



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Hale Family YMCA
End-of-the Summer Vacation Program
August 24th –August 28th, 2026
Registration Form

Your child will enjoy their End-of-Summer 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-per day

Hours: 8am-5pm

Registration deadline: Friday, August 14th, 2026@ 12pm for voucher childcare and 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, Aug. 24th
- ☐ Tuesday, Aug. 25th
- ☐ Wednesday, Aug. 26th
- ☐ Thursday, Aug. 27th
- ☐ Friday, Aug. 28th

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: _____	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 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***