



**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 4<sup>th</sup> and 5<sup>th</sup> (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 12<sup>th</sup>)**

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 5<sup>th</sup>**. Parents will be notified of acceptance no later Friday, February 14<sup>th</sup>.

**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 19<sup>th</sup>* 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**

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#### 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**

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#### 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

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#### 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