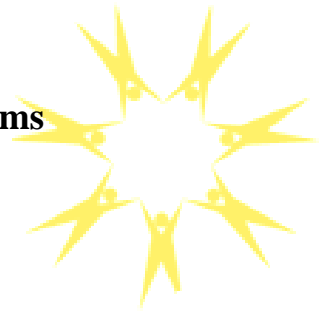


**City of Cambridge
Department of Human Service Programs**

Application for Enrollment

ML King Community School



The Department of Human Services is committed to work jointly with families to gain a greater understanding of the interests and needs of each individual child. Good communication between families and the Department of Human Services staff will help us to better serve your child. We appreciate your willingness to work jointly with us to support the learning and well being of your child. The following information will assist us greatly. Any additional information regarding your child's specific needs is greatly appreciated.

Child's Last Name	First Name	Nickname
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School Attending	Grade	Date of Birth
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Parent/Guardian Name	Email
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Home Address

Home Phone	Cell/Beeper
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Work Place	Work Phone
------------	------------

Email Address

Parent/Guardian Name

Home Address

Home Phone	Cell/Beeper
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Work Place	Work Phone
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City of Cambridge ~ 51 Inman Street ~ Cambridge, MA 02139
617-349-6200 ~ TTY/TDD 617-492-0235 ~ 617-349-6248

What language do you speak at home? _____

Can your child speak and understand English? _____

If your child has not been enrolled in a school system, what group experiences has your child had? Preschool? Family Day Care? Playgroup? Other Afterschool experiences? _____

What do you hope your child gains from this program?

Have there been any major changes in your family routine during the past year? A new baby? Moving? Accident or injury to your child or family member?

How does your child usually respond to new experiences? Shy? Assertive? Please describe. _____

What do you find most effective in calming your child when he/she is upset?

What activities does your child like best? Favorite Toys / Games / Songs / Activities

Does your child have any special dietary concerns? Yes ____ No ____ If yes, please explain.

Does your child have any allergies i.e. asthma, hay fever, insect bites, medicine, food, reactions? Yes _____ No _____ If yes please explain:

Does your child take any regular medication? Yes _____ No _____

Will they need to be administered during program hours? Yes _____ No _____

If yes, please explain _____

Does your child have any special needs or disabilities (health, physical, emotional)?

Yes _____ No _____ If so please describe? _____

Does your child have an IEP (Individual Education Plan)?

Yes _____ No _____ If yes, please see the attached Request for Information Release Form.

Does your child need individual attention for certain activities? Yes _____ No _____

If yes, in what activities does your child need special attention or assistance? Please explain.

What additional aspects of your child's physical and/or emotional development would you like our staff to know about?

Additional Comment:

Parent's Signature _____ Date: _____
