



Out of School Time Vacation Week Program

Dear Families:

Thank you for choosing to send your child to the West Suburban YMCA's Vacation Week Program. We would like to welcome you and your child to the YMCA. The following are some VERY IMPORTANT rules and guidelines about the program. Please take a few moments to go over these before your child's first day.

SIGN IN / ARRIVAL:

Arrival starts at 7:45am and will be done curbside the way OST and Camp have been this year. We will have a 45-minute drop-off time from 7:45am-8:30am. Families can drive up to the front of the YMCA around the circle and stop by the front door. A staff member will be there to take your daily attestation as well as bring your child in.

ABSENTEE PROCEDURE:

If your child will be absent, please call 617-795-1747 and notify the vacation program staff. **No refunds or credits will be issued for illness or personal vacation days.**

PICK UP:

There will be a pick-up window from 4:00pm-5:00pm in front of the building, there will be a staff member there who will retrieve your child and bring them out to you. The Vacation Program closes promptly at 5:00 PM daily. There will be a late fee of \$10 for pick-up anytime between 5:00—5:10 and an additional \$1 per minute will be charged for each minute after that. Any person who will be picking up your child must be authorized to do so by you in writing on the program application. **The West Suburban YMCA may refuse to release a child to someone who is not on the authorized pick-up list or who cannot show a valid picture ID to confirm their identity.**

FOOD/SNACK POLICY:

We will provide a morning and afternoon snack in addition to lunch, daily. Children may bring in their own snacks and lunch or eat what is being served. You may send your child an extra snack if desired. **We are a NUT FREE program, so please do not send your child with any peanut or tree nut products.**

MEDICATION:

If your child needs to take medication while attending the Vacation Program, please make arrangements with our Out of School Time Director. All medication must be in the original prescription container and the appropriate forms must be filled out before any staff will be able to dispense any medications. *These forms can be found on pages 5-7 of this packet.*

TOYS FROM HOME:

We do not allow children to bring in toys or games from home. This includes electronics, stuffed animals, and other toys. Toys from home are often a distraction to other children and sometimes tend to get lost during the day. The West Suburban YMCA is not responsible for lost or stolen items.

ANNOUNCEMENTS/INCLEMENT WEATHER CANCELLATIONS:

Any pertinent announcements will be communicated at pick-up or drop-off. If inclement weather is predicted, please visit the website at www.wsymca.org to check for vacation program cancellations. Any cancellations will be posted on the home page no later than 7:00 a.m.

WHAT TO BRING EACH DAY:

- If you choose to send a healthy snack and lunch from home, please include a freezer pack if needed, as refrigeration is not available. Also, we cannot microwave lunches. **We are a NUT FREE program, so please do not send your child with any nut or tree nut products.**
- A full water bottle
- Bathing suit, towel, and change of clothes (On Swim Day).
- Comfortable clothes and sneakers (no black soled shoes in the gym).



- Warm clothing for outdoor play including: boots, hat, mittens, coat and snow pants.

SWIM:

Every day there will be approximately 30 minutes to one hour of recreational swim. All children who wish to swim must bring a swimsuit, towel and change of clothes. There will be at least one program staff person in the pool with the children in addition to the lifeguards provided by the aquatics staff. Bubbles will be available for children who need them. Lessons will not be provided during this time. Children are not required to participate in recreational swim.

SAMPLE DAILY SCHEDULE:

Our schedule combines enrichment activities (arts & crafts, STEM, ELA, Teambuilding, etc.), physical activities (gym games, outdoor play, etc.) and other fun activities.

(Times May Vary for Different Groups)

7:45-8:30	Program Opens/Free Choice
8:30-9:00	Morning Snack (Discuss Daily Schedule with Group Leader & Introductions (Monday))
9:00-10:00	Group Games (Gaga Ball, Sky ball, Pin Dodgeball, Pickle, Basketball, Knockout, Soccer, Playground Time, Capture the Flag, etc.)
10:00-11:00	Swim (Each Group One Day in Pool) *Art Project (Sculpturing Mexo Clay (ex. Pinch pot, themed designs, silverware), car designs, making sun catchers, creating puzzles, poster/picture creations, bag creations, painting clay/pictures etc.
11:00-12:00	Group Games *Preferably Outside (Running Games, Relay Races, Museum, Soccer World Cup, Ultimate Frisbee/Football, Fishy Fishy, Kickball, Penalty Shoot Out, etc.)
12:00-1:00	Lunch
1:00-2:00	Science Project (Creating Slime, lava lamps, nebula in a jar, make your own play dough, sun dials, create your own bouncy balls, etc.
2:00-2:30	Group Games in Classroom, board game tournaments and competitions, knock hockey, coloring, personal crafts (bracelets), Lego creations); Older group: rec room (foosball, air hockey, ping pong, arcade game, etc.)
2:30-3:00	Afternoon Snack
3:00-5:00	Every Day will end with a different movie: Mix of classics: Lion King, Finding Nemo & possible new movies Strange World, Bad Guys, etc. (To list a few examples) *Choice of boardgames and other activities if uninterested in movie



REGISTRATION:

Payment in full is due upon registration. You may pay in cash, check (payable to West Suburban YMCA) or with Visa, MasterCard, American Express. Any changes to children’s schedule must be made in writing and is subject to availability. Please note any children with an outstanding balance or missing paperwork will not be allowed to participate in the program. It is a requirement of EEC that each child has a full registration packet to participate in this program.

