

Cambridge Connections Sign Up Form

roddy's Dare						
Adult #1 Name:		(First Name)		(Last Name)		
Adult #1 Gender:		Male	Relationship to child:			
Telephone:	Home or Cell		Email:			
Adult #2 Name:		(First Name)		(Last Name)		-
Adult #2 Gender:	Female	Male	Relationship to child:			
Telephone:	Home o	r Cell Ema	il:			
Address: City:		Zip code				
Please list your childre						-
Child's Name:		Birthday:		Gender: M	F	
Child's Name:	Birthday:				Gender: M	F
Child's Name:	Birthday:				Gender: M	F -
Name of other adult(s	s) who care for y	our child:	Relatio	onship to child:		
What language(s) does	s your family spe	ak at home?				
Do any of your childre	en need special su	ipport? YES	NO Child' name:	Need:		
Family Race/Ethnicity (Optional: Check as many boxes as you need)	□ Black □ White		☐ Afric ☐ Asian		ner Pacific Is	slander
I want Cambridge Con	☐ Hispanic/Lo nections partner			r (<i>please write in</i>) ut activities, reso	urces, and se	rvices
for children and famil	·		_	,	•	
Would you like to get	our newsletters	by: 🗆 Ema	ail 🗆 Mail	□ Both		
			ne Agenda for Children, Center fo nation is confidential and will not			