

**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, 1st

_____ Y@PHA Webster walk to group location: grades 2nd, 3rd _____ Walk to location (**Franklin location**)

_____ Parent/guardian drop off (**vacation/summer**) _____ 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 to sign them in. During summer 2021, parents will bring child to program doors to drop off to designated staff. **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

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
- Capitol Theatre
- Central Hill Park
- Community Growing Center
- Conway Park
- Corbett-McKenna Park
- Cranes beach
- 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
- Nahant Beach
- North Point Park
- Nunziato Field
- Oxford Street Park, Cambridge
- Perry Park
- Plymouth Plantation
- Powderhouse Park
- Prospect Hill Park
- Roger Williams Park Zoo
- Singing Beach
- 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
- Wingersheek Beach
- 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-4:45pm due to shortened days during the pandemic, the program will return by 4:15pm. 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.

Revised 5/21

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 _____

PERMISSION TO USE HAND SANITIZER

I give permission for my child to use hand sanitizer (at least 60% alcohol) in the program

YES _____ NO _____

Parent/Guardian

Date

This permission form is valid for one program year.

Revised 04/21