



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

(Child's Name)

(Name of School)

Please circle one: **NEW STUDENT** **RETURNING STUDENT**

I am applying for: (Please circle your program choice.)

Youth Center Licensed Programs	Community Schools (CS)	Afterschool Licensed Childcare	Preschool Licensed Childcare
Area IV	Cambridgeport CS	Fletcher Maynard K-3	East Cambridge
Frisoli	Fitzgerald CS	King K-2	Preschool
Gately	Fletcher Maynard CS	King 2-4	Haggerty Preschool
Moore	Haggerty CS	Morse K-2	King Open Preschool
MSP @ Frisoli	Harrington CS	Morse 3-5	M. L. King Preschool
MSP @ Gately	<u>King CS</u>	Peabody K-2	Morse Preschool
West Cambridge	Linnaean CS	Peabody 2-5	Peabody Preschool
(MSP=Middle School Partnership)	Morse CS Tobin CS	King Open Extended Day (KOED)	

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:** _____

**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:** _____

Revised 3/09