



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Somerville Y

101 Highland Avenue, Somerville, Massachusetts 02143-1661

TEL. 617-625-5050
www.somervilleymca.org

January 16th, 2024

Dear Pre-K/K OST Families,

Welcome to the Somerville Y's Pre-K/K OST Summer Program, **Pre-STEAMing Ahead @ the Y!** STEAM stands for Science, Technology, Engineering, Arts, and Math programming/activities. This summer we will 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 24th-August 23rd. Drop-off will be between 7:45-8:45am. Breakfast will be served from 8-8:45am.

In order for a child to attend the Pre-K/K OST program they must have turned Four (4) years of age prior to the summer session that you are applying for.

Enclosed are the registration forms required for completing your child's 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 e-mail the Child Care Registrar, Francesca Ciccone at fciccone@somervilleymca.org.

If you have questions about the Summer SACC Programming, please refer to our Summer Parent Handbook or speak with Jessika Sickey, Director of Pre-K/K OST Program. Jessika can be reached at jsickey@somervilleymca.org.

Thank you,

Tania Buck, VP of Child Development & Education
tbuck@somervilleymca.org
617-625-5050 x128

SOMERVILLE YMCA PRE-K/K 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 2024: _____

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 PRE-K/K 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 Pre-K/K 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 PRE-K/K SUMMER PROGRAM

OFF-SITE ACTIVITIES PERMISSION FORM 11.05

Summer 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:

- Aquarium (Boston)
- Beaver Brook
- Blue Hills Reservation
- Central Hill Park
- Candia Springs
- Mass Audobon Society(Ipswich)
- Chunkys
- Community Growing Center/Garden
- Conway Park
- Corbett-McKenna Park
- 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
- Skyline Park, Arlington
- Somerville High School
- Somerville Capitol Theatre
- Stone Zoo
- Stage Fort Park
- Trum Field
- Wingaersheek Beach
- Winter Hill Community School Playground
- Waterpark of New England
- Woburn Bowladrome

Parent/Guardian Signature

Date

This permission form is valid for one program year.

**SOMERVILLE Y PRE-K/K 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

This permission form is valid for one program year.

SOMERVILLE Y PRE-K/K 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)

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

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

Please write Y Transportation location here (Mystic, North St, Clarendon):

***All children under the age of 9 MUST be signed in/dropped off by a parent/legal guardian.**

In the following manner:

_____ Supervised Departure* (adult signature required)

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

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

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

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?

Pre-K/K SUMMER SESSION SIGN-UP SUMMER 2024

The Daily schedule for the Y PRE-K/K 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 picked-up and 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 the 97 Highland Ave location (The Blue House). **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 **\$350.00 per session. A \$50 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 through your ProCare account that will be created once you enroll your child or 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 24-June 28 _____
- Session 2: *July 1-July 5 _____ ***Program will be closed on Thursday July 4th in observance of the state holiday of Independence Day.**
- Session 3: July 8-12 _____
- Session 4: July 15-July 19 _____
- Session 5: July 22-July 26 _____
- Session 6: July 29-August 2 _____
- Session 7: August 5-August 9 _____
- Session 8: August 12-August 16 _____
- Session 9: August 19-23 _____

Date	Amount Paid	Balance Due

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

For program use Only:

Total cost of program: \$
Deposit: \$
Remaining Balance: \$