



# 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 5, 2017 – Friday, January 5, 2018

Afterschool Session Two: Monday, January 8, 2018 – Friday, June 15, 2018

**Summer 2018 – June 25 – August 17, 2018** \*Summer dates subject to change

**Registration Fees**

**Sept-June- Grades 4<sup>th</sup> and 5<sup>th</sup> - \$150.00 per session, (Free and /or Reduced Lunch Eligible \$50 per session)**

Grades 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> – 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:** \_\_\_\_\_

<b>Parent/Guardian Signature</b>	<b>Date</b>
<p style="margin: 0;"><b>For Office Use Only</b></p> <p style="margin: 0;">Original Date of Admission into Program: _____</p>	

**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)**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Arrival Time:</b>					
<b>Departure Time:</b>					

**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. _____ | home phone: _____ |
| Name     | work phone: _____ |
|          | cell phone: _____ |
| 2. _____ | home phone: _____ |
| Name     | 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: \_\_\_\_\_ 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

\_\_\_\_\_

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**



# CAMBRIDGE YOUTH PROGRAMS

## HOMEWORK POLICY (SCHOOL YEAR ONLY)



The mission of the Cambridge Youth Programs is to offer diverse, high quality programs that promote leadership and youth development through enrichment activities, unique experiences, and opportunities to develop relationships with adults and peers. Our programs enable Cambridge youth to thrive and feel a sense of belonging, resulting in young adults who are ready for future employment, higher education, citizenship and adult life.

An essential component of our programs is homework assistance. Each of our afterschool programs offer daily homework assistance. Youth work on their homework in a separate space from other activities, while CYP staff is on hand to offer assistance. While we try our best to ensure youth complete their homework as assigned, the success of our homework room depends on solid communication between CYP staff, youth, parents and teachers. Please review the following policy so that we can work together to help our children achieve academic success:

<p><b><u>CYP commits to:</u></b></p> <ul style="list-style-type: none"> <li>* Communicate with families and teachers about youth’s homework assignments and progress</li> <li>* Provide alternate academic materials for youth who do not have homework or finish his/her homework before the allotted homework time ends</li> <li>* Offer guidance when youth are “stuck”</li> <li>* Help youth stay focused and on task</li> <li>* Encourage good work habits</li> <li>* Remove disruptive influences</li> </ul> <p><b><u>CYP expectations of youth:</u></b></p> <ul style="list-style-type: none"> <li>* Come prepared with homework and assignments</li> <li>* Be honest about homework assignments</li> <li>* Be considerate by working quietly</li> <li>* Only ask for help after trying to complete work on his/her own</li> </ul>	<p><b><u>CYP cannot commit to:</u></b></p> <ul style="list-style-type: none"> <li>* Providing one-on-one tutoring</li> <li>* Forcing youth to do their work</li> <li>* Grading or correcting homework assignments</li> <li>* Disciplining youth for not completing work to family’s or teacher’s satisfaction</li> <li>* Ensuring youth <i>complete</i> homework daily</li> </ul> <p><b><u>CYP expectations of parents/guardians:</u></b></p> <ul style="list-style-type: none"> <li>* Communicate with CYP about youth’s homework and progress in school</li> <li>* Support CYP staff and policies</li> <li>* Encourage your child to display considerate, cooperative behavior</li> <li>* Review and discuss homework with your child</li> </ul>
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We understand that families are busy and quite often youth need to complete their homework while in afterschool. When possible, programs will provide additional homework time during activities so that students can continue to work on their homework, with the assistance of an adult. See your home Youth Center for additional, more specific homework information.

Finally, CYP is constantly working to provide professional development to our staff to ensure they are best able to support our youth in our homework centers. We work with many partners, including the Cambridge Public School District.

**I have read and understand CYP’s Homework Policy:**

<b>Printed name of guardian</b>	<b>Signature</b>	<b>Date</b>

<b>Printed name of child</b>	<b>Signature</b>	<b>Date</b>

I have comments/questions/suggestions/concerns: \_\_\_\_\_

Moses Youth Center (Area IV) 243 Harvard Street (617) 349-6262	Frisoli Youth Center 61 Willow Street (617) 349-6312	Gately Youth Center 70R Rindge Avenue (617) 349-6277	Moore Youth Center 12 Gilmore Street (617) 349-6273	Russell Youth Center 680 Huron Avenue (617) 349-6314
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**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:** \_\_\_\_\_