



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

**April Vacation Week!**  
**April 17<sup>th</sup>- 21<sup>st</sup> 2017**  
**Enrollment Packet**

Hello Families,

Our Afterschool Program will be offering an April Vacation Program the week of April 17<sup>th</sup>-21<sup>st</sup> at our ENC Old Colony 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 April 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.

If you have any questions please call Director Kate Morrison at 617-481-4477 or by emailing at [kmorrison@ssymca.org](mailto:kmorrison@ssymca.org). We look forward to hearing from you soon and please call or email with any questions. We value your feedback!

All the best,

Kate Morrison  
Quincy Afterschool Director



South Shore YMCA –Quincy Afterschool Program  
April Vacation Program  
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 the 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: \_\_\_\_\_

\* If yes you will need an IHCP (Individual Health Care Plan) to be completed by your child's health practitioner. IHCP forms are located on our website or contact the Afterschool Director.

## 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 to Meet Your Child’s Needs:**

Does your child have an Individual Health Plan for a chronic health condition? If yes, please attach.

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

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?

\_\_\_\_\_  
\_\_\_\_\_

Does your child have an Individual Education Plan (IEP)? If so please provide to the Afterschool Director so we may follow school’s recommendations and plan to the best of our abilities.

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

**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](http://ssymca.org) for all announcements regarding storm delays & closings or call 617-481-4477 for a pre-recorded message.

**WE LOOK FORWARD TO SEEING YOU SOON!**