



## Somerville YMCA School Age Child Care

Dear Y 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](http://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 Matthew O'Donnell 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.

Matthew O'Donnell – Director of Out-of-School Time  
[modonnell@somervilleymca.org](mailto:modonnell@somervilleymca.org)  
617-625-5050 x118

John Petrella-SACC Site Coordinator  
[jpetrella@somervilleymca.org](mailto:jpetrella@somervilleymca.org)  
617-625-5050 x127

***For Voucher, and billing questions***

Lan Nguyen-Child Care Registrar & Billing/Intake Coordinator  
[lnguyen@somervilleymca.org](mailto: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](mailto:tbuck@somervilleymca.org)  
617-625-5050 x128



# SOMERVILLE SACC

## 2021-2022 School Year Registration Form

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

Grade for 2021-2022 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**

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

*Revised 6/21*

**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        | Wingarsheek 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**