



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.

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
(781)434-8227

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

Johanna Cline-Y@PHA Webster Site Director
jcline@somervilleymca.org
781-434-8184

All voucher, and billing questions:

Francesca Ciccone-Child Care Registrar & Billing and Contracts Manager
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-6th 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: _____

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

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
- Argenziano Park Playground
- 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
- Coco Keys
- 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
- Florence Park
- 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
- Nahant Beach
- 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
- Wingersheek 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-Outside of School Personnel

I authorize the Y@PHA Directors to speak with my child's pediatrician, nurse, or non-school therapist.* 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 _____

PERMISSION TO SPEAK-PHACS-School Personnel

*As a program imbedded within the PHACS system, I understand that there may be times that the Y@PHA Staff must speak to my child's school teacher/principal/guidance counselor/school adjustment counselor, school nurse, etc. In able to relay information that is also pertinent to the child's school day. I understand that this is mandatory for my child to be able to attend the Y@PHA OST Program.

Parent/Guardian

Date

This permission form is valid for one program year.

Revised 04/24