



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**Old Colony YMCA 2019-2020 Registration: Taunton School Age (Grades K-7)
MA Department of Early Education and Care licensed (EEC)**

Before School: \$10.00/day: Drop-off begins at 7am, Monday through Friday. Children are offered a healthy HEPA breakfast and have a choice of age and developmentally appropriate activities. (Mulcahey, Galligan, Chamberlain, E Pole, and Hopewell schools ONLY)

Extended Day: \$22.00/day: Program runs from school dismissal until 6PM, Monday through Friday. A healthy HEPA snack is provided. Children are provided enrichment and developmental opportunities giving youth a safe, supervised place to explore interests, learn new skills and spend time with peers and positive role models.

School Vacation Weeks: \$45.00/ day: Open from 7AM until 6PM, check holiday schedule for closings. Parent drop off and pick up. A separate registration is required.

The Old Colony YMCA has adopted the following HEPA Standards:

- Water is our beverage of choice • No sugar sweetened drinks • Fruit or vegetable at every meal or snack
 - Whole grains • Limited screen time • 0 grams of trans fat • 30 minutes of moderate PA a day, and 20 minutes of vigorous activity 3 times a week • Parent education to encourage healthy behaviors at home
- We encourage parents to follow HEPA Standards when sending in food with your children.

One registration form per child.

A MA Department of Early Education & Care registration packet will be sent once your registration is processed.

This packet must be submitted at least a 2 weeks prior to attending the program for review and processing.

No child will be permitted without a completed enrollment packet.

Financial assistance may be available for qualifying families.

✂ ----- **COMPLETE, DETACH AND RETURN BELOW FORM** -----
(PLEASE PRINT LEGIBLY)

Child's FIRST Name: _____ Circle: Male Female
 Child's LAST Name: _____
 Date of Birth: ____/____/____ Age: ____ Grade Entering in 2019-2020: ____
 Home Address: _____ City/Town _____ Zip Code _____
 Parent/Guardian Name: _____
 Date of Birth: ____/____/____ Email: _____
 Preferred Phone 1: _____ Phone 2: _____

PAYMENT OPTIONS: (select one)

- Private pay: \$25 registration fee must be submitted with registration form (select days below)
- Current PACE Voucher or OCY Contract: Weekly (M-F) registration unless otherwise stated on voucher.
- I would like to apply for financial assistance (contact billing administrator for details.)

BEFORE CARE: \$10.00/day M T W Th F
(Mulcahey, Galligan, Chamberlain, E Pole, and Hopewell schools ONLY)

AFTER CARE: \$22.00/day M T W Th F

BRISTOL COMMONS AFTER CARE \$22.00/day M T W Th F

Office Use ONLY: __FSP __Voucher __Slot __Private/Scholarship __Registration Fee Paid
 __Enrollment Packet Given __Enrolled in System Weekly Fee \$_____
 WAITLIST __ First Day in Program _____ Admin Initial: _____