





Dear Parents,

In the past, you filled out the Cambridge Connections form to register with us and receive program information via newsletter/flyer mailings, email and social media. We have now updated that form to align with our new system and collect needed demographic information.

As always, all Center for Families information is confidential and only used by Center staff. No identifying information is used in reporting to our funders.

If you wish to continue to receive information from the Center for Families or to participate in any of our programs, please fill out the entire form.

Notes about the Sign-Up Form:

- On page one, Adult #1 and #2 refer to adults living in the house, such as moms, dads or legal guardians.
- Page two is for all children living in the house.
- Page three is household information.
 - Household name refers to what last name you would like used if you were to receive a mailing.
 - Name of other adults caring for your children refers to adults, such as grandparents, aunts, uncles, and nannies/childcare providers.

If you have any questions, please contact us at 617-349-6385 or centerforfamilies@cambridgema.gov.

Thank you,

Center for Families







Today's Date:

Center for Families' Sign-up Form

| Full Name: | ADULT #1: | | |
|--|--|--|--|
| Email Address: | Full Name: | (First & Last Names) | Primary Phone #: |
| Date of Birth: | E 9.411 | | Type: |
| Please list all ethnicities that best describe you: (ex: African, American, Bangladeshi, Black, Chinese, Dominican, Ethiopian, French, Hispanic, Pashtu, Puerto Rican, Spaniard, White) Place of birth: Education Level: (ex: High School, GED) Health Insurance (please check one): YES NO Relationship to child(ren): Are you a Veteran? (please check one): YES NO Are you an ESOL Student? (please check one): YES ADULT #2: Full Name: (First & Last Names) Primary Phone #: Type: Email Address: Date of Birth: (Month/Day/Year) Gender: Please list all ethnicities that best describe you: (ex: African, American, Bangladeshi, Black, Chinese, Dominican, Ethiopian, French, Hispanic, Pashtu, Puerto Rican, Spaniard, White) | Email Address: | | - |
| (ex: African, American, Bangladeshi, Black, Chinese, Dominican, Ethiopian, French, Hispanic, Pashtu, Puerto Rican, Spaniard, White) Place of birth: Education Level: (ex: High School, GED) Health Insurance (please check one): YES NO Relationship to child(ren): Are you a Veteran? (please check one): YES NO Are you an ESOL Student? (please check one): YES ADULT #2: Full Name: (First & Last Names) Primary Phone #: Email Address: Date of Birth: (Month/Day/Year) Gender: Please list all ethnicities that best describe you: (ex: African, American, Bangladeshi, Black, Chinese, Dominican, Ethiopian, French, Hispanic, Pashtu, Puerto Rican, Spaniard, White) | Date of Birth: | Ionth/Day/Year) | Gender: |
| Place of birth: Education Level: (ex: High School, GED) Health Insurance (please check one): YES NO Relationship to child(ren): Are you a Veteran? (please check one): YES NO Are you an ESOL Student? (please check one): YES TO ADULT #2: Full Name: (First & Last Names) Primary Phone #: Type: Email Address: Type: Date of Birth: (Month/Day/Year) Gender: Please list all ethnicities that best describe you: (ex: African, American, Bangladeshi, Black, Chinese, Dominican, Ethiopian, French, Hispanic, Pashtu, Puerto Rican, Spaniard, White) | | | |
| Health Insurance (please check one): YES NO Relationship to child(ren): Are you a Veteran? (please check one): YES NO Are you an ESOL Student? (please check one): YES DADULT #2: Full Name: | (ex: African, American, Bangladesh | ck, Chinese, Dominican, Ethiopian, French, | , Hispanic, Pashtu, Puerto Rican, Spaniard, White) |
| Relationship to child(ren): Are you a Veteran? (please check one): YES NO Are you an ESOL Student? (please check one): YES TADULT #2: Full Name: | Place of birth: | Education Level: | (ex: High School, GED) |
| Are you a Veteran? (please check one): YES NO Are you an ESOL Student? (please check one): YES ADULT #2: Full Name: (First & Last Names) Primary Phone #: Type: Email Address: Date of Birth: (Month/Day/Year) Gender: Please list all ethnicities that best describe you: (ex: African, American, Bangladeshi, Black, Chinese, Dominican, Ethiopian, French, Hispanic, Pashtu, Puerto Rican, Spaniard, White) | Health Insurance (please check one): | S NO | |
| ADULT #2: Full Name: | Relationship to child(ren): | | |
| Full Name: | Are you a Veteran? (please check one): | S NO Are you an ESOI | L Student? (please check one): YES |
| Email Address: Date of Birth: (Month/Day/Year) Gender: Please list all ethnicities that best describe you: (ex: African, American, Bangladeshi, Black, Chinese, Dominican, Ethiopian, French, Hispanic, Pashtu, Puerto Rican, Spaniard, White) | ADULT #2: | | |
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| Please list all ethnicities that best describe you: | Email Address: | | Type: |
| (ex: African, American, Bangladeshi, Black, Chinese, Dominican, Ethiopian, French, Hispanic, Pashtu, Puerto Rican, Spaniard, White) | Date of Birth: | Ionth/Day/Year) | Gender: |
| | | | |
| | (ex: African, American, Bangladesh | ck, Chinese, Dominican, Ethiopian, French, | , Hispanic, Pashtu, Puerto Rican, Spaniard, White) |
| Place of birth: Education Level: (ex: High School, GED) | Place of birth: | Education Level: | (ex: High School, GED) |
| Health Insurance (please circle one): YES NO | Health Insurance (please circle one): | S NO | |
| Relationship to child(ren): | Relationship to child(ren): | | |

