



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



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

Grades: K-6

Hours: 8am – 5pm

Cost: \$84 per child per day

Please select the days that your would like your child to attend:

- **Monday, April 15th**
- **Tuesday, April 16th**
- **Wednesday, April 17th**
- **Thursday, April 18th**
- **Friday, April 19th**

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, 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.

Child's Name: _____

Date of Birth: _____ **Age:** _____ **Grade:** _____

Parent/Guardian's Name: _____

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

☐ *Payment Attached* ☐ *Financial Aid* ☐ *Child Care Voucher* ☐ *Account on File #* _____ *(last 4 digits)*

- **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 program who are 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 the vacation program team at emilson.afterschool@ssymca.org, or call 781-826-7900 x5240 with any questions. Make checks payable to the South Shore YMCA. Checks must be received at least one week prior to the start of the program.