To turn in completed registration forms and make program payment, please visit the Welcome Center Desk at the WSYMCA or call 617-244-6050 ext. 0.

Any questions, please contact Seamus Bruno, Out-of-School Time Director at seamusb@wsymca.org

Out of School Time Vacation Program K-8 Registration Form

Separate registration form per child is required

*** Please note, our Program is licensed by the Massachusetts Department of Early Education and Care and all documentation listed in this form are required for participation***

Child’s Name: _____

Date of Birth: _____ Current grade: _____ Current School: _____

Physical Description: Gender _____ Eye Color: _____ Hair Color: _____

Skin Color: _____ Approximate Height: _____ Approximate Weight: _____

Below find the cost of the program as well as days being offered.

Tuesday-Friday \$360.00 for members

\$400.00 non members

Please indicate if you are an OST member below.

OST participants only need to fill out this top sheet, the rest of their paperwork is already on file.

- I am a current OST Family: _____
- I am NOT a current OST Family: _____

Photo and Swim Permission



Swimming Experience:

Has your child taken lessons before? _____ At the West Suburban YMCA? _____

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

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

I give my child permission to partipate in FREE swim during the program and understand s/he will be supervised by YMCA staff.

Parent Signature: _____ Date: _____

Video and Photograph: *I permit the respresenatative 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 not use such photographs of my child with or without his/her name and for any lawful pupose, including but not limited to such puposes as publicity, illustration, advertising and web content.*

Parent Signature: _____ Date: _____

Emergency Card: ALL Information is REQUIRED

Child's Name: _____ Date of Birth: _____

Home Phone: _____ Primary Language: _____

Home Address: _____

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

Parent/Guardian 1: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian 2: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

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

1. Name: _____ Relationship: _____

Contact Phone Number: _____ Alternative Phone Number: _____

2. Name: _____ Relationship: _____

Contact Phone Number: _____ Alternative Phone Number: _____

3. Name: _____ Relationship: _____

Contact Phone Number: _____ Alternative Phone Number: _____



Medical Emergency Treatment

I hereby give the West Suburban YMCA Youth and Family program staff permission to administer basic first aid and/or CPR to my child and/or take my child to Newton Wellesley or the 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 Number: _____

Insurance Company: _____ Policy # _____

Special Instructions: _____

Allergies: _____

If your child has an allergy, please complete the Individual Health Care Plan and Medication Consent Form on the following page.

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____ Date of Birth: _____

Individual Health Care Plan Form

Plan must be renewed annually or when child's condition changes

Check all that apply....

Plan was created by:

- Parent
- Doctor or Licensed Practitioner
- Program's Health Care Consultant
- Older school age child (9+ years of age)
- Other: _____

Plan is maintained by:

- Director
- Assistant Director
- Child's Educator
- Other: _____

Name of Child:	Date:
Any change to the child's Health Care Plan? YES (indicate changes below) NO (updated physician/parental signature required)	
Name of chronic health care condition:	
Description of chronic health care condition	
Symptoms:	
Medical Treatment necessary while at the program:	
Potential side effects of treatment:	
Potential consequences if treatment is not administered:	
Name of educators that received training addressing the medical condition:	
Person who trained the educator (child's Health Care Practitioner, child's parent, program's Health Care Consultant):	

Name of Licensed Health Care Practitioner (Please Print): _____

Licensed Health Care Practitioner authorization: _____ Date: _____

Parent/Guardian Consent: _____ Date: _____

For Older Children ONLY (9+ years of age)

With written parental consent and authorization of a licensed health care practitioner, this Individual Health Care Plan permits older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without direct supervision of an educator.

The educator is aware of the contents and requirements of the child's Individual Health Care Plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an Individual Health Care Plan provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

Age of child _____ Date of birth _____ Back-up medication received? YES NO

Parent's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

Commonwealth of Massachusetts
Department of Early Education and Care
Medication Consent Form 606 CMR 7.11(2)(b)

Name of child: _____

Name of medication: _____

Please \checkmark one of the following: Prescription _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Tropical Non-Prescription (applied to open wound/broken skin) _____

My child has previously taken this medication _____

My child has not previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

Child's Health Care Practitioner _____ Date: _____

I, _____, (parent or guardian) gives
Print name
permission to authorize educator(s) to administer medication to my children as indicated above.

Parent/Guardian Signature: _____ Date: _____

For topical, non-prescription NOT applied to open wound/broken skin (Parent signature only)