



2021 SUMMER PROGRAM APPLICATION

Full Pay: _____ Voucher: _____ Scholarship: _____

P: 617.661.9622 x722

Fax: 617.864.0996

Grade in September 2021: _____

*****PLEASE NOTE: All summer participants must be 5 years of age, have completed one year of kindergarten, and going into Grade 1 in September**

Child's First Name: _____ Last Name: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Date of Birth: _____ T-Shirt Size: _____ 2nd Language (if relevant): _____

Age at Admission: _____ Teacher: _____ School: _____

Parent/Guardian #1: _____ Daytime Phone: _____

Place of Employment: _____ Days & Hours: _____

Work Address: _____

Home Address if different from child's: _____

Cell # (if applicable): _____ E-mail (if applicable): _____

Parent/Guardian #2: _____ Daytime Phone: _____

Place of Employment: _____ Days & Hours: _____

Work Address: _____

Home Address if different from child's: _____

Cell # (if applicable): _____ E-mail (if applicable): _____

Please list names, daytime phone, and addresses of two (2) persons (other than parent/guardian) to contact in the event of an emergency.

1) Name: _____ Relationship: _____

Address: _____ Daytime Phone: _____

2) Name: _____ Relationship: _____

Address: _____ Daytime Phone: _____

The Cambridge YMCA is required to collect the following information about your child (you may also submit a current picture): Gender: _____ Race: _____ Height: _____ Weight: _____

Eye color: _____ Hair color: _____ Identifying marks: _____

Name of child's physician and/or clinic: _____

Address: _____ Phone: _____

Does your child have any allergies (including food allergies)? NO: _____ YES: _____

If yes, please explain: _____

Has your child ever been stung by a bee? NO: _____ YES: _____

Can your child swim? NO: _____ YES: _____

Please provide a detailed explanation of any unusual physical or emotional conditions, dietary restrictions, or medications used (use an additional sheet if necessary): _____

As required by Massachusetts law, documentation for my child's immunizations, physical exams, and lead screening (children ages 7 and under) is on file with the child's school. YES: _____ NO: _____

Please place a check next to all weeks you wish your child to attend:

<input type="checkbox"/> WEEK 1: 6/28 – 7/2 (\$275)	<input type="checkbox"/> WEEK 6: 8/2 – 8/6 (\$275)
<input type="checkbox"/> WEEK 2: 7/5 – 7/9 (\$275)	<input type="checkbox"/> WEEK 7: 8/9 – 8/13 (\$275)
<input type="checkbox"/> WEEK 3: 7/12 – 7/16 (\$275)	<input type="checkbox"/> WEEK 8: 8/16 – 8/20 (\$275)
<input type="checkbox"/> WEEK 4: 7/19 – 7/23 (\$275)	<input type="checkbox"/> WEEK 9: 8/23 – 8/27 (\$275)
<input type="checkbox"/> WEEK 5: 7/26 – 7/30 (\$275)	**Sign up for all 9 weeks, save \$225**

***A \$150 Non-Refundable Deposit is required for each week. Deposit's cannot and will not be substituted for any other weeks and no exceptions will be made for any reason. Deposit for the entire summer is \$1,300.**

My child will arrive at the Cambridge YMCA by (please check all relevant options:

Parent/Guardian drop off _____ Other (please describe): _____

My child will depart the Cambridge YMCA by:

Parent Pick up: _____ Unsupervised walk (requires an additional form and Program Director approval): _____

I give permission for my child to be released from the Cambridge YMCA at the end of the program day as stated above and/or I give permission to the following individuals to receive my child at the end of the program day. If no one is authorized to pick up your child, please write "NO ONE". This information is valid until 9/1/20.

1) Name: _____ Relationship: _____
Address: _____ Daytime Phone: _____

2) Name: _____ Relationship: _____
Address: _____ Daytime Phone: _____

3) Name: _____ Relationship: _____
Address: _____ Daytime Phone: _____

Please initial each statement and sign below.

____ Payment in full will be due on or before the start of each week.

____ I will contact the Cambridge YMCA when my child will not attend, and I understand that I will be contacted if I fail to do so.

____ In accordance with the Cambridge YMCA policies, I agree to pay a late fee of a \$2 a minute if my child is not picked up by 5:00 PM.

____ I give the Cambridge YMCA staff permission to take my child on short walks or where we go on daily outing trips or weekly field trips.

____ I give the Cambridge YMCA Summer Program staff permission to administer first aid, or in the event of a medical emergency, to transport my child to the nearest hospital.

____ I understand payments are based on a flat fee and are **NOT** pro-rated for holidays and days not attended.

____ I understand that payments are non-refundable.

____ I attest that all information provided on this form is true and accurate.

____ (Optional) I give the Cambridge YMCA permission to photograph my child for uses in brochures, marketing, and mailings.

Parent/Guardian Signature: _____ Date: _____

This Registration form will not be accepted unless ALL information is completed and \$150 deposit per week payable to the Cambridge YMCA, is included. Deposit will be waived only if voucher application is provided when your turn in registration. Return the completed form and deposit to the Cambridge YMCA, 820 Massachusetts Avenue, Cambridge, MA 02139. The Cambridge YMCA is licensed by the Massachusetts Department of Early Education and Care.

