



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

Registration Form – Randolph School Year 2022

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 \$25 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.

Care is also provided on Early Release Days and School Vacations (separate registration forms will be provided). Financial assistance may be available for qualifying families.

✕ -----**COMPLETE AND MAIL \$25.00 REGISTRATION FEE**-----

(PLEASE PRINT LEGIBLY)

CHILD'S

NAME _____ DOB _____
_____/_____/_____

CHILD'S SCHOOL _____ GRADE IN _____
FALL _____ MALE/FEMALE

Participant's Ethnic and Racial Identities (optional)

Ethnic Identity: White Not Hispanic or Latino Hispanic or Latino
Racial Identities: Asian Black or African American
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

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

Do you have a state issued voucher? Yes _____ No _____

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

\$11.00/MORNING CARE (7am to start of school) M T W TH F

\$22.00/AFTERNOON CARE (Dismissal to 6pm) M T W TH F

RETURN FORM AND FEE TO: OLD COLONY YMCA, 445 Central Street, Stoughton, MA 02072 (Attn: Jessica Edlund) or
EMAIL CONTACT: jedlund@oldcolonyymca.org (W) 781-341-2016 x244 (C) 508-816-6900