



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

Somerville YMCA

101 Highland Avenue, Somerville, Massachusetts 02143-1661

TEL. 617-625-5050

www.somervilleymca.org

Dear Summer Day Care Family:

OFFICERS

JOHN COLLINS
PRESIDENT

DEBRA NOTARO
VICE-PRESIDENT

SANDRA MC GOLDRICK
TREASURER

BRIAN HARRIS
SECRETARY

DIRECTORS

THOMAS BENT
CHARLES M. CASASSA
LOUIS FERRARA
MARLON GRIMES
PETER HOBAN
FRED IRONS
FRANCIS X. KILEY
DAVID R. LEIBOVITZ
CORNELIUS V. McGREAL
THOMAS MACONE
PEARL J. MORRISON
SUZANNE RINFRET
NANCY TRANE

STAFF

WILLIAM R. MURPHY
EXECUTIVE DIRECTOR

TERESA CHAMPA
CONTROLLER

JOSEPH F. PINTO
YOUTH SERVICES DIRECTOR

JACQUELINE RIVERA
YOUTH & CHILD CARE DIRECTOR

CHERYL MCNULTY
PRESCHOOL DIRECTOR

JASON O'KEEFE
PHYSICAL DIRECTOR

DENISE FORCELLESE
AQUATIC DIRECTOR

We would like to thank you for choosing the Somerville YMCA Summer Day Care Program. Enclosed are the forms which you requested. 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.

Each Child must have an up-to-date physical examination according to State Law. If your child is currently enrolled in school this requirement would be satisfied. If you check off NO, your child does not have up-to-date school medical records, it will be necessary for you to get us an immunization form signed by your child's doctor.

If you need any assistance in filling out the forms, you can call us at 617-625-5050 or stop by the "Y". Our office hours are Monday through Friday; 8:30 a.m. to 8:00 p.m. and Saturday; 9:00 a.m. to 1:30 p.m.

If you have questions about the Summer Day Care Program, please refer to our Summer Day Care Parent's Handbook. If you require personal assistance, please contact Jacqueline Rivera, our Summer Day Care Director at 617-625-5050.

Thank you,

Somerville YMCA Staff



FOUNDED: 1867 AND STILL GROWING
Gifts and Bequests toward the Endowment Fund
are greatly needed to make more permanent the work of the Association

**SOMERVILLE YMCA SUMMER DAY CARE
CHILD'S INFORMATION FORM 11.05 (3) (b) (1)**

Child's Name: _____ Date of Birth: _____
Home Address: _____ Age: _____
City & Zip Code: _____
School: _____ Address: _____
Current Teacher's Name: _____ Current Grade: _____

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 on 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 CENTER USE ONLY:

Date of Admission: _____ Age at Admission: _____ End Date: _____
Session(s) 1 2 3 4 5 6 7 8 9 10
Payment Type: Private EEC Voucher: Begin _____ End _____ Other: _____
Payment Rate: Daily Rate: _____ Weekly Rate: _____

**SOMERVILLE YMCA SUMMER DAY CARE PROGRAM
FIRST AID AND EMERGENCY MEDICAL CARE
AUTHORIZATION AND CONSENT FORM 11.05 (3) (b) 3**

Child's Name: _____ Session(s): _____ Group: _____
Date of Birth: _____ Age: _____

I understand the staff in the summer day care program are trained in the basics of first aid and I authorize them to give my child first aid when appropriate.

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 CHA Somerville Hospital.

Child's Physician's Name: _____
Address: _____
Phone Number: _____

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 # _____

Health Insurance Coverage: _____
Policy # _____

Parent/Guardian Signature

Date

This permission form is valid for one program year.

**SOMERVILLE YMCA SUMMER DAY CARE PROGRAM
TRANSPORTATION PLAN 11.05 (9) (B) & ALTERNATIVE TRANSPORTATION PLAN**

Child's Name: _____ Session(s) _____ Group _____

My Child will arrive at Somerville High School Field House (rainy day arrivals will be at the YMCA) no earlier than 8:00 am and no later than 9:00 am
in the following manner:

_____ Supervised Arrival (adult signature required)
_____ Unsupervised Arrival*
_____ YMCA Bus or Van (check location)**
_____Mystic_____North St_____CHT

My Child will depart from the program at:
___4:00 pm ___5:30 pm (X-Care) ___ Voucher
in the following manner:

