



Live Y'ers Vacation Week Registration Form (1st through 5th Grade)

Separate registration form per child is required.

Child's Name: _____

Our Live Y'ers Vacation Week Program will include gym activities, free swims, creative arts activities, group games, structured free time and maybe even a field trip or two! Below are the registration options and affiliated prices. Please note that families register their children for individual days within each Vacation Week Program.

MEMBERS:

HALF DAY (8:00 a.m.—1:00 p.m.)= \$40 per day

FULL DAY (8:00 a.m.—6:00 p.m.)= \$65 per day

NON-MEMBERS:

HALF DAY (8:00 a.m.—1:00 p.m.)= \$50 per day

FULL DAY (8:00 a.m.—6:00 p.m.)= \$85 per day

Please indicate with a check mark which days you would like to enroll your child in the Vacation Week Program(s) and whether or not you would like the half-day or full-day option.

December Vacation (Dec. 28—31, 2009)

HALF DAY

FULL DAY

Monday

Tuesday

Wednesday

Thursday

Friday

New Year's Day: No Vacation Week Program

February Vacation (Feb. 16—19, 2010)

HALF DAY

FULL DAY

Monday

President's Day: No Vacation Week Program

Tuesday

Wednesday

Thursday

Friday

April Vacation (Apr. 20—23, 2010)

HALF DAY

FULL DAY

Monday

Patriot's Day: No Vacation Week Program

Tuesday

Wednesday

Thursday

Friday

Payment in full is due upon registration. You may pay in cash, with a check made payable to the "West Suburban YMCA", or with Visa/MasterCard/American Express (a credit card authorization form is on page 5 of this registration form). Any changes to children's schedules must be made in writing and is subject to availability. No refunds will be given for cancellations made by the family.

Please note any children with an outstanding balance or missing paperwork will not be allowed to participate in the program. Return completed registration forms and payment to Leah Castellano, Child Care Program Director, at 276 Church St. Newton, MA 02458 or at fax number (617) 964-8472. If you have any questions, please contact Leah at (617) 244-6050, ext. 3011 or at LeahC@westsuburbanymca.org.

Parent/Guardian Signature: _____

Parents/Guardian Name Printed: _____

IF YOUR CHILD IS A CURRENT STUDENT IN LIVE Y'ERS, YOU DO NOT NEED TO FILL OUT PAGES 2—4 OF THIS REGISTRATION FORM

Child's Name _____ Date of Birth _____

Current Age _____ Primary Language _____

Physical Description of Child

Gender _____ Eye Color _____ Hair Color _____ Skin Color _____

Approximate Height _____ Approximate Weight _____

Allergies and/or Special Diets

Allergies _____

Chronic Medical Conditions _____

Special Diets _____

(Attach additional information if needed.)

Parent Signature

Date

PERMISSIONS

Please sign off on each request for permission. Absence of a signature in any given section indicates that permission is denied. When applicable, an alternative activity will be offered for the child.

Field Trips

I understand and give permission for my child to attend field trips with the YMCA staff, including walking field trips in the immediate vicinity of the West Suburban YMCA. I understand that the specific field trip locations will be posted in the program rooms and will be e-mailed to the families at least one week prior to the Vacation Week Program. This release form is effective from the date below through April 23, 2010.

Parent Signature

Date

Movie Permission for Planned Activities

I give permission for my child to view movies that are rated "G" during planned activities at the Vacation Week Program.

Parent Signature

Date

Swimming Experience

Has your child taken swim lessons before? _____ At the YMCA? _____

Does your child use bubbles/floaties? If yes, how many? _____

Can your child swim without an adult supporting him/her? _____

Please describe your child's swim experience _____

I give my child permission to participate in FREE swim during the Vacation Week Program and understand s/he will be supervised by YMCA staff.

Parent Signature

Date

Video and Photograph

I permit the representatives and employees of the West Suburban YMCA to take photographs of my child. I authorize the West Suburban YMCA, its assignees and transferees to copyright, use and publish the same in print and / or electronically. I agree that the West Suburban YMCA may use such photographs of my child with or without his/her name and for any lawful purpose, including but not limited to such purposes as publicity, illustration, advertising and web content.

Parent Signature

Date

Important Information About Your Child:

PLEASE let us know any important information about your child (*i.e. Recent death in family, new baby in the house, moving, etc...*).

Emergency Card: All Information is REQUIRED

Child's Name _____ DOB _____

Home PH _____ Primary Language _____

Home Address _____

How to reach parents / guardians (will be called FIRST in emergency; also authorized for pick up):

Name _____ Relationship _____

Home PH _____ Work PH _____ Cell PH _____

Email _____

Name _____ Relationship _____

Home PH _____ Work PH _____ Cell PH _____

Email _____

Emergency Contact Persons (list in order we should call in an emergency; also authorized to pick up):

1. Name _____ Relationship to child _____

Contact PH _____ Alternate PH _____

2. Name _____ Relationship to child _____

Contact PH _____ Alternate PH _____

3. Name _____ Relationship to child _____

Contact PH _____ Alternate PH _____

Other Persons Authorized to Pick Up

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Medical Emergency Treatment

I hereby give West Suburban YMCA Child Care program staff permission to administer basic first aid and/or CPR to my child and/or take my child to Newton-Wellesley or nearest hospital for medical treatment if I cannot be reached or when delay would be dangerous to my child's health.

Parent / Guardian Signature

Date

Pediatrician _____ Phone _____

Insurance Company _____ **Policy #** _____

Special Instructions _____

Allergies _____

(Continue on back if needed)

Parent / Guardian Signature

Date

Credit Card Authorization

Required ONLY for families choosing to pay by credit card.

I give the West Suburban YMCA Youth & Family Department authorization to charge my credit card in the amount of \$ _____ for Live Y'ers Vacation Program fees, and agree to the following:

- Should my credit card company, for any reason, not honor a monthly tuition charge, I understand that I am still responsible for that payment plus a service charge applied by the YMCA. This is in addition to any service fee my credit card company may impose.

Name(s) of child(ren) _____

Parent / Guardian Signature _____ Date _____

Circle one: MasterCard Visa American Express

Credit Card Number: _____ Expiration ____ / ____

Name of person to be billed as listed on card _____

Billing Address _____ Zip _____