



March 8, 2019

Dear Prospect Hill Academy Families,

Thank you for your interest in the Y@PHA Summer Program. Enclosed are the enrollment forms which need to be completed. Please be sure to fill out every line. If the answer is "none" or "no one", please be sure to note that on the application. You may submit your completed enrollment packets to the Y@PHA office at the Webster or Franklin Campuses, email them to the addresses below or fax them to (617)628-2234.

Once your packet has been reviewed, the Y@PHA team will be in touch regarding deposits and payments. Please note that the balance of each session must be paid by the Wednesday, one week prior to the start of the session.

Enrollment will open to all current Y@PHA families on March 18th. Beginning April 1st enrollment will be open to all Prospect Hill Academy Families on a first-come, first-served basis. Registration will be closed on June 7th.

Please contact the Y@PHA team with any questions:

Programming questions:

Michelle Quinlan – Y@PHA Program Administrator

mquinlan@somervilleymca.org

(781)434-8227

OR

Evelyn Lueders-Booth – Y@PHA Webster Site Director

eluedersbooth@somervilleymca.org

(781)434-8184

All voucher, and billing questions:

Tania Buck-Child Care Registrar or Joe Pinto–Youth Services Director

tbuck@somervilleymca.org or jpinto@somervilleymca.org

(617)625-5050

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We look forward to having your family as a part of the Y@PHA!

Thank you,
Y@PHA Team



Y@PHA

Registration form for Y@PHA Summer Program 2019

The Y@PHA Summer Program will start on Monday July 1st and ends on Friday August 9th. The cost is \$210.00 per session. There is a non-refundable \$25.00 per session which is due at the time of registration and will be applied to the cost of each session.

Families who currently attend the Y@PHA Program will have priority until March 30, 2019. Beginning April 1st, the program will be on a first-come, first-served basis. Once we've reached capacity, we can put families on a waitlist. Please note that the balance on each session must be paid by the Wednesday, one week prior to the start of the session.

Please let us know which sessions you want your child to attend the program (please check all week that apply)

Session	Dates	Rate	✓ attending
1	July 1 st -July 5 th (closed July 4 th)	\$210	
2	July 8 th -July 12 th	\$210	
3	July 15-July 19 th	\$210	
4	July 22-July 26 th	\$210	
5	July 30-August 2	\$210	
6	August 5 th -August 9 th	\$210	

Is your child attending PHA Summer School? YES or NO (circle)

Child's name: _____ Date of Birth: _____

Grade for current (2018-2019) year: _____

Parent/guardian: _____

Phone number: _____ email: _____

Do you currently have a state issued voucher? __Yes __No

I understand that a 2-week notice is required should I choose to remove my child from the program. _____ (please initial)

Parent/Guardian Signature: _____ Date: _____

Office use only:

Total sessions attending ____ X \$25.00= deposit due upon registration \$_____ Access ID X: _____

SOMERVILLE Y@PHA-OST
CHILD'S INFORMATION FORM 11.05 (3) (b) (1)

Child's Name: _____ Date of Birth: _____
Home Address: _____ Age: _____
City & Zip Code: _____
Current grade (if applicable): _____ Grade entering September 2019: _____

Is there documentation of a physical exam, immunization record, and lead screening on file at child's school?
Yes: _____ No: _____

List below any special limitations or concerns your child may have including dietary restrictions, allergies, chronic health conditions: **(If none, please write none)** _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Skin Color: _____ Sex: _____
Identifying Marks: _____
Other info about your child _____

PARENT/GUARDIAN INFORMATION:

Is second Parent/guardian authorized to pick up Child?
Yes _____ No _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to Child: _____ Relationship to Child: _____

Home Address: _____ Home Address: _____

Email: _____ Email: _____

Home Telephone #: _____ Home Telephone #: _____

Cell Phone #: _____ Cell Phone #: _____

Bus. Name: _____ Bus. Name: _____

Bus. Address: _____ Bus. Address: _____

Telephone #: _____ Telephone #: _____

Hours at Work: _____ Hours at Work: _____

Parent/Guardian Signature

Date

FOR PROGRAM USE ONLY:

Date of Admission: _____ *Age at Admission:* _____ *End Date:* _____

Number of Days: 5 Days 4 Days 3 Days 2 Days Summer 5 Days only

Days of Week: Monday Tuesday Wednesday Thursday Friday

Payment Type: Private Voucher Begin: _____ End: _____ Other: _____

Payment Rate: Daily Rate: _____ Weekly Rate: _____

**SOMERVILLE Y@PHA-OST PROGRAM
FIRST AID AND EMERGENCY MEDICAL CARE
AUTHORIZATION AND CONSENT FORM 11.05 (3) (b) 3**

Child's Name: _____ Date of Birth: _____ Age: _____

I understand the staff in the Y@PHA-OST program are trained in the basics of first aid and I authorize them to give my child first aid when appropriate. My child attends: **(Please circle name of school/OST site): Webster Franklin**

I understand that every effort will be made to contact me in the event of any 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 Somerville Hospital.

Child's Physician's Name: _____
Address: _____
Phone Number: _____
Health Insurance Coverage: _____
Policy # _____

Child's Identifying Information (required by the EEC Regulations) and/or current picture (if available).

Eye Color _____ Hair Color _____ Sex _____
Height _____ Weight _____ Skin Color _____
Identifying Marks _____

Child's Allergies: **(if none, write none)** _____
Chronic Health Conditions: **(if none, write none)** _____
Dietary Restrictions: **(if none, write none)** _____

Parent(s) Name: _____ Phone (h): _____
Hours at Work: _____ Phone (w): _____

Parent(s) Name: _____ Phone (h): _____
Hours at Work: _____ Phone (w): _____

Emergency Contacts (In order to be contacted) are authorized to pick up children.

Name: _____ Address: _____
Relationship to Child: _____ Phone # _____

Name: _____ Address: _____
Relationship to Child: _____ Phone # _____

Name: _____ Address: _____
Relationship to Child: _____ Phone # _____

Parent/Guardian Signature

Date

This permission form is valid for one program year.

**SOMERVILLE Y@PHA-OST PROGRAM
TRANSPORTATION PLAN 11.05 (9) (B) & ALTERNATIVE TRANSPORTATION PLAN**

Child's Name: _____

School/OST Child Attends: (Please Circle One) **Webster** **Franklin**

My Child will arrive at the program by:

My Child will depart from the program by:

- _____ Y@PHA staff supervised walk (Webster)
- _____ Walk to program location (Franklin)
- _____ Parent/Guardian Drop off
- _____ Other: _____

- _____ Supervised departure (see list below)
- _____ Unsupervised departure*

During vacation weeks and full day summer programming, parents/guardians are responsible for dropping their children off at the Webster Avenue location.

****Children must be at least 9 years old for unsupervised departure, and an addition form must be filled out.***

List names of Parents/Guardians authorized to pick up child: _____

I give my permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. **(If no one is authorized, please indicate below by writing "NO ONE")**. (If more space is needed please use other side).

1. Name _____ Relationship _____
Address _____ Phone _____
2. Name _____ Relationship _____
Address _____ Phone _____
3. Name _____ Relationship _____
Address _____ Phone _____

Any other transportation requests must be stated in writing and maintained in the Child's File or the above plan must be implemented.

Parent/Guardian _____
Date

This permission form is valid for one program year.

**SOMERVILLE Y@ PHA-OST PROGRAM
AUTHORIZATION/PERMISSION FORM**

Child's Name: _____

ORAL HEALTH PERMISSION

In January 2010, EEC issued new regulations for child care programs that include a requirement that educators assist children with brushing their teeth if children are in care for more than four hours or if children have a meal while in care (606 CMR 7.11(11)(d). EEC licensed program must comply with this regulation. However, parents may choose that their child(ren) not participate in tooth brushing while present at the child care program.

Do you wish to have your child participate in tooth brushing while in care at the Somerville Y@PHA-OST program? YES _____ NO _____

MEDIA PERMISSION

I give permission for my child's name, photograph, video or likeness, to be used by the Somerville Y@ PHA-OST for public relations purposes, publications or reports. YES _____ NO _____

YMCA SWIMMING POOL PERMISSION

I give permission for my child to use the Somerville YMCA swimming pool. YES _____ NO _____

SUNSCREEN PERMISSION

I will provide my child with sunscreen. If my child arrives at the Y@PHA-OST without sunscreen, on that day, I give the Somerville YMCA permission to provide sunscreen (Sunscreen SPF30) to my child.