_____ Supervised Departure (adult signature required)
_____ Unsupervised Departure*
_____ YMCA Bus or Van (check location)**
_____Mystic_____North St_____CHT

****Bus options are for SHA and CHT residents only**

***Children must be at least 9 years old for unsupervised arrival or unsupervised departure.**

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

**SOMERVILLE YMCA SUMMER DAY CARE PROGRAM
PERMISSION FORM – ORAL HEALTH, MEDIA, POOL, SUNSCREEN**

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 YMCA School Age Child Care program? YES _____ NO _____

MEDIA PERMISSION

I give permission for my child's name, photograph, video or likeness, to be used by the Somerville YMCA 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 YMCA without sunscreen, on that day, I give the Somerville YMCA permission to provide sunscreen (Sunscreen SPF30) to my child. YES _____ NO _____

Parent/Guardian

Date

This permission form is valid for one program year.

Revised 3/17

SOMERVILLE YMCA SUMMER DAY CARE PROGRAM

OFF-SITE ACTIVITIES PERMISSION FORM 11.05

Summer Day Care Program: Somerville YMCA Address: 101 Highland Ave., Somerville, MA 02143

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
- Ball Square Bowling Alley
- Battleship Cove
- Beaver Brook
- Blue Hills Reservation
- Burlington Cinemas
- Camp Gannett
- Capitol Theater
- Central Hill Park
- Children's Museum
- Chunky's Movie Theater
- Community Growing Center
- Conway Park
- Corbett Park
- Cowabunga's
- Cummings School Playground
- Dilboy Field
- Draw Seven Park
- Eagle Eye
- East Boston Park
- Esplanade Association
- Foss Park
- Franklin Park Zoo
- Fun World
- George's Island
- Hampton Beach
- Hampton Beach State Park
- Hopkinton State Park
- Hoyt-Sullivan Park
- Kennedy Pool
- Lanes & Games
- Lincoln Park
- Lynch Park & Beach
- Monster Mini Golf
- Museum of Science, Boston
- Nahant Beach
- New England Aquarium
- Oxford Street Park, Cambridge
- Perry Park
- Pine Banks Park, Malden
- Plymouth Plantation
- Powderhouse Park
- Prospect Hill Park
- Revere Cinemas
- Roger Williams Park Zoo
- Roller World
- Ryan's Amusement
- Salem Willows
- Salisbury State Park Reservation
- SCAT
- Scussett Beach
- Singing Beach
- Skyline Park, Arlington
- Somerville DCR Ice Skating Rink
- Somerville Public Library
- Southwick Zoo
- Spectacle Island
- Stage Fort Park
- Stone Zoo
- Trum Field
- Twin City Plaza, Cambridge
- Wingersheek Beach
- Winter Hill Community School Playground
- Woburn Bowl-a Drome
- Woburn Cinemas

Parent/Guardian Signature

Date

This permission form is valid for one program year.

