



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



**EMILSON YMCA**  
**School Age April Vacation Program!**  
**Registration Form**

Your child will enjoy their April school vacation at the EMILSON YMCA in Hanover. Children will have the opportunity to participate in sports, swimming, arts and crafts, SkyTrail (ages 7+), and make new friends. Please send your child with a bagged lunch and a bathing suit and towel if they would like to swim. An afternoon snack will be provided.

**Grades: K-6**  
**Fee: \$50/day**  
**Hours: 8am-6pm**  
**Registration deadline: 4/11/18**

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

*Parent/Guardian's Name:* \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_\_

*Please check off the days your child will be attending:*

- Monday, April 16
- Tuesday, April 17
- Wednesday, April 18
- Thursday, April 19
- Friday, April 20

*Payment Status:*  *Full Payment Included*  *Financial Aid*  *Child Care Voucher*  *Payment Method on File*

- **I understand that enrollment is limited and is on a first come, first serve basis.**
- **I understand that once I register my child, my payment is non-refundable/non-transferable regardless of whether or not my child attends the program.**

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

\_\_\_\_\_  
Date

## Child's Information Form

Child's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Language: \_\_\_\_\_

Sex: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

### Parent/Guardian Information:

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian D.O.B. \_\_\_\_\_ Parent/Guardian D.O.B. \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Primary Phone #: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Bus. Name: \_\_\_\_\_ Bus. Name: \_\_\_\_\_

Bus. Address: \_\_\_\_\_ Bus. Address: \_\_\_\_\_

Bus. Phone #: \_\_\_\_\_ Bus. Phone #: \_\_\_\_\_

Hours at Work: \_\_\_\_\_ Hours at Work: \_\_\_\_\_

### Additional Information:

Allergies/Special Diet: \_\_\_\_\_

Medications: \_\_\_\_\_

Chronic Health Conditions/Special Limitations: \_\_\_\_\_

**I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements is on file at my child's school.**

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

\_\_\_\_\_  
Date

# First Aid and Emergency Medical Care Consent Form

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

I authorize staff in the vacation camp program who is trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an 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 \_\_\_\_\_, and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency Contacts (In order to be contacted)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Do you give permission for your child to be released from the program at the end of the day to this person?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Do you give permission for your child to be released from the program at the end of the day to this person?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Do you give permission for your child to be released from the program at the end of the day to this person?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_  
Date

*Please contact Jamie Farrell with any questions, [jfarrell@ssymca.org](mailto:jfarrell@ssymca.org) or 781-829-8585 x8262  
Make checks payable to the South Shore YMCA*