sharing resources…building community

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

This form is to request that your child be placed on a Department of Human Services Childcare Program. **Please complete all three pages and return to the address on the back of this page.** 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 anytime. The Department of Human Services caters 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 sooner, complete one form per child.

Parent/Guardian's Name:

First_____Last_____

Address: _____ *Apt#* _____ *City, State, Zip*_____

Home Phone: _____Work Phone: _____ Cell Phone: _____

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) or (504) yes_____ no____ if yes, please explain on lines below:

Does your child require more individualized attention than the typical student? yes_____ no_____ if yes please explain on lines below:

Has your child been identified as having a special need? (emotional, physical or health) yes_____ no_____ if yes, please explain on lines below:

_____

_____

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 programs wait lists.

Preschool Programs

(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) _____Kennedy Longfellow Preschool 7:30 a.m.—5:30 p.m.

(17) _____Morse Preschool 8:00 a.m.—6:00 p.m.

Afterschool Programs

1) Peabody Afterschool
Grades K-2____ or 2-5____

5) M.L. King Afterschool
Grades K-2____ or 2-5____

7) Fletcher/Maynard Afterschool
Grades K-3____

3) Morse Afterschool
Grades K-2____ or 3-5____

Afterschool—please check only one
Part-time slots upon availability

(MLK 2-5, Morse 3-5 and Peabody 2-5 only)
Mon, Wed, Fri (only) _____
Tues & Thurs (only) _____
Full Time 5 days a week_____

Transportation may not be available from all elementary schools to an afterschool program.

Parent/Guardian Signature:_____Today's Date:_____

City of Cambridge · 51 Inman Street · Cambridge, Massachusetts 02139-1102
Voice: 617-349-6200 · TTY/TDD: 617-492-0235 · Fax: 617-349-6248

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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 $53'585 for a family of 5. 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.*

☐ Massachusetts Department of Early Education and Care (VOUCHERS): We accept vouchers for both full-time and Part-time preschool and After School programs. These subsidies are for parents who are working or training 30hrs weekly or who are full-time student (undergraduates only) and earn up to 50% or less of the state median income (approximately $52'273 for a family of four). 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 slots by (EEC), these subsidies are for parents who are working or training 30hrs weekly or who are full-time student (undergraduates only) and earn up to 50% or less of the state median income (approximately $52'273 for a family of four). 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 gross family income, with a current Preschool base rate of $37.60 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

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

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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)

☐ Cambridgeport 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

☐ Kennedy Longfellow
☐ 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:** _____

I decline authorization: _____ **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:** _____

I decline authorization: _____ **Date:** _____ Revised 1/2014

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