FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EMILSON YMCA
Summer Gap Week Program
Registration Form

We welcome your child to join us for the Summer Gap Week! Together with friends, they will get to participate in swimming, sports, games, crafts, STEAM and more all while enjoying the beautiful Emilson campus of the South Shore YMCA in Hanover! Watch your child boost their confidence, make new friends, and expand their social skills in the care of our highly trained youth development team.

Grades: K-6
Fee: $92/day
Hours: 8am-5pm
Registration deadline: Friday, August 14th, 2026 @ 9AM for families using state vouchers or Wednesday, August 19, 2026 @ 9AM for families using self-pay. Registration deadlines are FIRM to allow for accurate processing.

Child's Name: _____

Date of Birth: _____/_____/_____ Age: _____ Grade: _____

Parent/Guardian's Name: _____

Primary Phone: _____E-mail: _____

Day(s) your child will be attending:	**Payment Type**:**
☐ Monday, August 24th	☐ Payment Form Attached (please no checks or cash)
☐ Tuesday, August 25th	☐ Financial Aid
☐ Tuesday, August 25th	☐ Child Care Voucher*
☐ Thursday, August 27th	☐ Account on File _____ last 4 digits (option only valid for returning Emilson Before and After Care families)
☐ Friday, August 28th	*Please note that payment information is required for families planning to use a voucher or financial aid. **Registrations will not be processed without complete payment information

- **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:** _____

Child Information Form

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Child's Name: _____ Telephone #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____/_____/_____ Age*: _____ Grade During the 26-27 School Year*: _____

Primary Language: _____ Gender Identity: _____

Skin Color: _____ Eye Color: _____ Hair Color: _____ Height: _____

Weight: _____ Identifying Marks: _____

*Please note that children must be BOTH registered for kindergarten in the 26-27 school year and be at least 5 years of age on the first day they are enrolled to attend the program.

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: _____

Bus. Name: _____ Bus. Name: _____

Bus. Address: _____ Bus. Address: _____

Bus. Phone #: _____ Bus. Phone #: _____

Working Hours: _____ Working Hours: _____

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

First Aid and Emergency Medical Care Consent Form

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Child's Name: _____ **Date of Birth:** _____

I authorize any staff in the vacation camp program who holds a current first aid certification to provide my child with first aid care when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring professional medical attention for my child. If I cannot be reached, I hereby authorize the program to have EMS transport my child to the nearest medical care facility and/or to _____, and to secure necessary professional medical care for my child.

Allergies/Special Diet: _____

Medications: _____

Chronic Health Conditions/Special Limitations: _____

Do you have any active custody arrangements or restraining orders: Yes* ☐ No ☐ (*if yes please include)

My child has a 504 or IEP plan with their school: Yes* ☐ No: ☐ (*if yes please include) If yes will your child require additional supports or accommodations to fully access the program: Yes* ☐ No ☐ (please reach out to the program director directly with necessary accommodations/supports)

Child's Physician Name: _____ Telephone #: _____

Address: _____

Health Insurance Provider: _____ Policy Number: _____

☐ **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.**

Emergency Contacts (In the order to be contacted)

Name: _____ Relationship to Child: _____

Address: _____ City, State, Zip: _____ Telephone: _____

Do you give permission for your child to be released to this person? Yes ☐ No ☐

Name: _____ Relationship to Child: _____

Address: _____ City, State, Zip: _____ Telephone: _____

Do you give permission for your child to be released to this person? Yes ☐ No ☐

Name: _____ Relationship to Child: _____

Address: _____ City, State, Zip: _____ Telephone: _____

Do you give permission for your child to be released to this person? Yes ☐ No ☐

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

Contact Samantha Blumberg-McSweeney at smcsweeney@ssymca.org, or call 781-826-7900 ext. 5240 with any questions.

Photo Consent and Release Form

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I, the undersigned, consent to the use of my (and/or my child's) likeness (photographic, video or otherwise), actions and appearance by the SOUTH SHORE YMCA in connection with any publication, program or in any and all media, including the SOUTH SHORE YMCA website, authorized by, made or published by the SOUTH SHORE YMCA, and to the advertising and publicity in any and all media now known or hereafter devised. The results and proceeds of my services in connection with any photographs, tapes, films or drawings shall be and remain solely the property of the SOUTH SHORE YMCA. I hereby release all rights or claims in law or equity for any injuries, loss or damage, which I may have now or in the future against the SOUTH SHORE YMCA, and any other person or entity connected with these media products.

I hereby acknowledge that I have read and fully understand and accept the foregoing by signing this consent and release on _____, 20____.

_____
Child's Name (Please Print)

_____
Parent/Guardian Signature

_____
Address/Phone Number

If the foregoing is a minor, one parent or legal guardian must sign the following:

I have read and understood and agreed with the provisions of the foregoing release and give my consent for my aforementioned minor child or ward to be photographed, taped, filmed or drawn in connection with the SOUTH SHORE YMCA for the use set forth in the foregoing release and consent.

_____
Signature of Parent or Guardian

……

I do not give _____permission to have pictures taken.

_____
Signature of Parent/Guardian and Date