



# SOMERVILLE Y

101 Highland Avenue, Somerville, Massachusetts 02143-1661

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

TEL. 617-625-5050

[www.somervilleymca.org](http://www.somervilleymca.org)

January 16, 2024

Dear Y@PHA Summer Families,

Welcome to the Somerville YMCA Y@PHA Summer Program, **STEAMing Ahead @ the Y!** STEAM stands for Science, Technology, Engineering, Arts, and Math programming and activities. This summer we will continue to focus on literacy, social/emotional learning and physical activity, but are also infusing STEAM into your children's day! We will also be using the **Wicked Cool Science for Kids Curriculum** again this summer. This curriculum was highly successful last summer in helping our children to increase their access and exposure to high quality hands-on science programming. 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. The program will be open from 7:45am-5:45pm, Monday-Friday, from June 24<sup>th</sup>-August 9<sup>th</sup>, 2024. Drop-off will be between 7:45am-8:45am. We are not yet sure where the program will be housed but it will be either the PHACS EC or UE Campus.

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.

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 [fcicccone@somervilleymca.org](mailto:fcicccone@somervilleymca.org). If you have questions about the program, please refer to our Y@PHA Summer Parent Handbook or speak with Michelle Quinlan, Y@PHA Multi-Site Program Administrator at [mquinlan@somervilleymca.org](mailto:mquinlan@somervilleymca.org).

To register please submit the forms to Francesca Ciccone, Registrar at [fcicccone@somervilleymca.org](mailto:fcicccone@somervilleymca.org) or by faxing them to 617-628-2234, or by dropping them off at the YMCA Front Desk.

Thank you. We look forward to caring for your child this summer!

Tania Buck, VP of Child Development & Education  
[tbuck@somervilleymca.org](mailto:tbuck@somervilleymca.org)  
[www.somervilleymca.org](http://www.somervilleymca.org)  
617-625-5050 x128



# Y@PHA

## Registration form for Y@PHA Summer Program 2024

The Y@PHA Summer Program will start on Monday June 24th and ends on Friday August 9<sup>th</sup>. The cost is \$300 per session. **There is a non-refundable \$50.00 deposit per session which is due at the time of registration and will be applied to the cost of each session.** If you cancel a session without giving a two-week notice your deposit will not be re-funded. The program will be on a first-come, first-served basis. Once we've reached capacity, we can put families on a waitlist. Please note that the balance on each session must be paid by the Thursday, one week prior, to the start of that session. For example, the Session 1 payment will be due on Thursday June 21st, 2024.

**Please let us know which sessions you want your child to attend the program**

Session	Dates	Rate	✓ attending
1	June 24-June 28	\$300	
2	*July 1-July 5 closed on *Thursday 7/4 for Holiday	\$300	
3	July 8 -July 12	\$300	
4	July 15-July 19	\$300	
5	July 22 -July 26	\$300	
6	July 29-August 2	\$300	
7	August 5-August 9.	\$300	

**Will your child be attending the PHACS Summer Learning Program? YES NO**

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

Grade for current (2023-2024) School Year: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

Phone number: \_\_\_\_\_ email: \_\_\_\_\_

**Do you currently have a state issued voucher? \_\_\_Yes \_\_\_No**

**I understand that a 2-week notice is required should I choose to remove my child from the program. \_\_\_\_\_ (please initial)**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Total sessions attending \_\_\_\_ X \$50.00= deposit due upon registration \$\_\_\_\_\_

**SOMERVILLE Y@PHA-OST**  
**CHILD'S INFORMATION FORM 11.05 (3) (b) (1)**

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

Home Address: \_\_\_\_\_ Age: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

School/OST Site: Webster Ave. or Franklin St. Address: \_\_\_\_\_

Current grade: \_\_\_\_\_ Grade entering in September 2024: \_\_\_\_\_

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: \_\_\_\_\_

Session(s)    1       2       3       4       5       6       7

Payment Type: Private    EEC    Voucher: Begin \_\_\_\_\_ End \_\_\_\_\_ Other: \_\_\_\_\_

