



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

**Hale Family YMCA  
April Vacation Program  
April 20<sup>th</sup> -April 24<sup>th</sup>, 2026  
Registration Form**

Your child will enjoy their April 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-6**

**Fee: \$92**

**Hours: 8am-5pm**

**Registration deadline: Friday, April 10<sup>th</sup>, 2026@ 12pm for voucher childcare or Thursday April 17<sup>th</sup> @12pm for self-pay**

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age:** \_\_\_\_ **Grade:** \_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Primary Phone #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

***Please check off the days your child will be attending:***

- ☐ Monday, April 20th  
☐ Tuesday, April 21<sup>st</sup>  
☐ Wednesday, April 22<sup>nd</sup>  
☐ Thursday, April 23<sup>rd</sup>  
☐ Friday, April 24<sup>th</sup>

**Payment Status:** ☐ *Payment Attached* ☐ *Financial Aid* ☐ *Childcare Voucher* ☐ *Account on File* \_\_\_\_\_ (last 4 digits)

- ☐ **I understand that enrollment is limited and is on a first-come, first-served basis.**  
☐ **I understand that once I register my child, my payment is non-refundable/non-transferable regardless of whether 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: _____	Workplace Name: _____
Workplace Address: _____	Workplace Address: _____
Workplace Phone: _____	Workplace 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/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## First Aid and Emergency Medical Care Consent Form

Child's Name: \_\_\_\_\_

I authorize staff in the vacation camp program who are 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 Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

### 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 at [efanfan@ssymca.org](mailto:efanfan@ssymca.org) or call 617-481-4477 with any questions. Make checks payable to the South Shore YMCA.***



## 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: \_\_\_\_\_



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

**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: \_\_\_\_\_