



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

**Hale Family YMCA
February Vacation Program
February 16th –February 20th , 2026
Registration Form**

Your child will enjoy their February school vacation at the Germantown Neighborhood Center in Quincy. Children will have the opportunity to participate in sports, swimming, arts and crafts, and make new friends. Please send your child a bathing suit and towel if they would like to swim. A lunch and afternoon snack will be provided.

Grades: K-8

Fee: \$92

Hours: 8am-5pm

Registration deadline: Friday, February 6th , 2026@ 12pm for voucher childcare or Thursday February 13th @12pm for self-pay

Child's Name: _____

Date of Birth: ____ / ____ / ____ **Age:** ____ **Grade:** ____

Parent/Guardian's Name: _____

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

Please check off the day's your child will be attending:

- ☐ Monday, Feb. 16th
☐ Tuesday, Feb. 17th
☐ Wednesday, Feb. 18th
☐ Thursday, Feb. 19th
☐ Friday, Feb. 20th

Payment Status:

☐ *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, including COVID-19 circumstances.**

Parent/Guardian Signature: _____ **Date:** _____

Child's Information Form

Child's Name: _____ Telephone #: _____
Home Address: _____
Date of Birth: ____/____/____ Primary Language: _____
Gender Identity: _____ 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: _____
Workplace 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 Signature: _____ Date: _____

First Aid and Emergency Medical Care Consent Form

Child's Name: _____

I authorize staff in the vacation camp program that 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.

Emergency Contacts (In order to be contacted)

Name: _____ Address: _____

Relationship with 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 with 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 with 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 Ervica Fanfan with any questions, efanfan@ssymca.org or 617-481-4477

Make checks payable to the South Shore YMCA

First Aid and Emergency Medical Care Consent Form

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Emergency Contacts (In order to be contacted)

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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?

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Parent/Guardian Signature _____ Date: _____

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Swim Permission

It's time for swim program registration!!! As a unique part of the YMCA Afterschool Program, open swim is offered during vacation week. Please decide if you would like your child to participate in our South Shore YMCA Open Swim Program for the school year 2025-2026. Open swim will be offered at our YMCA pool in the Hale Family Branch. Children registered during vacation week will be transported to the branch in our program vans and transported back to their respective sites after open swim is complete. The Afterschool Program Staff are participating in and around the pool with the children during your child's specific swim time. The schedule varies for all sites so please contact your Site Coordinator for information regarding your child's swim time.

There is no additional charge for your child to participate in the Open Swim Program. Please complete and sign the bottom portion of this form.

Swim Day Checklist

- Bathing Suit -
- Towel

Child's Name: _____

I give my child permission to participate in the South Shore YMCA Open Swim Program.

Parent Signature: _____ Date: _____

I do not give my child permission to participate in the South Shore YMCA Open Swim Program.

Parent Signature: _____ Date: _____



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Off-Site Activities Permission Form
Section 7.34(5)(c)

Program: South Shore YMCA School Aged Child Care

Educators Responsible for Children: School Aged Childcare Staff

Off-Site Location and Address: Snug Harbor Playground and Field
333 Palmer St. Quincy, MA 02169

Dates of Off-Site Activity: September 2025 - June 2026

Method of Transportation: Walking

Parent/Guardian Consent

I give permission for my child to attend the above off-site activity.

Child's Name: _____

Child's Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____