



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



**Quincy YMCA
Indigenous Peoples Day 10/12/2026
Registration Form**

Your child will enjoy their Indigenous Peoples Day holiday at the Germantown Neighborhood Center. Children will have the opportunity to participate in sports, arts and crafts, and have fun with friends. Lunch and afternoon snacks will be provided.

Grades: K-8

Hours: 8am – 5pm

Fee: (circle one)

- **Attends After School on Mondays: \$50**
- **Not Enrolled on Mondays: \$96**

• **Registration deadline: Friday October 9th, 2026**

Child's Name: _____

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

Parent/Guardian's Name: _____

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

☐ *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-served 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's Information Form

Child's Name: _____ Telephone #: _____

Home Address: _____

Date of Birth: ____/____/____ Primary Language: _____

Sex: _____ 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

***Must be 18 years old or older to pick up**

Please contact Ervica Fanfan at efanfan@ssymca.org or call 617-481-4477 with any questions. Make checks payable to the South Shore YMCA.