| CHILD #1: | | | | | |
|---|--|--|-----------------|--|--|
| Full Name: | | (First & Last Name) | | | |
| | | | | | |
| Date of Birth: | (Month/Day/Year) | Gender: | | | |
| Please list all ethnicities that best | describe your child: | | | | |
| | | nn, French, Hispanic, Pashtu, Puerto Rican, Sp | | | |
| | | | | | |
| Place of birth: | Health I | nsurance (please check one): YES | NO | | |
| CHILD #2: | | | | | |
| | | (First & Last Name) | | | |
| | | | | | |
| Date of Birth: | (Month/Day/Year) | Gender: | | | |
| | | | | | |
| | | | | | |
| (ex: African, American, Bangla | deshi, Black, Chinese, Dominican, Ethiopia | an, French, Hispanic, Pashtu, Puerto Rican, Sp | paniard, White) | | |
| Place of birth: | Health I | nsurance (please check one): YES | NO | | |
| | | insurance (preuse cheen one). TES | 110 | | |
| CHILD #3: | | | | | |
| Full Name: | | (First & Last Name) | | | |
| Data of D'alla | ar am m | Condon | | | |
| Date of Birth: | (Month/Day/Year) | Gender: | | | |
| Please list all ethnicities that best describe your child: | | | | | |
| (ex: African, American, Bangladeshi, Black, Chinese, Dominican, Ethiopian, French, Hispanic, Pashtu, Puerto Rican, Spaniard, White) | | | | | |
| | | | | | |
| Place of birth: | Health In | nsurance (please check one): YES | NO | | |
| CHILD #4: | | | | | |
| | | (First & Last Name) | | | |
| | | | | | |
| Date of Birth: | (Month/Day/Year) | Gender: | | | |
| | | | | | |
| Please list all ethnicities that best describe your child: (ex: African, American, Bangladeshi, Black, Chinese, Dominican, Ethiopian, French, Hispanic, Pashtu, Puerto Rican, Spaniard, White) | | | | | |
| (ex: African, American, Bangla | deshi, Black, Chinese, Dominican, Ethiopia | nn, French, Hispanic, Pashtu, Puerto Rican, Sp | paniard, White) | | |
| Place of birth: | Health I | nsurance (please check one): YES | NO | | |
| | | <i>a</i> | | | |

| HOUSEHOLD: | | |
|--|--|------------|
| Household Name: | | |
| Address: | (Street #, Street Name, APT #) Cambridge, MA | (Zip Code) |
| Do you live in Public Housing or Subsidized Housing? (please | check one): YES NO | |
| Household Assistance (please check any assistance received by a meml | ber of your household): | |
| Income Level: | | |
| What is your family structure: | | |
| What is the primary language spoken in your home? | | |
| If you speak other languages, please include here: | | |
| Do you or anyone in your household have an special needs yo | ou would like us to now about?: | |
| Name of other adults who care for your child(ren): | Relationship to child(ren): | |
| Would you like to receive our Newsletter: Cambridge Family | y News by: | |
| Is there anything else you would like us to know?: | | |
| | | |

Please mail to:

Center for Families

c/o Dept. of Human Service Programs

51 Inman Street

Cambridge, MA 02139

Or email:

 $\underline{center for families@cambridgema.gov}$