



Cambridge Youth Programs Summer Program Application Packet: New Members

How to Apply:

Thank you for your interest in Cambridge Youth Programs' summer opportunities. Upon receipt of your application, our staff will review and determine eligibility, follow up with any questions and 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. **Please print clearly.** 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. Mission Possible: Solve it, is priced at \$75 with the morning half of program (8:30-11:30AM) at Putnam Ave Upper School (PAUS) and (11:30-6:00PM) @ Moore Youth Center. We offer payment plan options and may provide financial aid for FRL qualifying households.

Eligibility:

- Rising 4th graders- 8th graders (Must be 9 years old by June 25th)
- Cambridge Resident

Additional Forms:

- Medical Consent Form: 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.)
- Financial Aid Form: Requires financial information to assess need. See attached form.

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

<u>Program Info</u>	<u>Program Fees</u>	<u>Program Requirements</u>
<p>When: June 25th – August 17th</p> <p>Hours of Operation: 8:30AM - 6:00PM</p>	<p>Cost:</p> <ul style="list-style-type: none"> • \$150 per week • \$20 field trip free (cash only) • \$75 per week @ Moore - <u>Mission Possible: Solve it</u> • 13 & 14 years old - free • Financial Aid available 	<ul style="list-style-type: none"> <input type="checkbox"/> Application packet <input type="checkbox"/> Copy of child's most recent physical exam <input type="checkbox"/> One week deposit (\$150) to secure your child's spot <input type="checkbox"/> \$20.00 CASH Non-refundable field trip deposit

<u>Youth Center Information</u>		
Moses Youth Center	243 Harvard Street	(617) 349-6262
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
Moore Youth Center	12 Gilmore Street	(617) 349-6273
Middle School Activities Club	City-Wide	(617) 498-1289



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Part 1: Youth and Family Information

Child's Information

_____	_____	____/____/____	_____
Last Name	First Name	Date of Birth	Age
_____	_____	_____	_____
Home Address	City, Zip Code	School	Grade
_____	_____	_____	_____
Eye Color	Hair Color	Skin Color	Height
_____	_____	_____	_____
_____	_____	_____	_____
Weight	Identifying Marks		

Racial/Ethnic Background (check all that apply):

Native American Asian Black Hispanic/Latino White Other: _____

Gender Identity: _____ **Primary Language Spoken at Home:** _____

PLEASE PRINT CLEARLY

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
(____) _____ - _____	(____) _____ - _____
Work Telephone #	Work Phone Number
_____ @ _____ . _____	_____ @ _____ . _____
E-Mail Address	E-Mail Address

Summer Program Selection

- Discovery Program at Russell
- Girls' Empowerment Program at Frisoli
- Boys' Empowerment Program at Frisoli
- Gately Summer Program
(Rising 5th graders who are current members at Gately and 6th-8th graders)
- Sports Leadership Academy at Moses
- Mission Possible: Solve It at Moore

Office Use Only

- Paid
- Paid
- Paid
- Paid
- Paid
- Paid
- Paid
- Paid
- Paid
- Paid

Week Selection

- Week 1: June 25th-June 29th
- Week 2: July 2nd -July 6
- Week 3: July 9th-13th
- Week 4: July 16th-July 20th
- Week 5: July 23rd- July 27th
- Week 6: June 30th- August 3rd
- Week 7: August 6th- August 10th
- Week 8: August 13th- August



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Part 2: Youth Schedule and Transportation

Youth Schedule

Please specify when your child will attend the program: *Summer Program hours are 8:30 am to 6:00 pm*

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Departure Time:					

Youth Transportation Plan

My child will arrive at the program by:

- Unsupervised Walk
- Supervised Walk
- School Bus Drop Off
- Parent/Guardian Drop Off

My child will depart the program by:

- Unsupervised Walk
- Supervised Walk
- Parent/Guardian Pick-Up

Authorized Pick-Ups

The following individuals may pick up my child from the program. I will notify staff in advance if someone other than the individuals listed below pick up my child.

1. Name: _____ Relationship: _____
Address: _____ Cell Number: (_____)_____-_____
2. Name: _____ Relationship: _____
Address: _____ Cell Number: (_____)_____-_____
3. Name: _____ Relationship: _____
Address: _____ Cell Number: (_____)_____-_____

PLEASE PRINT CLEARLY



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Part 3: First Aid and Emergency Medical Care Consent

Child's Name

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. _____ | Home phone: (____)____-_____ |
| Parent/ Guardian #1 Name | Work phone: (____)____-_____ |
| | Cell phone: (____)____-_____ |
| 2. _____ | Home phone: (____)____-_____ |
| Parent/ Guardian #2 Name | Work phone: (____)____-_____ |
| | Cell phone: (____)____-_____ |

Child's Pediatrician or Source of Health Care:

Name of Doctor and Address _____ Phone Number: (____)____-_____

Health Insurance Company: _____ Policy #: _____

Medical Information: If your child uses *any* medication we must have a signed Medication Consent form on file for your child. Please ask program staff for a form.

