

Department of Human Service Programs/Community Schools Division

M.L. King Community School

ART and Science

April Vacation Camp 2016

Tuesday, April 19th to Friday, April 22nd

Grades JK – 5

COST: \$160.00 ~ 8:00AM – 3:00PM / \$175 ~ 8:00AM – 5:30pm

Field Trips and Fun on site activities!!

Tuesday April 19th

LANES & GAMES BOWLING CAMBRIDGE, MA

-Bowling & Arcade tokens are
Included.

-Hands on science and art projects



Wednesday April 20th

MUSEUM OF FINE ARTS BOSTON, MA

-Guided tour and art activity with
MFA instructors.

-Afternoon fun activities...



Thursday April 21st

LEGOLAND SOMERVILLE, MA

-Includes admission and tour.

-Lego construction project

-Afternoon fun activities...



Friday April 22nd

ON SITE ACTIVITIES MLK SCHOOL

-New England Aquarium is
coming to King!

-Carnival Games & bouncy house!



Registration Deadline is Friday April 1st, 2016

Payment due at Registration

Checks or Money Order Payable to: M.L. King Community School

Please fill out and return this form to Martha Sandoval - office #1017- 1st Floor

msandoval@cambridgema.gov – 617-349-6269

The City of Cambridge, Department of Human Service Programs/Community Schools Division does not discriminate in providing service on the basis of race, religion, national origin, cultural heritage, political beliefs, sexual preferences, marital status, or disability. The Community School 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. TTY/TTD: 617-492-0235

M. L. King Community School April Vacation 2016 Application

Name: _____ Gr. _____ Age: _____

Teacher: _____ Room #: _____ D.O.B. _____

Ethnicity: (Voluntary) African-American Latino Caucasian Asian Haitian Other

Parent/Guardian Name (1): _____

Address: _____

Phone #: _____ E-mail: _____

Parent/Guardian Name (2): _____

Address: _____

Phone #: _____ E-mail: _____

Emergency Contact: _____ Relationship: _____

Phone #: _____ E-mail: _____

Does your child have any allergies, i.e. hay fever, insect bites, food reactions? Yes ___ No ___ if yes, please describe _____

Does your child take any regular medication that need to be administered during program hours? Yes ___ No ___ If yes, please explain _____

Does your child have an IEP (Individual Education Plan)? Yes ___ No ___ If Yes, please see the attached Request for Information Release Form.

I give my permission to the City of Cambridge/Community Schools to use photographic and video images of my child/ren and family for publicity purposes. I acknowledge that publicity could include the use of our names and images in any slide shows, websites, social media or articles submitted for publication or distribution.

- Please sign up early to guarantee your children a space
- Please bring a bag lunch each day (snacks will be provided)
- **Additional forms to fill out at the Community School (if child is not currently enrolled in the program)**

____ My child has my permission to participate in the activities listed

____ My Child will walk home (**must be 10 years or older**)

\$160.00/ 8:00am -3:30pm

\$175.00/ 8:00-5:30pm

Amount Enclosed \$ _____ (make check/money order payable to the M.L. King Community School)

My child will be picked up by _____ Relationship to the child _____

Parent/Guardian Signature: _____ Date: _____

Office use only

Check # _____

Amount Paid \$ _____

Balance Owed \$ _____