



Cambridge Youth Programs
Challenge Week:
Pre-teen February Vacation Week Program 2020

Join us at the Moses Youth Center
Tuesday, February 18th - Friday, February 21st

This program is open for grades 4th and 5th (who are 9 years old and up) who are Cambridge Residents

Section I: Youth Center Membership Status. Please Check One:

☐ My child is a current member and enrolled at the ☐ Moses ☐ Frisoli ☐ Gately ☐ Russell Youth Centers of Cambridge Youth Programs **(Deadline for Applying is Wednesday, February 12th)**

☐ My child is not a current member at the youth centers of Cambridge Youth Programs

If your child is not a current member of the youth centers, you must fill out the *Youth Center's Afterschool Program Application* as well as the *February Vacation Week Form*. **The application forms must be submitted no later than Wednesday, February 5th.** Parents will be notified of acceptance no later Friday, February 14th.

Section II:

Where: Moses Youth Center, 243 Harvard St., Cambridge, MA 02139

When: Tuesday, 2/18/20 to Friday, 2/21/20

Time: 9:00 am - 6:00 pm

Fee: The cost of the program is a **\$50.00 non-refundable** deposit (**fee must be paid at the time of registration**). **Space is limited.**

CASH ONLY

Lunch is not provided: please have your child bring a lunch

SECTION III: VACATION WEEK REGISTRATION INFORMATION

Last Name _____ First Name _____ Date of Birth _____

"Home" Youth Center/Program _____ Home Phone # _____

Name of Parent/Guardian: _____

Cell phone #: _____ Work phone #: _____ Hours at Work: _____

Check the Days your child will be attending: ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

If more than one child in your household is applying, please complete the following:

NOTE: A full *Youth Center's Afterschool Program Application* is required for all youth who are not currently enrolled.

Name of Additional Child(ren): _____ Date of Birth: _____

_____ Date of Birth: _____

Medical Information: Please describe any medical/physical conditions which CYP Staff should be aware of (dietary restrictions, allergies, chronic health conditions, medications): _____

Additional Emergency Contact (If Parent/Guardian is not available)

Name: _____ Address: _____

Relationship to Child: _____ Phone: _____

Section IV: Field Trips

The following Field Trip is being planned for **Wednesday, February 19th** of vacation week. Please check off below to indicate that your child(ren) will be attending this all-day field trip with his/her vacation week program.

Please note the trip is mandatory if your child attends the vacation week program on these days. The space is limited for each of these trips, please register early:

☐ **My child will be attending the All-Day Snowtubing Trip to: Ski Ward Ski Area in Shrewsbury, MA**

Section V: Arrival and Dismissal Plan and Authorization

Please specify when your child will attend the Youth Center. If your child does not show up on a day that he/she is scheduled, a staff person will call you. If you know in advance that your child will be absent, please notify the center as early as possible. (Please note, vacation hours are 9:00 am to 6:00 pm)

	Tuesday	Wednesday	Thursday	Friday
Arrival Time:				
Departure Time:				

My child will **arrive** at the program by:

- ☐ Unsupervised Walk
☐ Supervised Walk (who: _____)
☐ Parent/Guardian Drop Off
☐ Other (Describe: _____)

My child will **depart** the program by:

- ☐ Unsupervised Walk
☐ Supervised Walk (who: _____)
☐ Parent/Guardian Pick Up
☐ Other (Describe: _____)

The following individuals may pick up my child from the program. If someone other than these people picks up my child, I will notify staff in writing in advance.

1. Name: _____ Relationship: _____
Address: _____ Phone Number: _____
2. Name: _____ Relationship: _____
Address: _____ Phone Number: _____

Very important: Program Staff will only follow these instructions; all persons picking up a child MUST be on the list

Section VI: Vacation Week Media Release (Please check one box and sign)

I understand that during vacation week, youth may be involved in filming/starring in short video clips to share with the community using social media. I ☐ **do** ☐ **do not** give permission to the City of Cambridge and the Cambridge Youth Programs to use photographic and video reproductions of my child for publicity purposes.

Signature of Parent/Guardian

Date

Section VII: Parent/Guardian Permission

As _____'s legal guardian, I hereby authorize him/her to participate in CYP February Vacation week daily activities and field trips, which may involve riding the MBTA with supervision.

In the event of a serious illness or injury, I express my consent of the administration of emergency medical care, including anesthesia. I understand that the staff of CYP will make a reasonable effort to contact me first in case of emergency. I will not hold CYP or any member of the staff responsible for such illness or injury.

Signature of Parent/Guardian

Date