



**D.H.S.P. CHILDCARE & FAMILY SUPPORT SERVICES  
PRESCHOOL & AFTERSCHOOL PROGRAMS  
WAITLIST REQUEST FORM**

This form is to request that your child be placed in a Department of Human Services Childcare Program. If the program(s) of your choice is (are) currently full, your child's name will be placed on a waitlist according to the date this completed form is received by the Childcare Enrollment Coordinator. You will be contacted by telephone when an opening is available for your child to enroll. Preschool children are eligible to be placed on a wait list at one year (1) of age, Afterschool children at any time. The Department of Human Services is committed to providing high quality programs for all children and youth. We Cater to Cambridge residents and City of Cambridge Employees first, nonresidents will remain on list until all eligible resident are served. If you have a change of address or telephone # please call the Enrollment Coordinator at 617-349-6254, so the information may be updated immediately. Incorrect information may affect your ability to enroll, complete one form per child.

**Parent/Guardian's Name:**

First \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Child's Name:**

First \_\_\_\_\_ Last \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Child's Current age: \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

Elementary School child currently attends (After School children only) \_\_\_\_\_ Grade: \_\_\_\_\_

Is child a sibling of a child, currently enrolled in a **DHSP preschool or After school Program?** \_\_\_yes \_\_\_no Past Enrollment? yes \_\_\_no \_\_\_

If yes, Sibling's Name: First \_\_\_\_\_ Last \_\_\_\_\_ Program Name \_\_\_\_\_

Does your child have an Individualized Education Plan (I.E.P) yes \_\_\_no \_\_\_ if yes, you will need to fill out information release form enclosed.

Does your child require more individualized attention than the typical student? yes \_\_\_no \_\_\_

Has your child been identified as having a special need?(emotional, physical or health) yes \_\_\_no \_\_\_ if yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Directions: Select up to 3 programs of your choices, ONLY choose the programs for which you would be willing to accept enrollment when contacted, there is **No Ranking** please select carefully. If you should decline the first available space offered, your child's name will be removed from **ALL** the programs wait lists.

<u>Preschool Programs</u>	
(12) _____	Haggerty Preschool 8:00-12:00 5 days/week (only)
(11) _____	Peabody Preschool 8:00 a.m.—6:00 p.m.
(13) _____	M.L. King Preschool 7:30 a.m.—5:30 p.m.
(15) _____	King Open Preschool 8:00 a.m.—6:00 p.m.
(16) _____	East Cambridge Preschool 7:30 a.m.—5:30 p.m.
(17) _____	Morse Preschool 8:00 a.m.—6:00 p.m.

<u>Afterschool Programs</u>	
(1) Peabody Afterschool	Afterschool—please check only one <u>Part-time slots upon availability</u> (King 2-5, Morse 2-5 and Peabody 2-5 only)
Grades K-2___ or 2-5___	
(7) Fletcher/Maynard Afterschool	Mon, Wed, Fri (only) _____
Grades K-3___	Tues & Thurs (only) _____
(5) M.L. King Afterschool	Full Time 5 days a week _____
Grades K-2___ or 2-5___	Transportation may not be available from all elementary schools to an after-school program.
(3) Morse Afterschool	
Grades K-2___ or 3-5___	

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Department of Human Services is committed to providing high quality programs for all children and youth. We welcome each child and value each child's strengths, needs, differences and similarities. We encourage all children and youth regardless if ability to participate.

CHECK ALL FUNDING SOURCES THAT APPLY- (PLEASE CHECK AT LEAST ONE TO COMPLETE THIS APPLICATION-For more information, see descriptions below.

CITY SCHOLARSHIP: The City of Cambridge Department of Human Service Programs has a limited amount of funds available for tuition assistance for families enrolled in either a DHSP preschool or after school program who's parents/guardians are either working or training or school (up to Masters only). Your family's total gross income may not exceed \$53585 for a family of 4. As scholarships are based on gross monthly income, family size and Cambridge residency, you will be asked to supply required documentation at the time of registration. Other forms of documentation may also be required where necessary. (PLEASE DO NOT SEND DOCUMENTATION WITH THIS FORM.) For more information call Childcare Enrollment Coordinator at 617-349-6254.

