



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

December Vacation Week!

December 26-29, 2017

Enrollment Packet

Hello Families,

Our Afterschool Program will be offering a December Vacation Program for December 26th – 29th 2017 at Germantown Neighborhood Center and Bethel Church of the Nazarene sites. Each day children will have opportunities to explore new games, projects, theme activities, and develop lifelong learning skills! We will also provide open swim time for children so don't forget bathing suits and towels!

Attached is the enrollment packet for the December Vacation week. Please complete the packet with required information and return with your payment as soon as possible. **Enrollment packets will not be accepted unless fully completed and payment is included.** Enrollment packets will be accepted on a **first come first serve basis** as we have a maximum capacity per our EEC licensing regulations. So please submit your enrollment packet as soon as possible to ensure a spot for your child.

Please check our website at ssymca.org for more information regarding storm delays & closings. Please be aware in case of early closing, we will contact family and emergency contacts to ensure safe pick up for all children

If you have any questions please call Director Kate Morrison at 617-481-4477 or by emailing at kmorrison@ssymca.org.

Look forward to hearing from you soon and please call or email with any questions. We value your feedback!

All the best,

Kate Morrison
Afterschool Director

Sites & Fee Schedule

Program Hours: 8:00 AM - 6:00 PM

Please indicate which you wish your child to attend by marking appropriate line(s):

PLEASE INDICATE WHICH SITE YOU WOULD LIKE YOUR CHILD TO ATTEND

- _____ Germantown Neighborhood Center 366 Palmer St, Quincy, MA 02169
- _____ Bethel Church of the Nazarene 41 Empire Street, Quincy, MA 02169

Please indicate if your child is currently enrolled in our Afterschool Program or not by marking the appropriate line(s):

CHILDREN **CURRENTLY** ENROLLED IN OUR AFTERSCHOOL PROGRAM

_____ 4 Days = \$185.00

CHILDREN **NOT ENROLLED** IN OUR AFTERSCHOOL PROGRAM

:

_____ 4 Days = \$227.00

*Refunds will not be applied without Director's approval



**South Shore YMCA Afterschool Program
December Vacation Program 2017
Child's Enrollment Packet**

Child's Information:

Child's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Date of Birth: _____ Gender: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Height: _____ Weight: _____ Allergies: _____

Identifying Marks: _____ Primary Language: _____ Age at Admission: _____

Parent/Guardian's Information:

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Relationship to child: _____ Relationship to child: _____

Home Address : _____ Home Address: _____

City, State, Zip Code: _____ City, State, Zip Code: _____

Home Telephone #: _____ Home Telephone #: _____

Cell Phone #: _____ Cell Phone #: _____

E-mail Address: _____ E-mail Address: _____

Business' Name: _____ Business' Name: _____

Business' Address: _____ Business' Address: _____

City, State, Zip Code: _____ City, State, Zip Code: _____

Business' Telephone #: _____ Business' Telephone #: _____

Hours at Work: _____ Hours at Work: _____

First Aid and Emergency Medical Care Consent Form

Child's Name: _____ Date of Birth: _____

I authorize staff in the South Shore YMCA Afterschool Program who are trained in the basics of First Aid/CPR to give my child First Aid/CPR 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: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Medications: _____

Special limitations/concerns: _____

Health care coverage: _____ Policy Number: _____

Will your child take any medications while at the Vacation Week program? Please explain so we may provide you with an Individual Health Care Plan to be completed by your child's medical provider prior to participation in the program.

Yes: _____ No: _____ Medication: _____

* Please attach any Individual Health Plans regarding chronic health conditions for your child

Physical Examination and Immunizations

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

Child's Current School: _____ School Phone Number: _____

School Address:

Parent/Guardian Initials: _____

Additional Information

Are there copies of any custody agreements, court orders, or restraining orders pertaining to your child? If so, please provide to Afterschool Director, Kate Morrison

Special limitations or concerns that would help us ensure a successful vacation week experience for your child?

Emergency Contacts: (In order to be contacted)

Name: _____ Relationship to child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Yes: _____ No: _____

Name: _____ Relationship to child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Yes: _____ No: _____

Name: _____ Relationship to child: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? Yes: _____ No: _____

Signature: _____ Date: _____



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PAYMENT PAGE

Payment Method

Child's Name: _____

Please indicate below payment method accompanying enrollment packet by marking appropriate line(s)

_____ Check Enclosed

_____ Credit Card: Name on the Card: _____

Billing Address: _____

Credit Card Number: _____

Exp. Date: _____ CID #: _____

_____ Voucher

Parent/Guardian Signature

Date



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For Your Information!

What to bring each day!

- Backpack
- Water Bottle
- Morning Snack
- Bathing Suit & Towel

What not to bring!

- iPods/MP3 players
- Cell Phones
- Money
- Valuable Items
- Toys
- Weapons (Real or Fake)

Drop-Off & Pick-Up

- Drop off starts at 8AM. Children will be dropped off at their respective sites & must be signed in by parent/guardian.
- Pick up is ongoing throughout the day until 6PM, unless otherwise noted. Be sure that each child is signed out at the sign-out table prior to leaving for the day.
- Parents/Guardians will be charged an additional \$1 penalty for each minute past latest pick-up time.
- If someone is picking up your child who is not on their emergency contacts in the enrollment packet, you must provide a signed, dated note with the individual's name and address prior to this individual arriving.
- Any individual attempting to pick-up a child must provide a photo I.D. (license, passport, work I.D., etc.) Children will not be released to any adult who cannot provide a photo I.D.!

Additional Information

- Please check our website at ssymca.org for more information regarding storm delays & closings
- You can also call 617-481-4477 for a pre-recorded message regarding any possible delays or closings
- Please be aware in case of early closing, we will contact family and emergency contacts to ensure safe pick up for all children.

WE LOOK FORWARD TO SEEING YOU SOON!