



2017 Cambridge Youth Programs Summer Program Application Cover Form

March 2017

Thank you for your interest in Cambridge Youth Programs' Summer Opportunities at our state of the art, conveniently located youth centers.

Upon receipt of your application, our staff will review and determine eligibility, will follow up with any questions and will inform you about the status of your child's application.

This process may take up to 5-7 business days. Please make sure that you have completed the entire application. Incomplete applications may delay the process.

If you meet eligibility requirements and our programs are fully enrolled, your child may be placed on a waitlist.

Once you have been notified that your child will be enrolled, please provide a check or money order payable to Cambridge Youth Programs in the amount of one week's tuition for the deposit to hold your spot. Additionally, we will need \$20 CASH as a non-refundable field trip deposit. We offer payment plan options and may provide scholarships for financial need.

If you have questions, please call the Youth Center Director at the youth center where you are applying.

CYP Application Receipt

Keep this section for your records

Date application submitted _____

Received by _____

Summer 2017 Program Dates

June 26-August 18, 2017)*

(Dates subject to change)



**City of Cambridge Department of Human Service Programs
2017 Summer Programs Cambridge Youth Programs**

Discovery Program
@ Russell Youth Center
680 Huron Avenue

Gately Summer Program
@ Gately Youth Center
70R Rindge Avenue

Sports Leadership Academy
@ Moses Youth Center
243 Harvard Street

Girls' Empowerment Program AND Boys' Empowerment Program
@ Frisoli Youth Center
61 Willow Street

Who: Rising 4th- 8th Graders (Must be 9 years old by June 26th and a Cambridge resident to attend)
When: 8 weeks, June 26 – August 18
Time: 8:30 am - 6:00 pm
Fee: \$150.00 per week **(13 Year olds are FREE)**
 Check here to request a financial aid application (deadline 5/26)

- Registration Requirements:**
1. Application packet
 2. Copy of child's most recent physical exam
 3. One week deposit (\$150) 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)

- | | |
|---|--|
| <input type="checkbox"/> Discovery Program at Russell | <input type="checkbox"/> Sports Leadership Academy at Moses Youth Center |
| <input type="checkbox"/> Girls' Empowerment Program at Frisoli | <input type="checkbox"/> Boys' Empowerment Program at Frisoli |
| <input type="checkbox"/> Gately Summer Program (rising 5 th graders who are current members at Gately - 8 th graders) | |

Child's Information*:

_____	_____	_____	_____	_____
Last Name	First Name	Date of Birth	Age	Grade (Sept. 2017)

_____	_____	_____
Home Address	City, State, Zip Code	Home Phone Number

My child will attend the following weeks:

- June 26 to June 30
- July 3 to July 7
- July 10 to 14
- July 17 to 21

For office use only: <input type="checkbox"/> Paid <input type="checkbox"/> Paid <input type="checkbox"/> Paid <input type="checkbox"/> Paid
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- July 24 to 28
- July 31 to August 4
- August 7 to 11
- August 14 to 18

For office use only: <input type="checkbox"/> Paid <input type="checkbox"/> Paid <input type="checkbox"/> Paid <input type="checkbox"/> Paid
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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:

- Moses (formerly Area IV) Frisoli Gately Russell

_____	_____
Parent/Guardian Signature	Date

*If your child is currently enrolled as a youth center member: Only Complete this page and Page 3.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deposit received	Application received	Physical received	Summer Food application received

Parent/Guardian Information

Guardian #1 Name: _____ Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

Guardian #2 name: _____ 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



Cambridge Youth Programs
Afterschool and Summer Program Application Packet
Youth Information

Last Name	First Name	Date of Birth	Age
Home Address		City, Zip Code	
		@	
Email Address			
Eye Color	Hair Color	Skin Color	Height
		Weight	Identifying Marks

Racial/Ethnic Background (check all that apply):
 American Indian Asian Black Hispanic/Latino White Other: _____
 Gender: Male Female Primary Language Spoken at Home: _____

Please Check Each Session Desired

Afterschool Session One: Tuesday, September 6, 2016 – Friday, January 6, 2017
 Afterschool Session Two: Monday, January 9, 2017 – Friday, June 16, 2017
 Summer 2017 – June 26 – August 18, 2017 *Summer dates subject to change

Registration Fees

Sept-June- Grades 4th and 5th - \$150.00 per session, (Free and /or Reduced Lunch Eligible \$50 per session)
 Grades 6th, 7th and 8th – FREE!
(There is a separate fee and registration form for summer programs)
Summer Program \$150 per week Summer 13 year olds FREE! (Scholarships available for Summer Program)
Please make check or money order payable to "Cambridge Youth Programs"

