



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

**For official  
use only:**

\_\_\_\_\_  
**(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**

- Frisoli Pre-teen
- Frisoli MSP
- Gately Pre-teen
- Gately MSP
- Moses (Area IV) Pre-teen
- Moses (Area IV) MSP
- Russell Pre-teen
- Russell MSP

(MSP=Middle School Partnership)

**Community Schools (CS)**

- Amigos/CPort CS
- Elm Street CS
- Fitzgerald CS
- Fletcher Maynard CS
- Haggerty CS
- Harrington CS
- Kennedy CS
- King CS
- Linnaean CS
- Longfellow 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:** \_\_\_\_\_

**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 2/15