



Somerville YMCA School Age Child Care

June 18th, 2021

Dear Families:

The School Age Child Care (SACC) Program is currently accepting children for the 2021-2022 school year. For more information and online registration packets, please visit our website at www.somervilleymca.com.

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 or Lan Nguyen at the addresses 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 full time (5 day) care. 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
617-625-5050 x118

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 YMCA SACC Program!

Thank you,

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



SOMERVILLE SACC

2021-2022 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: Most Wednesdays are full days for PHACS.

Vacation Program and Summer Program weeks are \$216.00.

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 2021: _____ Teacher's Name: _____

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 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

**SOMERVILLE YMCA SACC PROGRAM
OFF-SITE ACTIVITIES PERMISSION FORM 11.05**

SACC 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:

- | | |
|--|---|
| <i>Beaver Brook</i> | <i>Skyline Park, Arlington</i> |
| Blue Hills Reservation | Somerville High School |
| Central Hill Park | Trum Field |
| Community Growing Center/Garden | Wingaersheek Beach |
| Conway Park | Winter Hill Community School Playground |
| Corbett-McKenna Park | |
| Cummings School Playground | |
| Danehy Park | |
| Dilboy Field | |
| Draw Seven Park | |
| East Boston Park | |
| Ecotarium | |
| Esplanade Association | |
| Farrington Nature Linc Farm | |
| Foss Park/DCR Pool | |
| Franklin Park Zoo | |
| Hampton Beach | |
| Hampton Beach State Park | |
| Hopkington State Park | |
| Hoyt-Sullivan Park | |
| Honey Pot Hill Orchards | |
| Latta Brothers Memorial Pool | |
| Lincoln Park/Argenziano Park and Field | |
| Lynch Park & Beach | |
| Lynn Woods | |
| Nahant Beach | |
| North Point Park | |
| Nunziato Field | |
| Oxford Street Park, Cambridge | |
| Perry Park | |
| Pine Banks Park, Malden | |
| Powderhouse Park | |
| Prospect Hill Park | |
| Salem Willows | |
| Salisbury State Park Reservation | |
| Scussett Beach | |
| Singing Beach | |

Parent/Guardian Signature

Date

**SOMERVILLE YMCA SACC PROGRAM
PERMISSION FORM – ORAL HEALTH, MEDIA, POOL, SUNSCREEN, HAND SANITIZER, ETC.**

Child's Name: _____

ORAL HEALTH PERMISSION

In January 2010, EEC issued new regulations for child care programs that include a requirement that educators assist children with brushing their teeth if children are in care for more than four hours or if children have a meal while in care (606 CMR 7.11(11)(d)). EEC licensed program must comply with this regulation. **However, parents may choose that their child(ren) not participate in tooth brushing while present at the child care program.**

Do you wish to have your child participate in tooth brushing while in care at the Somerville YMCA School Age Child Care program? **YES** _____ **NO** _____

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** _____

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** _____

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 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: _____

My Child will arrive at the program by:

_____YMCA Bus, Van or staff supervised walk

_____Other (describe)_____

My Child will depart from the program by:

_____Supervised departure (see list below)

_____Unsupervised departure*

_____YMCA Bus or Van (check location)

_____Mystic_____North St_____CHT

****Children must be at least 9 years old for unsupervised arrival or unsupervised departure.***

Any child who has been asked to stay after school or is not at the designated pick up area, for any reason, is then the responsibility of the school and parent. The YMCA will not go back to pick up the child.

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 Signature

Date

This permission form is valid for one program year.

Revised 6/21