



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2025 Summer Program Registration

Please read carefully and keep this page for your records

Welcome Parents & Guardians!

Thank you for choosing our Y as a place for your child to belong this summer! As many of you are aware, what we have learned from the recent health crisis is that things can change very quickly, and we will need to adapt as best we can to any of those potential changes.

We believe that our program gives children the opportunities they need to build their confidence and reach their full potential. We are always excited to serve the families in our communities and experience first-hand the benefits of new summer friendships made.

General Information for both summer program locations:

- Our programs are licensed by the Department of Early Education and Care and serve children ages 5-13.
- Summer hours will be 8:00 am – 5:30 p.m.
- Only full week care is available. Parents are not able to register their children for part weeks. Also, your child does not need to be registered for the entire summer to attend.
- Drop off times will be 8:00-9:00 am and pick up times will be 3:30-5:30 pm. IDs are required by all adults during pick-up time, until we get to know you. Please note if you are dropping off your child before or after drop-off/pick-up, you will need to go to the main lobby at the Y.
- A copy of the child's most recent physical and immunization documentation (within the last year) will be required with the registration form. There will not be any exceptions to this, and a child will not be able to attend the program without it.
- All parents must have any outstanding balances paid up to date before camp begins.
- Scholarship assistance is available to families in need. A form will need to be completed with one month's household income and birth certificates attached. This form can be downloaded off our website.
- It is imperative that all children leave toys and games at home. Children are not allowed to use cell phones while in the program – please be sure to have this conversation with your child so that they understand it. The Y is not responsible for any personal item that is lost or damaged.
- Each child must bring a backpack/bag each day with the following items: bathing suit/towel, water bottle (a must!), socks/sneakers, sunscreen and insect repellent (if necessary).
- Children attending the Holyoke location will receive free lunch through the Holyoke Food Program. Children attending the South Hadley site will be required to bring lunch. No microwaves are available at either site. No form of nuts are allowed in any of our programs.
- PLEASE MAKE NOTE THAT OUR SOUTH HADLEY PROGRAM WILL END 2 WEEKS EARLY, AS REQUESTED BY THE SCHOOL DEPARTMENT. PLEASE ADJUST YOUR CALENDARS TO ACCOMMODATE THIS CHANGE.

Please also understand that disrespectful behaviors from children and/or parents will not be accepted and could be cause for termination from the program. A copy of our parent handbook, which lists our policies and protocols, can be found on our Holyoke YMCA website. The Y continues to promote its core values of caring, honesty, respect, and responsibility each and every day; and we expect those values to be modeled by our staff, children and parents/guardians.

2025 Summer Program Registration

Child's Information:

First Name:	Last Name:
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Address:	City:	Date Of Birth:	Age:
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Ethnicity: Asian/Pacific Islander__ African American/Black__
Alaskan Native__ Hispanic__ American Indian__ Caucasian/White__ Other__

Parent/Guardian Information:

Name:	Name:
Relationship to Child:	Relationship to Child:
Address:	Address:
Primary Phone:	Primary Phone:
Email:	Email:
Date of Birth:	Date of Birth:
Business Phone:	Business Phone:
Preferred Language:	Preferred Language:

Choose One Site ONLY

Y-Holyoke Location: Holyoke YMCA		Y-South Hadley Location: Plains Elementary School	
<input type="checkbox"/>		<input type="checkbox"/>	
2025 Dates	Fee	2025 Dates	Fee
<input type="checkbox"/> July 7th-11 th : Adventure Awaits	\$250	<input type="checkbox"/> July 7th-11 th : Adventure Awaits	\$250
<input type="checkbox"/> July 14th-18 th : Sports Extravaganza	\$250	<input type="checkbox"/> July 14th-18 th : Sports Extravaganza	\$250
<input type="checkbox"/> July 21st-25 th : Superhero	\$250	<input type="checkbox"/> July 21st-25 th : Superhero	\$250
<input type="checkbox"/> July 28th-Aug 1 st : Fantasy & Fairytales	\$250	<input type="checkbox"/> July 28th-Aug 1 st : Fantasy & Fairytales	\$250
<input type="checkbox"/> Aug 4th-8 th : Mad Scientist Lab	\$250	<input type="checkbox"/> Aug 4th-8 th : Mad Scientist Lab	\$250
<input type="checkbox"/> Aug 11th-15 th : Splash-tacular Adventure	\$250	Aug 11th-15th: NO PROGRAM	
<input type="checkbox"/> Aug 18th-22 nd : Summer Rewind	\$250	Aug 18th-22nd: NO PROGRAM	

You will find a description of each week's theme on the last page of this registration

"NEW" no-show/date change policy: Any changes to enrollment must be made in writing by email at least two weeks prior to the week of attendance; otherwise, a \$100 fee will be charged to your account. This fee will also be applied if your child/children do not show up without notice for their designated registered weeks. Cancellations made two weeks before the week of attendance are eligible for a full refund. **Any late/change fees accumulated must be paid before a child can resume programming.