VOUCHER: We accept vouchers for both full-time and Part-time preschool and After school programs. Vouchers are issued by the CCRC (Childcare Choices Boston) located at 105 Chauncy Street, Boston. For more information or to be place on the EEC waitlist call 617-542-5437.

Massachusetts Department of Early Education and Care (EEC Slots): DHSP has a limited number of subsidies funded by (EEC), these subsidies are for parents who are working or training 30hrs weekly or who are full-time student (undergraduates only) , earn up to 50% or less of the state median income (approximately \$43'165 for a family of three). Families must meet EEC income eligibility and service need guidelines. Parents pay fees based on their gross monthly income. Slots are for Full Day licensed Preschool services only. These slots are waitlisted and are filled upon slot availability. For more information or to be placed on the EEC waitlist please call 617-542-5437.

REGULAR TUITION Tuitions are on a sliding fee scale based on income, with a current Preschool base rate of **\$37.54 DAILY** and After School rate of **\$16.50 DAILY**. Documentation of income will be required during the enrollment process.

Please check one

Resident     Nonresident

City of Cambridge Employee

After you complete this form mail or bring it to:

Childcare Enrollment Coordinator

Department of Human Service Programs

51 Inman Street, 3rd floor

Cambridge, Ma. 02139

The City of Cambridge, Department of Human Service Programs, does not discriminate in providing services to children and their families on the basis of race, religion, national origin, cultural heritage, political beliefs, sexual preference, marital status, or disability. The Department of Human Service Program will provide auxiliary aids and services, written materials in alternative formats and reasonable modifications in policies and procedures to qualified individuals with disabilities upon request. For more information, call 617-349-6200 or TTY 617-492-0235



**City of Cambridge  
Department of Human Service Programs  
Information Release Form**

\_\_\_\_\_  
**(PRINT Child's Name)**

\_\_\_\_\_  
**(Name of School)**

**Please circle one:    NEW STUDENT                      RETURNING STUDENT**

I am applying for: (Please check all your program choice(s).)

**Youth Centers**

- Area IV Pre-teen
- Area IV Teen
- Frisoli Pre-teen
- Frisoli Teen
- Gately Pre-teen
- Gately Teen
- Moore Teen
- West Camb. Pre-teen
- West Cambridge Teen
- MSP @ Frisoli
- MSP @ Gately

(MSP=Middle School Partnership)

**Community Schools (CS)**

- Amigos-Cambridgeport CS
- Elm Street CS
- Fitzgerald CS
- Fletcher Maynard CS
- Haggerty CS
- Harrington CS
- Kennedy CS
- King CS
- Linnaean CS
- Morse CS
- Tobin CS

**Afterschool Childcare**

- Fletcher Maynard K-3
- King K-2
- King 2-5
- Morse K-2
- Morse 3-5
- Peabody K-2
- Peabody 2-5

**King Open Extended Day (KOED)**

**Preschool Childcare**

- East Cambridge
- Haggerty
- King Open
- M. L. King
- Morse
- Peabody

**Recreation**

- Camp Rainbow
- The Cambridge Prgm
- War Memorial Prgms

I hereby authorize the Department of Human Services (DHSP) to observe my child in his/her school day classroom or program and to discuss my child's educational, physical, medical, psychological and/or other needs with his/her teachers, specialists, therapists, medical providers and other caregivers for the purpose of evaluating his/her participation in DHSP's out of school time (OST) and preschool programs.

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

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

**PERMISSION TO OBTAIN STUDENT RECORDS  
(IEP, 504 Plan, behavior plans)**

I hereby authorize my child's school/program to release my child's records including his/her Individualized Education Program (IEP), Behavioral Intervention Plan and/or Section 504 Plan. DHSP will not disclose the content of any such records to any other party without my written consent, except as DHSP may be required by law to do so. All records will be used for the purpose of evaluating my child's participation in DHSP's out of school time (OST) programs.

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

Revised 1/2012