



**Old Colony YMCA Registration (ages 5-12) HALIFAX
MA Department of Early Education and Care licensed (EEC)**

Before School: Fee \$8.00 per child: Program opens at 7AM until school begins, Monday through Friday. Children are offered a healthy breakfast following our HEPA (Healthy Eating and Physical Activity) standards, and participate in activities that prepare them for their school day.

After School: Fee \$17.00 per child: School dismissal until 6PM. A healthy HEPA snack is provided, Y Chat, homework time, Developmental Asset based choice curriculum, STEM, literacy, physical activity, creative outlets and more.

Early Release: Fee: \$17 per child not normally enrolled for the early dismissal, no fee if regularly scheduled day: Early dismissal until 6PM with special curriculum planned. A healthy HEPA snack is provided in the afternoon.

School Vacation / Summer Camp: Fee \$40 per day, per child: Open from 7AM until 6PM, excluding any holidays. Parent drop off and pick up. A separate registration is needed.

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.

**A separate registration form for each child needs to be completed.
Return with a non-refundable \$25 fee per child.
A MA Department of Early Education registration packet will be sent once your registration is processed.
This packet must be filled out at the beginning of each school year and your child will not be permitted to the program unless completed. Please note any allergies or any special concerns so that we might better serve your child. Financial assistance for qualifying families is available.**

-----COMPLETE, DETACH AND MAIL \$25 REGISTRATION FEE-----
(PLEASE PRINT LEGIBLY)

CHILD'S NAME _____ DOB ____/____/____

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

PRIMARY CARE GIVER _____ DOB ____/____/____

ADDRESS _____ TOWN _____ ZIP _____

HOME PHONE _____ CELL _____ WORK _____

EMAIL ADDRESS _____

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

7AM-SCHOOL START: \$8.00/MORNING M T W TH F

DISMISSAL-6PM: \$17/AFTERNOON M T W TH F

RETURN FORM TO Y PROGRAM OR MAIL FORM AND FEE TO:
OLD COLONY YMCA (CBCC), 200 HEDGES POND ROAD, PLYMOUTH MA, 02360

EMAIL CONTACT: kjonesisaacson@oldcolonymca.org