



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

**Old Colony YMCA 2020-2021 Registration (ages 5-12) PLYMOUTH (EEC Licensed)**

At this time we are accepting registrations to begin care on the first day of school, Wednesday, September 16th

Positive Youth Development is at the core of everything we do. Every day, we support young people and support them as they strive to reach their fullest potential. We strive to create environments where children can learn and grow, and in actuality extend the learning day through positive relationships with YMCA staff and structured enriching curriculum that supports social and emotional development. We want youth to thrive – to be innovative, creative, to try new things, to laugh, play and make new friends, to build lasting relationships with caring adult role models at the Y.

A separate registration form for each child needs to be completed, along with a non-refundable \$30 fee 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 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.

- **Care will be available** by COHORTS only–must be registered for both days.
- **Only enrolled children and staff will be allowed into the building** – drop off and pick up of children will be made at the door
- **Aseptic fogging** will happen nightly
- **Physical distancing and Masks** will be practiced by children and staff
- **Children will be required to wash or sanitize their hands** upon entering the Y program
- **If your child shows any symptoms related to being sick in any way**, they will not be allowed to attend
- **Any child that gets sick while at the site** will be separated into a designated isolation area
  - **The parent/guardian will be contacted** and must pick up the child immediately
  - **The child will only be able to return** after being symptom-free for 72 hours

(PLEASE PRINT LEGIBLY)

CHILD’S NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 CHILD’S SCHOOL \_\_\_\_\_ GRADE IN FALL \_\_\_\_\_ MALE/FEMALE  
 PARENT/GUARDIAN \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

Please mark if your child has any of the following:

- Chronic Health Condition/Allergy  IEP/504B  Custody Agreement/Court Order/Restraining Order

FIRST DAY CHILD STARTS PROGRAM, BILLING STARTS \_\_\_\_/\_\_\_\_/\_\_\_\_ (will not process unless specified)

**Please circle one:**

<b>\$22.00/MORNING CARE</b> (7am to start of school)	<b>Cohort A (Tues/Thurs)</b>	<b>Cohort B (Wed/Fri)</b>
<b>\$42.00/AFTERNOON CARE</b> (Dismissal to 6pm)	<b>Cohort A (Tues/Thurs)</b>	<b>Cohort B (Wed/Fri)</b>

RETURN FORM AND FEE TO: OLD COLONY YMCA PLYMOUTH, 200 HEDGES POND ROAD, PLYMOUTH MA, 02360 or email to [mcostello@oldcolonyymca.org](mailto:mcostello@oldcolonyymca.org) or [ccolantuone@oldcolonyymca.org](mailto:ccolantuone@oldcolonyymca.org)