**YWCA GIRLS EXCLUSIVE**  

**SUMMER PROGRAM 2020**

# Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

School in Fall: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in Fall: \_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

# Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size (Circle One): Adult Small Adult Medium Adult Large Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever participated in YWCA programming? NO If YES, please indicate year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days Attending (Circle all that apply): Monday Tuesday Wednesday Thursday Friday

Weeks Attending (Circle all that apply): 7/6-7/10 7/13-7/17 7/20-7/24 7/27-7/31 8/3-8/7 8/10-8/14

 *The following questions are optional and for demographic purposes only.*

|  |  |  |
| --- | --- | --- |
| What is your child’s Race? (Check all that apply) |  | What is your Household Income?(Check only one) |
|  | Caucasian  |  |  | $0-$9,999 |  | $60,000 - $69,999 |
|  | African-American  |  |  | $10,000 - $19,999 |  | $70,000 - $79,999 |
|  | Asian |  |  | $20,000 - $29,999 |  | $80,000 - $89,999 |
|  | Latina  |  |  | $30,000 - $39,999 |  | $90,000 - $99,999 |
|  | Native-American  |  |  | $40,000 - $49,999 |  | $100,000 + |
|  | Hawaiian/Pacific Islander |  |  | $50,000 - $59,999 |  |  |
|  | Mixed Race |  |  |  |  |  |
|  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | What is your Household Size? \_\_\_\_\_\_ (Number of people) |

By signing belowI hereby give my consent and waiver for my child to participate in the YWCA Girls Exclusive Summer Program. I also give consent for my child to take part in fundraisers.

By signing below I agree that my child will be present at the YWCA by 9:00 am daily. I also agree that my child will be picked up by myself, a party designated by me, or transportation will be arranged by 2:30 pm each day.

# Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

# Child’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

# *\*Girls Exclusive is an EEC license exempt program.*

**(OFFSITE PERMISSION & PHOTO RELEASE ON REVERSE)**

**YWCA GIRLS EXCLUSIVE**

**SUMMER PROGRAM 2020**

**OFFSITE PERMISSION**

The Girls Exclusive Summer Program usually requires many offsite visits to area businesses and local points of interest during the course of the program. Because of COVID-19 precautions, *we are not* going on any field trips but we are going to West Beach in New Bedford for a week to work with the Youth Opportunities Unlimited (YO.U.), which includes riding bicycles around town and visiting the beach afterwards. That week (7/20 – 7/24) we ask that you drop your child off in the morning and pick your child up in the afternoon at West Beach in New Bedford. We will also often be taking walks in downtown New Bedford.

By signing below I hereby consent for my children to leave the site of the YWCA under the supervision of the program coordinator or approved staff member. I understand that there will be times in which program participants will be transported by public transportation. I agree to release the YWCA and its employees from any liability associated with involvement in the Girls Exclusive program.

# Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**PHOTO RELEASE**

By signing below Ihereby consent (for the purpose of public relations and promotion of the YWCA Girls Exclusive Program) to the YWCA Southeastern Massachusetts to reproduce and display all photographs and/or video recordings taken of my children (with or without the use of their name, age, and/or hometown) by said organization in displays, editorials, exhibitions, social media including but not limited to Facebook, Twitter, Instagram and YouTube, and website.

In giving this consent, I release the YWCA Southeastern Massachusetts, the Girls Exclusive Program, and its nominees or designees, from liability for any violation of any personal or proprietary right I may have in connection with such sale, reproduction and use.

# Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

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**YWCA GIRLS EXCLUSIVE** **SUMMER PROGRAM 2020**

# FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

# Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

I authorize YWCA staff that is trained in the basics of first aid and CPR to give my child first aid and/or CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the YWCA Girls Exclusive Program to transport my child to the nearest medical care facility and/or to *St. Luke’s Hospital*, and to secure necessary medical treatment for my child.

Child’s Primary Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has an allergy to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*As of this year, it is a requirement by the CDC that we have on file a certification that your child has been successfully immunized in accordance with the current DPH’s recommended schedules. Please include a copy of your child’s immunization records with this consent form. \***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| Health Insurance Coverage: |
| Policy Number: |
| Parent/Guardian Name: |
| Other Parent/Guardian Name: |

**Emergency Contacts (In order to be contacted)**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give permission for your child to be released to this person? YES or NO

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give permission for your child to be released to this person? YES or NO

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give permission for your child to be released to this person? YES or NO

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***New Policies put forth by the Massachusetts Department of Early Education and Care as of June 1st, 2020***

 ***COVID-19 Emergency and Summer Child Care Programs***

1. All staff and children will be screened daily before entering the building by a designated staff member which we will keep on file. All staff are also trained on the proper precautions and operations established by the Massachusetts Department of Early Education and Care (EEC).
2. All staff will be wearing masks throughout the day. The EEC states “When children can be safely kept at least 6 feet apart from others, then they do not need to be encouraged to wear a mask”. The children will be 6 feet apart in the building at all times. The EEC also states “Masks do not need to be worn while engaging in active outdoor play, if the children are able to keep physical distance from others. Please allow two masks to be available with your child when they’re dropped off at the YWCA.
3. We will be sanitizing things at the beginning and end of the day. The girls are required to wash their hands before and after eating, staggered. The girls will also get their own materials and will not be required to share items.
4. We will have arrows pointing in the direction of the flow of walking traffic in the building. One door will be used for entering (Standish House door) and one for exiting (Residential side of building, door to the left).
5. The EEC recommends we “strictly enforce the restriction of non-essential personnel”, meaning we will not have family members, other vendors, or other non-essential personnel in the building while the summer program is running. For this reason, please call the YWCA when you pick up/drop off your child and we will come to you.
6. Most importantly, *please* self-screen your family at home; temperature checks, checking for symptoms such as cough, shortness of breath, abdominal pain, etc. EEC states “All staff, parents, children and any individuals seeking entry into the program space must be directed to self-screen at home, prior to coming to the program for the day.”. If your child is sick, we advise you to keep them home for 14 days.

**Please sign acknowledging you reviewed the new policies and regulations put forth for the Summer Programs at the YWCA of Southeastern Massachusetts.**

# Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

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Thank you and stay safe!