Does your child receive voucher for childcare? Yes _____ No _____

Scholarship aid is ONLY available for full week care, ALL families are encouraged to inquire.

Additional Authorized Pick-Up Emergency Contacts

Name	Relationship to Child	Primary Number

EMERGENCY CONTACTS AND AUTHORIZED PICK UPS

In addition to parents/guardians listed, ONLY those on the Authorized Pick Up / Emergency Contact list will be allowed to pick up a child from the program. In emergency situations only, parents/guardians may give written permission for an individual who is not on this list to pick up their child. No child will be released without emergency written permission. Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to the YMCA and kept on file at the program. By signing this form, you agree to the Authorized Pick Up / Emergency Contact arrangement as stated above.

PARENTS AGREEMENT

- Balances must be paid by Friday prior to the beginning of the registered session unless alternate arrangements have been approved by the director. Children may not attend any session until their balance is paid in full, and termination may occur for non-payment.
- Requests for session changes will be honored only if space permits. One week’s notice is required for any schedule changes or intent to withdraw.
- The YMCA reserves the right to dismiss a child (or Parent) whose behavior is detrimental to other children, themselves and/or the program.
- Fees will not be refunded for absence, failure to attend during registered days, delayed attendance, or dismissal.
- I understand and agree to abide by the policies and procedures on enrollment, payment, and attendance. These policies can be found in the Parent Handbook available online.
- Any child picked up after 5:30pm will be charged a late fee of \$20.00 for the first 15 minutes and \$1.00 for every minute after 5:45pm and must be paid within one week. Non-payment of late fees may result in termination from the Y program.
- I understand if my child exhibits any illness, has a fever of 100.00 or higher, or has any behavioral issues that pose a health or safety risk to themselves or others, a parent will be called for immediate pick-up (pick up must be within 30 minutes of call).
- Automatic draft (EFT) is mandatory for summer programming 2025.
- **“NEW” no-show/date change policy: Any changes to enrollment must be made in writing by email at least two weeks prior to the week of attendance; otherwise, a \$100 fee will be charged to your account. This fee will also be applied if your child/children do not show up without notice for their designated registered weeks. Cancellations made two weeks before the week of attendance are eligible for a full refund. **Any late/change fees accumulated must be paid before a child can resume programming.**
- By signing this form, you agree to the parents’ agreement as stated above.

Signature:	Date:
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The following are optional, please initial those you choose. I GIVE PERMISSION FOR:

- _____ My child to attend offsite walks.
- _____ The YMCA to use my child’s photo in the YMCA publicity and media promotions.
- _____ The YMCA to use my child’s photo inside the program facility.
- _____ For my child to participate in on or off-site swimming activities.
- _____ For my child to use hand sanitizer as a back-up sanitizing measure when sinks are unavailable.
- _____ For my child to use playgrounds.
- _____ Staff to assist my child in application of sunscreen and insect repellent provided from home.
- _____ My child to be observed and to interact with authorized student interns and volunteers, such as those provided for programmatic support by our partners, Lorenzi Health, LLC

First Aid and Emergency Medical Consent

Child's First Name:	Last Name:	Date of Birth:
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Physical and Immunization History

Please provide a copy of your child's physical & immunization records from their doctor's office. This is required for each child PRIOR to attending the program. The YMCA does not retain records from previous years. Children should meet the Massachusetts school immunization requirements for the grade they will enter in the school year following their summer session.

Name of Physician:	Phone:
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Health Insurance Carrier:	Policy/Group Number:
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Current Medications:

Medications to be taken at the YMCA Program:
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Any Concerns or limitations (behavioral or Medical) that we should be aware of:

If a child must receive medication while at the program, a "Medication Consent Form" and "Individual Health care Plan" must be completed for each medication. This includes campers that use an Epi-Pen, inhaler, OR Insulin, whether it is self-administered or assisted. These forms can be found at the front desk of the YMCA or online at www.holykeymca.org, and are due one full week before the session begins. All medications must be turned in upon arrival and must be in original containers with the child's name printed on the label.

