



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

February 28th, 2022

Dear SACC Summer Families,

Welcome to the Somerville YMCA SACC Summer Program, **STEAMing Ahead @ the Y!** STEAM stands for Science, Technology, Engineering, Arts, and Math programming/activities. This summer we will continue to focus on literacy, social/emotional learning and physical activity, and also infusing STEAM into your children's day! The program will be open from 7:45am-5:45pm, Monday-Friday, from June 27nd-August 26th. Drop-off will be between 7:45-8:45am. Breakfast will be served from 8-8:45am.

We will also again be using the Bellxcel Scholar Enrichment Curriculum for five weeks this summer. This program was highly successful the last two summers in helping the 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.

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 nguyen@somervilleymca.org.

If you have questions about the Summer SACC Programming, please refer to our SACC Summer Parent Handbook or speak with Matthew O'Donnell Director of OST.

Thank you,

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

SOMERVILLE YMCA SACC SUMMER PROGRAM
CHILD'S INFORMATION FORM 11.05 (3) (b) (1)

Child's Name: _____ Date of Birth: _____
Home Address: _____ Age: _____
City & Zip Code: _____
School: _____ Address: _____
Current Teacher's Name _____ Grade child will enter September 2022: _____

Is there documentation of a physical exam, immunization record, and lead screening on file at child's school? *Please note that if the child **does not** attend school in Massachusetts a record of a physical and immunization record is required to be submitted along with this form.* 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 9
Payment Type: Private EEC Voucher: Begin _____ End _____ Other: _____
Payment Rate: Daily Rate: _____ Weekly Rate: _____

**SOMERVILLE YMCA SACC SUMMER PROGRAM
FIRST AID AND EMERGENCY MEDICAL CARE
AUTHORIZATION AND CONSENT FORM 11.05 (3) (b) 3**

Child's Name: _____ Session(s): _____ Group: _____
Date of Birth: _____ Age: _____

I understand the staff in the SACC Summer Program are trained in the basics of First Aid/CPR and I authorize them to give my child First Aid/CPR 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 SACC SUMMER PROGRAM

OFF-SITE ACTIVITIES PERMISSION FORM 11.05

Summer 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:

- | | |
|--|---|
| Aquarium (Boston) | Skyline Park, Arlington |
| Beaver Brook | Somerville High School |
| Blue Hills Reservation | Somerville Capitol Theatre |
| Central Hill Park | Stone Zoo |
| Candia Springs | Stage Fort Park |
| Mass Audobon Society(Ipswich) | Trum Field |
| Chunkys | Wingaersheek Beach |
| Community Growing Center/Garden | Winter Hill Community School Playground |
| Conway Park | Waterpark of New England |
| Corbett-McKenna Park | Woburn Bowladrome |
| Children's Museum-Boston | |
| Danehy Park | |
| Dilboy Field | |
| Draw Seven Park | |
| East Boston Park | |
| Ecotarium | |
| Esplanade Association | |
| Farrington Nature Linc Farm | |
| Foss Park/DCR Pool | |
| Franklin Park Zoo | |
| Fun World | |
| Georges Island | |
| 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

This permission form is valid for one program year.
**SOMERVILLE YMCA SACC SUMMER 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. Foss Park DCR Pool may also be utilized during programming time as well as local beaches.

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

**SOMERVILLE YMCA SACC SUMMER PROGRAM
TRANSPORTATION PLAN 11.05 (9) (B) & ALTERNATIVE TRANSPORTATION PLAN**

Child's Name: _____ Session(s) _____ Group _____

My Child will arrive at the YMCA no earlier than 7:45am and no later than 8:45am. My Child will depart from the program no later than 5:45pm

In the following manner:

___ Supervised Arrival* (adult signature required)
___ Unsupervised Arrival** (9+ years Required)

In the following manner:

___ Supervised Departure* (adult signature required)
___ Unsupervised Departure** (9+ years Required)

****The YMCA is not responsible for unsupervised children until they arrive at the program and again once they leave the program.**

___ Y Transportation for Mystic, North St. or Clarendon Towers Somerville Housing Authority pick-up location.
location.

___ Y Transportation for Mystic, North St. or Clarendon Towers Somerville Housing Authority drop-off

Family MUST reside in a SHA unit. **Circle location**

Family MUST reside in a SHA unit. **Circle location**

****All children under the age of 9 MUST be signed in/dropped off by a parent/legal guardian. Children ages 9+ can arrive and depart the program with parental written permission.***

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

My Child Information Essay

Please let us know what is unique or special about your child that you would want staff to be aware of? Are there certain things that they like to do? Any special hobbies, activities, interests, etc. What is their favorite thing to participate in? Are they scared of anything? Is there a particular food they don't like to eat/love to eat? What's their favorite subject in school?

SESSION SIGN-UP SUMMER 2022

The Daily schedule for the SACC Summer Program is from 7:45am- 5:45pm. Transportation is limited and will ONLY be provided to families that reside in a Somerville Housing Authority Unit at either Mystic, North St. or Clarendon Hill Towers. Children will be dropped off at a central location within the housing authority. All other children must be dropped off and picked up daily at the Y. Parents must enter the building and sign in their child in at out on the 2nd floor. Children ages 9+, with parental/guardian written permission can walk to and from the Y. **The YMCA is not responsible for unsupervised children until they arrive at the program and again once they leave the program.**

Please indicate which sessions you child will attend by placing a check mark ✓ or an X next to the Session week. All sessions are from 7:45am-5:45pm and the cost is **\$235.00 per session**. A \$25 per week non-refundable deposit applied to your child's ledger is due upon registration to ensure your child's place in the program. All payments for the sessions are due in full by the **Friday prior** to the session. **No child will be allowed into the program if payment has not been made.** Payments can be made by contacting the registrar to bill you, autodraft your payments, or by calling or stopping by the front desk of the YMCA where we accept cash, check or credit/debit.

Session 1: June 27-July 1st _____

Session 2: *July 5th-July 8th _____ *Program will be closed on Monday July 4th in observance of the state holiday of Independence Day.

Session 3: July 11th-15th _____ Bellxcel week 1/Pre-test

Session 4: July 18th-July 22nd _____ Belleexcel week 2

Sesion 5: July 25th-July 29th _____ Belleexcel Week 3

Session 6: August 1st-August 5th _____ Bellxcel Week 4

Session 7: August 8th-August 12th _____ Bellxcel week 5/Post test.

Session 8: August 15th-August 19th _____

Sesion 9: August 22nd-26th _____

Date	Amount Paid	Balance Due

**Program will be closed on Monday July 4th in observance of the Independence Day Holiday.*

For program use Only:

Total cost of program: \$

Deposit: \$

Remaining Balance: \$