



# Cambridge Youth Programs Teen Program Application Form

## Youth Information

**Ages 14-19**

(Please Print Clearly)

_____	_____	_____	_____
Last Name	First Name	Date of Birth	Age
_____	_____	_____	_____
Home Address	City, State, Zip Code	Home Telephone Number	
_____	_____	_____	_____
E-mail Address		Cell Phone Number	

Racial/Ethnic Background:

American Indian    Asian    Black    Hispanic/Latino    White    Other: \_\_\_\_\_

Gender:    Male    Female   Primary Language Spoken at Home: \_\_\_\_\_

### **Teen Program Dates**

Tuesday, September 2, 2014 – Friday, August 14, 2015

**The registration fee for the Teen Program is \$10.00 for the year.**

**Please make check or money order payable to "Cambridge Youth Programs."**

### **Parent/Guardian Information**

_____	_____
Parent/Guardian Name	Parent/Guardian Name
_____	_____
Home Address	Home Address
_____	_____
Home Telephone Number	Home Telephone Number
_____	_____
Cell Phone Number	Cell Phone Number
_____	_____
E-Mail Address	E-Mail Address
_____	_____
Place of Employment	Place of Employment
_____	_____
Work Telephone #	Work Telephone #

### **School Information**

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Youth Center Information (please check the Youth Center(s) you will *primarily* attend)**

- Area IV Youth Center, 243 Harvard Street, 617-349-6262
- Frisoli Youth Center, 61 Willow Street, 617-349-6312
- Gately Youth Center, 70R Rindge Avenue (Rear), 617-349-6277
- Moore Youth Center, 12 Gilmore Street, 617-349-6273
- Russell Youth Center, 680 Huron Ave, 617-349-6314

**(Application continues on other side)**

**To be completed by a parent/guardian**

*In order for us to best serve your child, we are requesting your authorization to gather additional information regarding your child's specific needs. This information is essential for us to offer the best experience to your child. We appreciate your willingness to work jointly with us to support the learning and well being of your child.*

**Information Release**

(IEP, 504 Plan, Behavior Plan)

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.

I hereby authorize the DHSP to observe my child in his/her school day classroom/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. All records will be used for the purpose of evaluating my child's participation in DHSP's out of school time programs.

\_\_\_\_\_ Name of Youth \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

I authorize Cambridge Youth Programs staff who are trained in the basics of First Aid and/or CPR to give my child First Aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

**Youth's Doctor or Source of Health Care:**

\_\_\_\_\_ Phone: \_\_\_\_\_

Name and Address

**Youth's Allergies:** \_\_\_\_\_ **Symptoms:** \_\_\_\_\_

**Chronic Health Conditions:** \_\_\_\_\_

**Health Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Emergency Contacts (in order to be contacted if guardians are unable to be reached):**

1. Name: \_\_\_\_\_ address: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_ phone: \_\_\_\_\_

Do you give permission for your child to be released to this person?  yes  no

2. Name: \_\_\_\_\_ address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ phone: \_\_\_\_\_

Do you give permission for your child to be released to this person?  yes  no

3. Name: \_\_\_\_\_ address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ phone: \_\_\_\_\_

Do you give permission for your child to be released to this person?  yes  no

**Media Release**

I \_\_\_\_\_ do \_\_\_\_\_ do not give permission to the City of Cambridge and the Cambridge Youth Programs to use photographic and video reproductions of my child for publicity purposes.

I hereby give my child permission to participate in all Youth Center programs, activities and trips. I understand that the activities may include team sports, field trips, and workshops on various topics such as career awareness, violence prevention, alcohol/drug abuse, and other issues pertinent to adolescents.

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

Note: If the youth is eighteen years old or older, he/she may complete and sign his/her own registration form.