



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



**EMILSON YMCA
School Age End of Summer Vacation Program!
Registration Form**

Your child will enjoy their last week of summer vacation at the EMILSON YMCA in Hanover. Children will have the opportunity to participate in sports, swimming, arts and crafts, outside time, and have fun with 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

Child's Name: _____

Parent/Guardian's Name: _____

Home Address: _____

Primary Phone #: _____ **E-mail** _____

Child's Date of Birth: _____ / _____ / _____ **Grade:** _____

Please check off the days your child will be attending:

- Monday, August 28
- Tuesday, August 29
- Wednesday, August 30
- Thursday, August 31
- Friday, September 1

Payment Status: *Full Pay* *Financial Aid* *Child Care Voucher*

- **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 781-829-8585 x8262, jfarrell@ssymca.org
Make checks payable to the South Shore YMCA*