Child's Allergies: _____ If a child has a listed allergy an individual health care plan signed by a physician must be completed. If medication is needed follow the above requirements for current medications.

I hereby authorize the Greater Holyoke YMCA staff who are trained in the basics of first aid and CPR to administer basic first aid and/or CPR to my child when appropriate and/or take my child to the nearest medical care facility or (specify) _____ for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian's Signature:	Date:
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Transportation Plan and Authorization

Child's Name:

My child will arrive to the program by:

Parent/Guardian Drop Off Unsupervised Walk

My child will depart the program by:

Parent/Guardian Pick up Unsupervised Walk* (Requires Directors approval and written consent from parent)

I hereby authorize my child to be ready to experience an outdoor setting. I give permission for him/her to travel on a bus to all activities and field trips.

Parent/Guardian's Signature:	Date:
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2024 Summer Program Weekly Themes

Week 1: **Adventure Awaits:** Get ready for a thrilling week full of exciting adventures, fun challenges and new friends.

Week 2: **Sports Extravaganza:** Dive into a world of exciting games, friendly competitions and teamwork. From Gaga ball to relays races, it's all about fun, fitness and creating lasting memories.

Week 3: **Superhero:** Get ready to discover your superpower! Train like a hero, conquer challenges and team up with friends to save the day in epic adventures.

Week 4: **Fantasy & Fairytales:** Enter the world of magic and imaginations! Create your own fairytales, craft magical crafts, and bring your favorite characters to life.

Week 5: **Mad Scientist Lab:** Step into the Mad Scientist Lab, where experiments go wild, and creativity knows no boundaries. Create cool inventions, mix crazy concoctions and dive into hands-on science fun.

Week 6: **Splash-tacular Adventure:** Dive into epic water games, slip and slide your way through fun challenges and make a splash with friends all week long.

Week 7: **Summer Rewind:** The ultimate throwback week! We're hitting the rewind button to relive the most epic moment of the summer. It's the only way to finish the summer with one last blast of excitement.

EFT PAYMENT APPLICATION

PARENT/GUARDIAN
NAME _____

PERSONAL INFORMATION		
STREET _____		
APT # / PO BOX # _____	DATE OF BIRTH _____	
CITY _____	STATE _____	ZIP _____
HOME PHONE # _____	CELL PHONE # _____	
EMAIL ADDRESS _____		

CHILDREN'S NAMES (attending program)		
01	Child _____	<u>Birthdate</u> _____
02	Child _____	_____
03	Child _____	_____
04	Child _____	_____
05	Child _____	_____

BANK ACCOUNT		CREDIT ACCOUNT (no debit cards unless checking acct # is attached)
NAME ON ACCOUNT _____	OR	NAME ON CARD _____
ACCOUNT NUMBER _____		ACCOUNT NUMBER _____
NAME OF BANK _____		CREDIT CARD TYPE <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> EXP. DATE _____
ROUTING/ TRANSIT NUMBER _____		BANK NAME _____
<input checked="" type="checkbox"/> COPY OF CHECK		_____

PAYMENT SCHEDULE (if no day is specified payments will be scheduled weekly on Fridays)		
Day of Week: _____	Date of first EFT Draft: _____	

To the YMCA: I have given authority to the bank or credit card issuer named above to honor preauthorized debits drawn by you on my account for payments as indicated above. It is understood that the draft on my account shall constitute valid notice of such payment due on my account. When the bank or credit card issuer honors the payment, my account statement shall constitute receipt for the payment. Should any preauthorized credit or bank draft not be honored by the issuer when received by them, then it is understood that the payment has not been made and I am responsible for making the payment directly to the YMCA. I understand that my payments will be charged to my account on the above designated schedule. I understand that if I wish to terminate or change my payment schedule in any way, I must give the YMCA written notice. I understand that if payment is returned to the YMCA by my bank, the YMCA will charge me the after school payment plus a handling fee of \$20.00. It is the parents' responsibility to ensure that the account on file is updated whenever there is a change to a bank account or expired credit card.

Parent Signature _____ **Date:** _____

OFFICE USE ONLY

<input type="checkbox"/> FINANCIAL AID INFO	<input type="checkbox"/> EMAIL	<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> IMMUNIZATIONS	<input type="checkbox"/> COPIES
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