Parent/Guardian Information

Parent/Guardian #1 Name	Parent/Guardian #2 Name
Relation to Child	Relation to Child
Home Address	Home Address
Home Telephone Number	Home Telephone Number
Cell Phone Number	Cell Phone Number
@	@
E-Mail Address	E-Mail Address
Work Telephone #	Work Telephone #

School Information (as of September 2017)

Name of School: _____ Grade: _____ Teacher's Name: _____
 I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent/Guardian Initials:** _____

Parent/Guardian Signature	Date
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For Office Use Only
 Original Date of Admission into Program: _____

Youth Center Information (Please check the Youth Center your child will attend)

- Moses Youth Center** 243 Harvard Street (617) 349-6262 (formerly Area IV)
- Frisoli Youth Center** 61 Willow Street (617) 349-6312
- Gately Youth Center** 70R Rindge Avenue (617) 349-6277
- Russell Youth Center** 680 Huron Avenue (617) 349-6314

Please specify when your child will attend the Youth Center. If your child does not show up on a day that he/she is scheduled, a staff person will call you. If you know in advance that your child will be absent, please notify the center as early as possible. (Please note, afterschool hours are 2:00 pm to 6:00 pm, Summer Program hours are 8:00 am-6:00 pm)

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					

Transportation Plan and Authorization

My child will **arrive** at the program by:

- Unsupervised Walk
- Supervised Walk (who: _____)
- School Bus Drop Off
- Parent/Guardian Drop Off
- Other (Describe: _____)

My child will **depart** at the program by:

- Unsupervised Walk
- Supervised Walk (who: _____)
- Parent/Guardian Pick Up
- Other (Describe: _____)

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: _____

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 pre-adolescents.

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.

Parent/Guardian Signature

Date

First Aid and Emergency Medical Care Consent

Child's Name

Date of Birth

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.

Instructions to reach parent/guardian:

- | | |
|------------------|---|
| 1. _____
Name | home phone: _____
work phone: _____
cell phone: _____ |
| 2. _____
Name | home phone: _____
work phone: _____
cell phone: _____ |

Child's Pediatrician or Source of Health Care:

_____ phone: _____
Name and Address

Child's Allergies: _____

Symptoms of Allergic Reaction: _____

Chronic Health Conditions/Medications: _____

(Please Note: If your child uses *any* medication {prescription including inhalers, over the counter including sunscreen and/or insect repellent} we must have a signed Medication Consent form on file for your child. The consent form must contain the signatures of the parent/guardian *and* the prescribing physician.)

Health Insurance Company: _____ **Policy #:** _____

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

- | | |
|---|--------------------------------|
| 1. Name: _____
Relationship to child: _____
Do you give permission for your child to be released to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No | address: _____
phone: _____ |
| 2. Name: _____
Relationship to child: _____
Do you give permission for your child to be released to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No | address: _____
phone: _____ |
| 3. Name: _____
Relationship to child: _____
Do you give permission for your child to be released to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No | address: _____
phone: _____ |

Parent/Guardian Signature

Date

Off-Site Activities Permission Form

Child's Name

Date of Birth

I, _____, give permission for my child to participate
(Parent/Guardian's Name)

in all of the regularly scheduled on-going activities located at the following off-site facilities:

*Frisoli Youth Center, Gately Youth Center, Moses Youth Center, Moore Youth Center,
Russell Youth Center, parks, playgrounds and other destinations within a one-mile radius of
the "home" Youth Center*

The program will provide in writing a list of scheduled activities.

Parent/Guardian Signature

Date

Family Information Questionnaire

This form provides staff with a brief picture of your child and his/her family. The following information is strictly confidential and will only be used to help CYP staff understand and learn about your child. Any further information you feel might help the staff members make your child more comfortable at the program can be added on a separate sheet.

Child's Name: _____ Nickname: _____

1. Can your child speak and understand English? _____

2. How many children are in your family? _____

Name: _____ Gender: _____ Date of Birth: _____

Name: _____ Gender: _____ Date of Birth: _____

Name: _____ Gender: _____ Date of Birth: _____

Name: _____ Gender: _____ Date of Birth: _____

3. Others in family who live in the same house:

Name: _____ Gender: _____ Relationship: _____

Name: _____ Gender: _____ Relationship: _____

4. What do you hope your child gains from this program? _____

5. With which agencies, services or partners do you work to support your child's development? _____

6. Does your child have any special needs? (health, physical, emotional) Yes ___ No ___

If yes, what type? _____

7. 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 other family member? _____

8. How does your child usually respond to a new experience? Shy? Assertive? Please describe: _____

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

10. What activities does your child like **best**? Favorite toys/games/songs/activities? _____

11. What activities does your child seem to like **least**? _____

12. Are there any special dietary concerns and/or restrictions (e.g. foods not allowed, etc.)? _____

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

Additional comments: _____

Parent/Guardian Signature

Date



**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)

- 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:** _____