



Dear Prospect Hill Academy Families,

Thank you for your interest in the Y@PHA Out-of-School Time Program. All registration materials are also available at our website. [www.somervilleymca.org](http://www.somervilleymca.org).

Once your online registration has been reviewed, the Y@PHA team will be in touch regarding deposits and payment options. Registration is first come, first served with priority given to families seeking full time (5 day) care.

***Please note:*** *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. Payment is 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.*

Please contact the Y@PHA team with any questions:

Michelle Quinlan – Y@PHA Multi-Site Program Administrator  
[mquinlan@somervilleymca.org](mailto:mquinlan@somervilleymca.org)  
(781)434-8227

David King – Y@PHA Assistant Program Administrator  
[dking@somervilleymca.org](mailto:dking@somervilleymca.org)  
(781)434-8184 or 781-434-8345

Johanna Cline-Y@PHA Webster Site Director  
[jcline@somervilleymca.org](mailto:jcline@somervilleymca.org)  
781-434-8184

**All voucher, and billing questions:**

Francesca Ciccone-Child Care Registrar & Billing and Contracts Manager  
[fciccone@somervilleymca.org](mailto:fciccone@somervilleymca.org)  
617-625-5050

We look forward to having your family as a part of the Y@PHA!

Sincerely,

Tania Buck, VP of Child Development & Education

# Y@PHA 2024-2025 School Year Registration Forms

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

Grade for 2024-2025 School year: \_\_\_\_\_ School: EC/Webster or UE/Franklin

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

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

Parent/Guardian 2: \_\_\_\_\_

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

**Date you wish your child to start the program:** \_\_\_\_\_ \*\*

**\*Grades K-6<sup>th</sup> The per diem program cost is:**  
Full days and early release days\* are charged at **\$60.00** and  
Regular afterschool days are **\$40.00** per day.  
**Vacation Program and Summer Program weeks are \$300.00**

**\*Every Wednesday is considered an early release day for billing purposes for SY 24-25**

***Tuition is subject to change with a  
60 day written notice.***

**\*\*PHACS begins on 9/3/24 for 1-6 grade.**

**\*\* Kindergarten begins on 9/5/24**

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

Please check off the days you are interested in having your child attend. **Priority is given to families requesting 5 days.**

**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: \_\_\_\_\_

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**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



**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. My child attends: **(Please circle name of school/OST site):** Webster Franklin

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

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

School (Please Circle One) **Webster** **Franklin**

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

- \_\_\_\_\_ Y@PHA Webster staff supervised walk: grades K, & 1<sup>st</sup>
- \_\_\_\_\_ Y@PHA Webster walk to group location: grades 2<sup>nd</sup>, 3<sup>rd</sup>
- \_\_\_\_\_ Y@PHA Franklin staff supervised walk from 1<sup>st</sup> floor
- \_\_\_\_\_ 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 vacation weeks and full day summer programming, parents/guardians are responsible for walking their child into the program and signing them in. **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: **(Please circle one):**

Webster

Franklin

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

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

- Apple Cinemas
- Assembly Row
- Ball Square Bowling Alley
- Beaver Brook
- Blue Hills Reservation
- Burlington Cinemas
- Capitol Theater
- Central Hill Park
- Children's Museum
- Chunky's Movie Theater
- Community Growing Center
- Conway Park
- Corbett-McKenna Park
- Cummings School Playground
- Danehy Park
- Davis Square
- Dilboy Field
- Ecotarium
- Esplanade Association
- Farrington Nature Linc
- Flatbreads/Sacco Bowl Haven
- Foss Park
- Latta Brothers Memorial Pool
- Franklin Park Zoo
- Fun World
- George's Island
- Gore Street Park
- Hoyt-Sullivan Park
- Honey Pot Hill Orchards
- Kennedy Pool
- Laser Quest
- Lincoln Park
- Lynn Woods
- Monster Mini Golf
- Museum of Science, Boston
- New England Aquarium
- North Point Park
- Nunziato Field
- Oxford Street Park, Cambridge
- Perry Park
- Plymouth Plantation
- Powderhouse Park
- Prospect Hill Park
- Revere Cinemas
- Roger Williams Park Zoo
- Roller World
- Ryan's Amusement
- Salem Willows
- SCAT
- Skyline Park, Arlington
- Somerville DCR Ice Skating Rink
- Somerville Public Library
- Somerville Theatre
- Somerville YMCA
- Southwick Zoo
- Spectacle Island
- Stage Fort Park
- Stone Zoo
- Townline bowling
- Trum Field
- Twin City Plaza, Cambridge
- War memorial pool
- PHA EC/Webster location for children attending UE/Franklin campus & vice-versa.
- Wheelock Family Theatre
- Winter Hill Community School Playground
- Woburn Bowl-a-Drome
- Woburn Cinemas
- Wingersheik Beach

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 5:30PM. 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 before 5:30PM.

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

\_\_\_\_\_  
Date

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

*Revised 1/24*

**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

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

Revised 01/24