



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



**EMILSON YMCA**  
**Indigenous Peoples' Day 10/13/2025**  
**Registration Form**

**Grades: K-6**

**Hours: 8am-5pm**

**Fee: (select one)**

- **Attends Before School on Mondays: \$70.**
- **Attends After School on Mondays: \$47**
- **Attends Both Before and After School on Mondays: \$25**
- **Not Enrolled on Mondays: \$92**

Your child will enjoy their Indigenous Peoples' Day Holiday at the Emilson YMCA in Hanover, Ma. 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. A morning and afternoon snack will be provided.

**Child's Information**

**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

*\*Registration is based on a first come first serve basis. Registration forms must be completed with all information including payment at time of receipt to be processed. Incomplete registrations will not be able to be processed without missing items and will not hold a child's spot.*



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**Family Information:**

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Sex: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Primary Language: \_\_\_\_\_ 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\*: \_\_\_\_\_  
(if different from child) (if different from child)

Primary Phone #: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

Working Hours: \_\_\_\_\_ Working Hours: \_\_\_\_\_

\* Are there any custody agreements for your family? Yes \_\_\_\_\_ No \_\_\_\_\_ \*if yes please attach

**Additional Information**

Allergies/Special Diet: \_\_\_\_\_

Medications: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

Does your child have an IEP or 504: Yes \_\_\_\_\_ No \_\_\_\_\_ \*if yes please attach

\*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



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### **First Aid and Emergency Medical Care Consent Information**

**Child's Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

\*I authorize staff in the vacation camp program who is 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's Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

### **Emergency Contacts (In order to be contacted, excluding parent/guardian)**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Do you give permission for your child to be released from the program to this person?**

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

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Do you give permission for your child to be released from the program to this person?**

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

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Do you give permission for your child to be released from the program to this person?**

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

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

*Please contact Samantha Blumberg-McSweeney at [smcsweeney@ssymca.org](mailto:smcsweeney@ssymca.org) or call 781-826-7900 x5240 with any questions. Make checks payable to the South Shore YMCA.*