



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

**Quincy YMCA
April Vacation Program
April 20th -April 24th, 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/Per day

Hours: 8am-5pm

Registration deadline: Friday, April 10th, 2026 @ 12pm for voucher childcare or Thursday April 17th @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 21st
- Wednesday, April 22nd
- Thursday, April 23rd
- Friday, April 24th

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 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 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?

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*~~



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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: _____



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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Automatic Payment Deduction Responsibilities

Authority to Draw ACH Debits or Drafts for Childcare/Camp Payments

Please scan back to Kathy Crompton at kcrompton@ssymca.org or mail to 1075 Washington Street, Hanover, MA 02339 or return to your child's program. Thank you!

Your Name:
Address:
City, State and Zip:

Please circle "yes" and initial to give permission to charge the enrollment or registration fee from this account.	YES	Initial _____
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Child's Name:	*Site:	Amount:\$
Child's Name:	*Site:	Amount:\$

*Site - Where is your child attending the program? (ex: ELC, Bethel, Cole, etc.)

Checking/Savings Account:

Full Name Of Your Bank:	
Bank Transit Routing No:	Choose One: [] checking account [] saving account
Depositor's Account No:	Signature of Bank Depositor:

or

Credit/Debit Card:

Card Number:		
Expiration Date:	CVV:	Full Name on Card:

Authorization:

I hereby authorize the SOUTH SHORE YMCA to charge the amount based on my payment schedule to the Checking/Savings Account or Credit/Debit Card listed above.

- It is my responsibility to notify the YMCA immediately of any account changes or account closing and to provide the YMCA with the current account information.
- The YMCA reserves the right to refuse entrance into the program if payments are delinquent. Full payment of delinquent balance will be required for reinstatement into the program.
- The Childcare Business Office will contact you for payment if your automatic payment is declined. A service charge will be applied by the YMCA to my bank or credit card company.

I have reviewed the above rules and understand the responsibilities of the Automatic Payment Deduction.

Authorized Payer's Signature: _____

Effective Date of Change: _____ **Today's Date:** _____