



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2011-2012 MIDDLEBORO AFTER SCHOOL REGISTRATION FORM MIDDLE SCHOOL PROGRAM

Licensed by the MA Department of Early Education and Care (EEC) (ages 5-12)

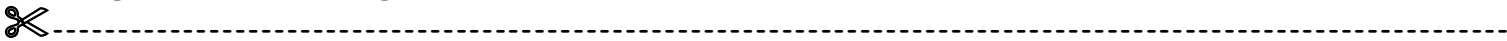
### Locations:

**John T. Nichols Middle School (Grades 6-8)**

<p><b>After School Care:</b> Care is available from school dismissal until 6pm, Monday through Friday. A healthy snack is provided. Children choose from a variety of activities that include Y Chat, homework, arts &amp; crafts, indoor/outdoor recreational activities, board games, and fun. <b>\$14 an afternoon</b></p>	<p><b>Early Release Care:</b> On early release days, the program operates at the school location from dismissal until 6pm with special activities planned. An afternoon snack is provided by the Y. Pre-registration is required to attend. <b>\$38.00 per day.</b></p>
<p><b>School Vacation / Summer Fun Club:</b> During school vacations and in the summer the Y provides a full day program offering theme based activities and field trips. Open from 7am until 6pm excluding any holidays. Parents provide a lunch and drink. A separate registration form is required. <b>\$38.00 per day, per child</b></p>	<p><b>Additional Programs:</b> <b>Teen Night Out:</b> offered select Fridays through out the school year. <b>Teen Leaders Club/ Youth and Government:</b> Join leaders club and/or Youth and Government for leadership opportunities, community service and more. <b>Call the Branch for more information!</b></p>

Please complete a separate form for each child that is registering. Return with a non-refundable \$25.00 registration fee for each child. Once we have received your registration and fee you will be sent an enrollment packet. Financial assistance for qualifying families is available.

Contact **Lynne Bisaw** or **Julie Kennedy** for a financial aid form or questions  
508-947-1390 ext. 11(Lynne) ext 19 (Julie) or email [lbisaw@oldcolonyymca.org](mailto:lbisaw@oldcolonyymca.org)/  
[jkennedy@oldcolonyymca.org](mailto:jkennedy@oldcolonyymca.org)



Child's Name _____		DOB ____/____/____	
Child's School _____		Grade _____	
Parent/Guardian Name _____		DOB ____/____/____ Phone _____	
Address _____		Town _____	
Phone (C) _____	(W) _____	(H) _____	
Email Address _____			
<b>PLEASE CIRCLE DAYS NEEDED (MINIMUM OF 2 DAYS REQUIRED)</b>			
2-6 PM	\$14.00/ afternoon	M	T W TH F
1 <sup>st</sup> day child starts in program ____/____/____			