Chronic Health Conditions: _____	Medications: _____
_____	_____
Allergies: _____	Symptoms of Allergic Reaction: _____
_____	_____
_____	_____

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

- Name: _____ Address: _____
Relationship to child: _____ Phone: (____)____-_____
Do you give permission for your child to be released to this person? Yes No
- Name: _____ Address: _____
Relationship to child: _____ Phone: (____)____-_____
Do you give permission for your child to be released to this person? Yes No
- Name: _____ Address: _____
Relationship to child: _____ Phone: (____)____-_____
Do you give permission for your child to be released to this person? Yes No

Parent/Guardian Signature

____/____/____
Date

PLEASE PRINT CLEARLY



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Part 4: Family Information Questionnaire

This form provides staff with a brief picture of your child and their 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: _____

Family Information

1. Can your child speak and understand English? Yes No

2. How many children are in your family? _____

Name: _____ Gender Identity: _____ Age: _____

Name: _____ Gender Identity: _____ Age: _____

Name: _____ Gender Identity: _____ Age: _____

Name: _____ Gender Identity: _____ Age: _____

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

Name: _____ Gender Identity: _____ Age: _____

Name: _____ Gender Identity: _____ Age: _____

Youth Background Information:

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

Growth, learning, development
(teamwork, creative thinking,
willingness to try new things)

Openness (faces challenges with
positive attitude, participation in
activities, etc.)

Homework Habits (preparedness, focus on tasks,
problem solve, seeking help)

Relationships (healthy friendships, positive
relationships with adults)

Other: _____

5. Which agencies, services and partners have you worked with or currently work with to support your child's development?

The Guidance Center

Massachusetts Department of Children
and Families (DCF)

DHSP Inclusion Initiative

Cambridge Health Alliance (CHA)

Safety Net

Other: _____

6. What other afterschool programs and/or activities does your child currently attend or has previously attended?

1. _____

2. _____

3. _____

4. _____



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Part 4: Family Information Questionnaire (Continued)

7. Have there been any major changes in your family routine during the past year?

- Moving
- New family dynamics (new baby, divorce/separation, major loss in family etc.)
- Accident/Injury to your child or other family member
- Other: _____

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

- 1. _____
- 2. _____
- 3. _____
- 4. _____

9. How does your child usually respond to a new experience?

- Shy
- Assertive
- Excited
- Hesitant
- Other: _____

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

- Space/Time Alone
- Comfort
- Continue with Routine
- Check In/Follow-Up
- Other: _____

11. What activities does your child like **best**?

- Physical Activity
- Creative Self-Expression (writing, art, music, theatre, etc.)
- Outdoor Activities
- Other _____

12. What activities does your child like **least**?

- Physical Activity
- Creative Self-Expression (writing, art, music, theatre, etc.)
- Outdoor Activities
- Other _____

What additional information would you like our staff to know about your child?



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Part 5: Release Forms

_____ / _____ / _____
Child's Name

Date of Birth

Program and Off-Site Release

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.

Parent/Guardian Initials _____

I, _____, give permission for my child to participate 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 Initials** _____

Parent/Guardian Signature

Media Release

I **do** **do not** give permission to the City of Cambridge and the Cambridge Youth Programs to use photographic, audio and video reproductions of my child for publicity and marketing purposes only.

Parent/Guardian Signature

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 Signature

PLEASE PRINT CLEARLY



City of Cambridge
Department of Human Service Programs
Information Release Form

sharing resources...building community

(PRINT Child's First Name) _____

(PRINT Child's Last Name) _____

(Name of School) _____

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

I am applying for: (Please check all your program choice(s).)

Youth Centers

- Area IV Pre-teen
- Area IV MSP
- Frisoli Pre-teen
- Frisoli MSP
- Gately Pre-teen
- Gately MSP
- Russell Pre-teen
- Russell MSP
- Middle School Activities Club

(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)

Preschool Childcare

- East Cambridge
- Haggerty
- King Open
- M. L. King
- Morse
- Peabody

Recreation

- Camp Rainbow
- The Cambridge Prgm
- War Memorial Prgms
- Travel Team Sports
- League Sports

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:** _____