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the Cambridge YMCA after school 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: _____

Emergency Contacts (In order to be contacted)

Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? YES: _____ NO: _____

Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? YES: _____ NO: _____

Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for child to be released to this person? YES: _____ NO: _____

Health Insurance Coverage: _____ Policy #: _____

Parent/Guardian Name: _____ Phone: _____ Cell: _____

Parent/Guardian Name: _____ Phone: _____ Cell: _____

Parent / Guardian Signature: _____ Date: _____

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

My Child Will Arrive at The Program:

☐ Supervised Walk
☐ Unsupervised Walk
☐ Private Transportation Arranged by Parent
☐ Other

My Child Will Depart from The Program:

☐ Supervised Walk
☐ Unsupervised Walk
☐ Private Transportation Arranged by Parent
☐ Other

I give permission for my child to be released from the program at the end of the program day as stated above and/or I give permission to the following people to receive my child at the end of the day. (If no one is authorized other than the parent/legal guardian please indicate below "NO ONE".)

*IF A CHILD IS PROTECTED BY A RESTAINING ORDER PLEASE SUBMIT ORDER TO THE PROVIDER

Name: _____

Relationship: _____

Address: _____

Phone: _____ Cell: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Cell: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____ Cell: _____

Parent / Guardian Signature: _____ Date: _____



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**AFTER SCHOOL WAIVER RELEASE AND WAIVER
OF LIABILITY AND INDEMNITY AGREEMENT**

IN CONSIDERATION, of being permitted to utilize the facilities, services, and programs of the Cambridge YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, children and next of kin, hereby acknowledges, agrees and represents that he or she releases the YMCA and its staff members from all liability for any injury, loss or damage connected in any way whatsoever to participation in the Cambridge YMCA activities whether on or off the YMCA's premises. He or she understands that this release included any claims based on negligence, action, or inaction of the YMCA, its staff, directors, members and guests.

It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS AGREEMENT and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I have read and understand this release:

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Child's Name: _____



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FIELD TRIP PERMISSION

I give my child, _____ permission to attend field trips with the Cambridge YMCA childcare staff. The trips include, but are not limited to: area parks, pools, local libraries, stores, and walks around Central and Harvard Square areas. Parents will be notified about all trips in advance.

Please Note: The methods of transportation for field trips will be the MBTA, walking and/or school bus.

Parent/Guardian Signature: _____ Date: _____



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POOL PERMISSION

I, _____ give my child _____

permission to swim in the pool at the Cambridge YMCA. I understand that my child will

be escorted by the childcare staff to and from the pool area. Also, while in the pool, I

understand that my child will be supervised by certified lifeguards on staff at the

Cambridge YMCA.

Parent/Guardian Signature: _____ Date: _____



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CHILDCARE SCHOLARSHIP REQUEST FORM

Name of Parent(s): _____

Home Address: _____

Town / State / Zip: _____

Daytime Phone: _____

Please answer the following questions:

1. Are both you and your spouse working or in school? _____
2. Total number of persons in your household: _____
3. Total household gross monthly income: _____
4. Please list any other sources of income received (e.g. child support, alimony, TANF, etc.):

Child(ren) enrolled in the Cambridge YMCA program(s):

- | | FULL NAME | DATE OF BIRTH | |
|----|-----------|----------------|--|
| 1. | _____ | ____/____/____ | [] Preschool [] Afterschool [] Summer |
| 2. | _____ | ____/____/____ | [] Preschool [] Afterschool [] Summer |
| 3. | _____ | ____/____/____ | [] Preschool [] Afterschool [] Summer |

Note: The following MUST be submitted along with this request

- ☐ A copy of your most recent Federal Income Tax Return for EACH WAGE EARNER in the household OR a month's worth of the most recent consecutive pay stubs for **EACH WAGE EARNER** in the household.
- ☐ Scholarship requests will only be processed with the proper income forms attached with this application.

I attest that all information provided is true and accurate:

Parent/Guardian Signature: _____ Date: _____



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CHILDCARE VOUCHER INFORMATION FORM

Name of Parent(s): _____ Name of Child(ren): _____

Home Address: _____

Daytime Phone: _____

Client ID #: _____

Please answer the following questions

What is the name of the agency providing you with a voucher? _____

What is the name of your caseworker at this agency? _____

Voucher agency address: _____

Voucher caseworker phone #: _____

Please initial each statement and sign below

_____ I am aware that at the Cambridge YMCA I must pay my parent fee in full for each week, on or before the first day of each week. e.g. If your parent fee is \$2.00, you will owe us \$10 (\$2.00 x 5 days) at the beginning of each week.

_____ It is my responsibility to make sure my voucher is kept current. If I let my voucher expire for any reason, and it cannot be renewed, I understand that I will owe the Cambridge YMCA the regular cost of tuition for services rendered or continued service, or my child will be removed from the program.

_____ The Cambridge YMCA staff will do their best to work with me and my voucher agency regarding my voucher, but ultimately I understand that I will have to perform all duties required by both the Cambridge YMCA and the voucher agency in a timely fashion to continue my child(ren)'s enrollment.

_____ I understand that if I fall behind with my voucher payments I am jeopardizing my child(ren)'s continued enrollment and the Cambridge YMCA may contact my voucher agency to inform them of the bill.

_____ In accordance with the attendance policy of my voucher agency, my child will not have more than 3 unexplained absences within one month and will not have more than 10 explained absences within one month.

Parent/Guardian Signature: _____ Date: _____



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DROP OFF PERMISSION

I give my child, _____ permission to enter the

YMCA building unsupervised for the summer program. In signing this form, I

understand that the YMCA will not be held responsible for my child until they are

officially checked in by a summer program staff member inside the second floor

classroom. In addition, I agree to not drop my child off before 8:00AM. For

unsupervised drop off, the children must be over 9 years of age.

Please Note: The theatre doors are to be locked at all times and children must come through the YMCA front desk entrance.

Parent/Guardian Signature: _____ Date: _____