# Cambridge Youth Programs
# Pre-teen/Middle School Summer Program Application

**Discovery Program**
@ Russell Youth Center

**Girls Empowerment Program**
@ Frisoli Youth Center

**Middle School Summer Program**
@ Gately Youth Center

**Sports Leadership Academy**
@ Area IV Youth Center

**Mission 13****
@ Moore Youth Center

**Who:** **Rising** 4th-8th Graders (separate activities will be offered for 4th-5th graders and 6th-8th graders)
**When:** 7 weeks, June 30 – August 15
**Time:** 8:30 am - 6:00 pm
**Fee:** $80.00 per week **(13 Year olds are FREE)**

☐ **Check here to request a financial aid application (deadline 5/23)**

**Registration Requirements:**
1. Application packet (cover page, summer food program application, packet)
2. Copy of child's most recent physical exam
3. One week deposit ($80) to secure your child's spot
4. $20.00 CASH Non-refundable field trip deposit

**I would like to apply for my child to attend the following program:** (please select one)

☐ Sports Leadership Academy at Area IV (rising 4th-8th graders)

☐ Mission 13 at Moore (13 years old on or before June 30, 2014) (Participants are eligible to earn up to $175.00)

☐ Discovery Program ☐ Girls Empowerment Program ☐ Middle School Summer Program (rising 6th-8th graders)

**Child's Information*:**

| Last Name | First Name | Date of Birth | Age | Grade (in September) |
|---|---|---|---|---|
| | | | | |

| Home Address | City, State, Zip Code | Home Telephone Number |
|---|---|---|
| | | |

**My child will attend the following weeks:**

| | For office use only: |
|---|---|
| ☐ June 30 to July 3 | ☐ Paid |
| ☐ July 7 to 11 | ☐ Paid |
| ☐ July 14 to 18 | ☐ Paid |
| ☐ July 21 to 25 | ☐ Paid |

| | For office use only: |
|---|---|
| ☐ July 28 to August 1 | ☐ Paid |
| ☐ August 4 to August 8 | ☐ Paid |
| ☐ August 11 to August 15 | ☐ Paid |

**Important!** If your child currently attends one of the youth centers, please tell us which center has your packet and we can transfer it for you! My child currently attends one of the Youth Centers for afterschool:

☐ Area IV ☐ Frisoli ☐ Gately ☐ Russell

**Parent/Guardian Signature** **Date**

***For current youth center participants: complete the reverse side of this page.**
***If you are new to CYP this summer, skip the reverse page and continue completing the remainder of the full application.**
**** Dates and times are subject to change.**

**For Office Use Only:**
☐ Deposit received ☐ Application received ☐ Physical received ☐ Summer Food application received

## (FOR CURRENT CAMBRIDGE YOUTH PROGRAMS PARTICIPANTS ONLY)

### Parent/Guardian Information

**Guardian #1** name: _____ Home address: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email address: _____

**Guardian #2** name: _____ Home address: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Email address: _____

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

1. Name: _____ Address: _____

   Relationship to child: _____ 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

### Transportation Information

The following individuals may pick up my child from the program. If someone other than these people picks up my child, I will notify staff in writing in advance.

1. Name: _____ Relationship: _____

   Address: _____ Phone Number: _____

2. Name: _____ Relationship: _____

   Address: _____ Phone Number: _____

3. Name: _____ Relationship: _____

   Address: _____ Phone Number: _____

### IEP Release Form

*(Please sign this section if your child has had any **changes** to his/her IEP)*

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