Payment Rate: Daily Rate: \_\_\_\_\_ Weekly Rate: \_\_\_\_\_

**SOMERVILLE Y@PHA-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 Y@PHA-OST 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 Y@PHA-OST PROGRAM  
TRANSPORTATION PLAN 11.05 (9) (B) & ALTERNATIVE TRANSPORTATION PLAN**

Child's Name: \_\_\_\_\_ School: **Y@PHA Summer Only**

My Child will **arrive** at the program by (**please check all that apply**):

\_\_\_\_\_ Parent/guardian drop off (**vacation/summer**)                      \_\_\_ Other: \_\_\_\_\_

My child will **depart** from the program by:

\_\_\_\_\_ Supervised departure (see list below)                      \_\_\_\_\_ Unsupervised departure\*

**\*Children must be at least 9 years old for unsupervised departure, and an additional form must be filled out.**

During full day summer programming, parents/guardians are responsible for walking their child into the program to sign them in. During summer 2024, parents will bring child into the school building to drop off to the designated room/staff. **Please initial:** \_\_\_\_\_

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

# SOMERVILLE Y@PHA-OST PROGRAM

## OFF-SITE ACTIVITIES PERMISSION FORM

School/OST Program: **Y@PHA Summer Program**

CHILD'S NAME: \_\_\_\_\_

I give permission for my child to participate in all of the activities located at the following off-site facilities:

- Beaver Brook
- Blue Hills Reservation
- Capitol Theatre
- Central Hill Park
- Community Growing Center
- Conway Park
- Corbett-McKenna Park
- Cranes beach
- Cummings School Playground
- Danehy Park
- Davis Square
- Dilboy Field
- Esplanade Association
- Farrington Nature Linc
- Foss Park Pool and Field
- Florence Park
- Latta Brothers Memorial Pool
- Franklin Park Zoo
- George's Island
- Gore Street Park
- Hoyt-Sullivan Park
- Funworld
- Kennedy Pool
- Argenziano/Lincoln Park Playground, field and splash park
- Lynn Woods
- Coco Keys
- Science Museum
- Nahant Beach
- North Point Park
- Nunziato Field
- Children's Museum
- Perry Park
- Plymouth Plantation
- Aquarium
- Prospect Hill Park
- Roger Williams Park Zoo
- Singing Beach
- Chunk's
- Somerville YMCA
- Southwick Zoo
- Spectacle Island
- Stage Fort Park
- Stone Zoo
- Trum Field
- War Memorial pool
- PHA EC/Webster Location
- PHA UE/Franklin Location
- Wingersheek Beach
- Winter Hill Community School Playground
- Somerville YMCA Pool and Gym

I also acknowledge that without prior notification my child may visit one or more of the above sites and not be back to the Y@PHA-OST program until 4:30PM, when programming ends at 5:45pm. I further realize it is my responsibility to contact the Y@PHA-OST program by 9:00AM if it is necessary for my child to be picked up prior to arrival time from trip.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

Revised 2/24

**SOMERVILLE Y@ PHA-OST PROGRAM  
AUTHORIZATION/PERMISSION FORM**

Child's Name: \_\_\_\_\_

**MEDIA PERMISSION**

I give permission for my child's name, photograph, video or likeness, to be used by the Somerville Y@ PHA-OST 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 \_\_\_\_\_

**SUNSCREEN PERMISSION**

I will provide my child with sunscreen. If my child arrives at the Y@PHA-OST 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 \_\_\_\_\_

**CHILDREN AGE 7 OR OLDER**

I give permission for my child, age 7 or older, to participate in activities within the approved indoor space without constant visual supervision by the group leader. The group leader will be aware of the child's location, monitor the child's activity at regular intervals, be readily available to assist as needed, and will be able to respond immediately to an emergency situation. Examples include playing a game in the hallway, walking to homeroom to get homework, taking a break in the hallway, getting a drink, or walking to the bathroom alone.

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