YES _____ NO _____

PERMISSION TO SPEAK

I authorize the Y@PHA Directors to speak with my child's pediatrician, nurse, therapist, school teacher/principal/guidance counselor/school adjustment counselor, the Department of Children & Families, social worker, psychiatrist, or psychologist. I will be informed by the Directors should any of these people need to be contacted prior to doing so.

YES _____ NO _____

INDIVIDUALIZED EDUCATION PROGRAM

I authorize the Y@PHA Directors to have a copy of my child's IEP in order to better support him/her in the program.

YES _____ NO _____

Parent/Guardian

Date

This permission form is valid for one program year.

Revised 3/18

SOMERVILLE Y@PHA-OST PROGRAM

OFF-SITE ACTIVITIES PERMISSION FORM

School/OST Program: (Please circle one): Webster Franklin

CHILD'S NAME: _____

I give permission for my child to participate in all of the activities located at the following off-site facilities:

- Apple Cinemas
- Assembly Row
- Ball Square Bowling Alley
- Beaver Brook
- Blue Hills Reservation
- Burlington Cinemas
- Capitol Theater
- Central Hill Park
- Children's Museum
- Chunky's Movie Theater
- Community Growing Center
- Conway Park
- Corbett-McKenna Park
- Cummings School Playground
- Danehy Park
- Davis Square
- Dilboy Field
- Ecotarium
- Esplanade Association
- Farrington Nature Linc
- Flatbreads/Sacco Bowl Haven
- Foss Park
- Latta Brothers Memorial Pool
- Franklin Park Zoo
- Fun World
- George's Island
- Gore Street Park
- Hoyt-Sullivan Park
- Honey Pot Hill Orchards
- Kennedy Pool
- Laser Quest
- Lincoln Park
- Lynn Woods
- Monster Mini Golf
- Museum of Science, Boston
- New England Aquarium
- North Point Park
- Nunziato Field
- Oxford Street Park, Cambridge
- Perry Park
- Plymouth Plantation
- Powderhouse Park
- Prospect Hill Park
- Revere Cinemas
- Roger Williams Park Zoo
- Roller World
- Ryan's Amusement
- Salem Willows
- SCAT
- Skyline Park, Arlington
- Somerville DCR Ice Skating Rink
- Somerville Public Library
- Somerville Theatre
- Somerville YMCA
- Southwick Zoo
- Spectacle Island
- Stage Fort Park
- Stone Zoo
- Townline bowling
- Trum Field
- Twin City Plaza, Cambridge
- War memorial pool
- Wheelock Family Theatre
- Winter Hill Community School Playground
- Woburn Bowl-a-Drome
- Woburn Cinemas

I also acknowledge that without prior notification my child may visit one or more of the above sites and not be back to the Y@PHA-OST program until 5:30PM. I further realize it is my responsibility to contact the Y@PHA-OST program by 9:00AM if it is necessary for my child to be picked up before 5:30PM.

Parent/Guardian Signature

Date

This permission form is valid for one program year.

Somerville Y@PHA-OST
Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us in writing, with at least a one week notice.

Name of Parent: _____

Day time Contact number: _____

Email Address: _____

Name of Child/ren: _____

Name of School/OST Site: **(Please circle one)** **Webster** **Franklin**

Payment information:

I authorize the Somerville YMCA to automatically bill the card listed below as specified:

Amount: \$ _____

Frequency: _____ Weekly _____ Bi-weekly _____ Monthly _____

Start Billing on: _____

Credit Card Information:

Credit Card Type: Please Circle
 Master Card Visa Discover American Express

Number _____ Expires: _____

Card Holders Name: _____

Credit card billing address: _____ Zip Code: _____

This payment is a continuous withdrawal with the option to stop at anytime with a written notice of a one week minimum to the financial office.

Customer Signature: _____

Date: _____