



Somerville YMCA Pre-K/K OST Program

Dear Y Families:

The new **Pre-K/K Out-Of-School Time Program** is currently accepting children for the 2022-2023 school year. 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 Francesca Ciccone 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 Child Care Administration team with any questions you may have.

Matthew O'Donnell – Director of Out-of-School Time
modonnell@somervilleymca.org
617-625-5050 x118

For Registration, Voucher, and billing questions
Francesca Ciccone-Child Care Registrar & Billing/Intake Coordinator
fciccone@somervilleymca.org
617-625-5050 x111

We look forward to having your family as a part of the YMCA Child Care Programs!

Thank you,

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



SOMERVILLE PRE-K/K OST 2022-2023 School Year Registration Form

Child's Name: _____ Date of Birth: _____

Grade for 2022-2023 School 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 **\$64.00** and regular afterschool days are **\$32.00** per day plus the cost of **one-way transportation of \$12 per day.**

Please Note: All Wednesdays are full days for PHACS.

Vacation Program and Summer Program weeks are **\$320.00**

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 PRE-K/K OST PROGRAM
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 2022: _____ 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 PRE-K/K 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 PRE-K/K program are certified in 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 PRE-K/K OST 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)

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

Date

This permission form is valid for one program year.

Revised 6/22

SOMERVILLE YMCA PRE-K/K PROGRAM

OFF-SITE ACTIVITIES PERMISSION FORM 11.05

Summer Day Care Program: Somerville Y Pre-K/K Address: 97 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 |
| Boston Children's Museum | Somerville Public Library and Playground |
| Central Hill Park | Trum Field |
| Community Growing Center/Garden | Wingersheek 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

This permission form is valid for one program year

**SOMERVILLE YMCA PRE-K/K OST 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 PRE-K/K OST 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 must wear a bathing cap in the 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 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 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

Date

This permission form is valid for one program year.

THE COMMONWEALTH OF MASSACHUSETTS

Department of Early Education and Care

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME: _____ DATE OF BIRTH: _____

Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____

Any speech difficulties? _____

Special words to describe needs _____

Language spoken at home _____ *Any history of colic? _____

*Does your child use pacifier or suck thumb? _____ *When? _____

*Does your child have a fussy time? _____ *When? _____

*How do you handle this time? _____

HEALTH

Any known complications at birth?

Serious illnesses and/or

hospitalizations: _____

Special physical conditions,

disabilities: _____

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Regular medications:

EATING HABITS

Special characteristics or difficulties: _____

*If infant is on a special formula, describe its preparation in detail: _____

Favorite foods: _____

Foods refused: _____

* Is your child fed held in lap? _____ High chair? _____

* Does your child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

*Are disposable or cloth diapers used? _____ *Is there a frequent occurrence of diaper rash? _____

*Do you use: oil: _____ powder: _____ lotion: _____ other: _____

*Are bowel movements regular? _____ How many per day? _____

*Is there a problem with diarrhea? _____ Constipation? _____

*Has toilet training been attempted? _____

*Please describe any particular procedure to be used for your child at the center: _____

*What is used at home? Pottychair? _____ Special child seat? _____ Regular seat? _____

*How does your child indicate bathroom needs (include special words): _____

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

SLEEPING HABITS *Does your child sleep in a crib? _____ Bed? _____ Does your child become tired or nap during the day (include when and how long)? _____

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.

When does your child go to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking etc)

SOCIAL RELATIONSHIPS

How would you describe your child?

Previous experience with other children/day

care: _____

Reaction to strangers: _____ Able to play
alone? _____

Favorite toys and activities:

Fears (the dark, animals,
etc.): _____

How do you comfort your
child? _____

What is the method of behavior management/discipline at home?

What would you like your child to gain from this childcare experience?

DAILY SCHEDULE

Please describe your child's schedule on a typical day. For infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.

Is there anything else we should know about your child?

(Parent/Guardian Signature)

(Date)