SOMERVILLE YMCA SUMMER DAY CARE - 2016 SCHEDULED FIELD TRIP

	<i>JUNDRS (5-9)</i>	<i>SENDRS (9-13)</i>	
JUNE 29 MON	GYM, SWIM, CRAFTS SPECIALTIES	BLUE HILLS SWIM-FIELD GAMES	
JUNE 30 TUES	HOPKINGTON STATE PAR SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES	
JULY 1 WED	GYM, SWIM, CRAFTS SPECIALTIES	STAGE FORT PARK SWIM-FIELD GAMES	
JULY 2 THUR	STAGE FORT PARK SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES -	
JULY 3 FRI	CLOSED 4TH OF JULY	CLOSED 4TH OF JULY	
JULY 6 MON	GYM, SWIM, CRAFTS SPECIALTIES	SINGING BEACH SWIM-FIELD GAMES	
JULY 7 TUES	WINGERSHEEK SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES-PAJAMA DAY	
JULY 8 WED	GYM, SWIM, CRAFTS SPECIALTIES-CRAZY HAT	HOPKINGTON STATE PARK SWIM-FIELD GAMES-HIKING	
JULY 9 THUR	BLUE HILLS SWIM-FIELD GAMES-HIKI	GYM, SWIM, CRAFTS SPECIALTIES	
JULY 10 FRI	GYM, SWIM, CRAFTS SPECIALTIES	SALISBURY SWIM-FIELD GAMES	
JULY 13 MON	GYM, SWIM, CRAFTS SPECIALTIES	HAMPTON BEACH SWIM-FIELD GAMES	
JULY 14 TUES	GEORGES ISLAND* FIELD GAMES - HIKING	GYM, SWIM, CRAFTS SPECIALTIES	
JULY 15 WED	GYM, SWIM, CRAFTS SPECIALTIES	GEORGES ISLAND* FIELD GAMES - HIKING	
JULY 16 THUR	HAMPTON BEACH SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES	
JULY 17 FRI	GYM, SWIM, CRAFTS SPECIALTIES	SALEM WILLOWS* SWIM-FIELD GAMES - ARCADES	
JULY 20 MON	GYM, SWIM, CRAFTS SPECIALTIES	SINGING BEACH SWIM-FIELD GAMES	
JULY 21 TUES	SALISBURY STATE PARK SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES-SLUSH PART	
JULY 22 WED	GYM, SWIM, CRAFTS SPECIALTIES-SLUSH PART	BLUE HILLS SWIM-FIELD GAMES	
JULY 23 THUR	FRANKLIN PARK ZOO SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES -	
JULY 24 FRI	GYM, SWIM, CRAFTS SPECIALTIES	FUN WORLD* SWIM-FIELD GAMES-ARCADES	
JULY 27 MON	GYM, SWIM, CRAFTS SPECIALTIES	SALISBURY SWIM -FIELD GAMES	
JULY 28 TUES	BEAVER BROOK SWIM-FIELD GAMES - HIK	GYM, SWIM, CRAFTS SPECIALTIES-BU DANCE GROUP	
JULY 29 WED	GYM, SWIM, CRAFTS SPECIALTIES-PAJAMA PAR	HOPKINGTON SWIM-FIELD GAMES- HIKING	
JULY 30 THUR	HOPKINGTON SWIM-FIELD GAMES - HIK	GYM, SWIM, CRAFTS SPECIALTIES	
JULY 31 FRI	GYM, SWIM, CRAFTS SPECIALTIES	STAGE FORT SWIM-FIELD GAMES-HIKING	

	<i>JUNDRS (5-9)</i>	<i>SENDRS (9-13)</i>	
AUG. 3 MON	GYM, SWIM, CRAFTS SPECIALTIES	HAMPTON BEACH SWIM-FIELD GAMES	
AUG. 4 TUES	SINGING BEACH SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES-WATER BALLON	
AUG. 5 WED	GYM, SWIM, CRAFTS SPECIALTIES-WATER BAL	WINGERSHEEK SWIM-FIELD GAMES	
AUG. 6 THUR	STAGE FORT PARK SWIM-FIELD GAMES-HIKI	GYM, SWIM, CRAFTS SPECIALTIES	
AUG. 7 FRI	GYM, SWIM, CRAFTS SPECIALTIES	BLUE HILLS SWIM-FIELD GAMES-HIKING	
AUG. 10 MON	GYM, SWIM, CRAFTS SPECIALTIES -	SINGING BEACH SWIM-FIELD GAMES	
AUG. 11 TUES	BLUE HILLS SWIM-FIELD GAMES - HIK	GYM, SWIM, CRAFTS SPECIALTIES	
AUG. 12 WED	GYM, SWIM, CRAFTS SPECIALTIES- PJ PARTY	MUSEUM OF SCIENCE 0	
AUG. 13 THUR	HAMPTON BEACH SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES	
AUG. 14 FRI	GYM, SWIM, CRAFTS SPECIALTIES	WINGERSHEEK BEACH SWIM-FIELD GAMES	
AUG. 17 MON	GYM, SWIM, CRAFTS SPECIALTIES	HAMPTON BEACH SWIM-FIELD GAMES	
AUG. 18 TUES	WINGERSHEEK SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES-ICE CREAM PTY	
AUG. 19 WED	GYM, SWIM, CRAFTS SPECIALTIES-ICE CREAM	HOPKINGTON SWIM-FIELD GAMES	
AUG. 20 THUR	SALEM WILLOWS* SWIM-FIELD GAMES	GYM, SWIM, CRAFTS SPECIALTIES	
AUG. 21 FRI	SALSBUARY STATE PARK SWIM - FIELD GAME	SALSBUARY STATE PARK SWIM - FIELD GAME	

Note This is the 2016 schedule.
The 2017 schedule will be available
at the Front Desk before June 1st**