

The Cambridge Program for Individuals with Special Needs
"Helping Turn Disabilities into Capabilities"

NEW PARTICIPANT APPLICATION

August 21, 2025

Dear New Applicant,

We hope you had a great summer and are excited that you are interested in the Cambridge Program. Please fill out the 2025 – 2026 program application in detail and send it back as soon as possible. Be sure to check off the programs in which you are interested in participating. *Our programs fill up quickly, so be sure to send yours in!*

Preference is given to our current participants. New participants will be accepted on a first come basis, as space allows. Once all slots are filled, a wait list will be generated. You will be notified of openings as and if they become available. **Please remember this program serves people who are Cambridge residents Only.**

Please Note: *We may not be able to provide 1:1 assistants due to the size of our program. Priority will be given to returning members who require 1:1 care and instruction. Our staff is a highly skilled group of individuals with many certified teachers from the state. Our program is very large and we are not designed to handle individuals who require constant 1:1 supervision. We do NOT restrain clients.*

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| <i>All applications are due by Saturday, September 6th.</i> |
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Please return applications to:

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| <i>hard copies</i> David A. Tynes Director of Programs for Individuals with Special Needs 114 Pine Street Cambridge, MA 02139 | <i>email (pdf attachment)</i> dtynes@cambridgema.gov | Make checks out to: <i>Cambridge Recreation, Special Needs</i> <i>*Please don't send in an application without a check</i> |
|---|--|---|

IMPORTANT INFORMATION for NEW APPLICANTS

Age Requirement: Applicants must be at least 11 years old. Our program serves participants from 11 - adult.

Location: The Cambridge Program is located at 680 Huron Ave., at the West Cambridge Youth Center. This is the old VFW site across from the golf course.

Transportation: Bus pick ups and drop offs are provided. However, new participants will be put on a wait list until a spot opens up on the bus. ***NEW PARTICIPANTS: Please plan on using your own transportation for the first two weeks. After that, if a spot opens up, you will be added to the bus list.***
****We cannot guarantee a bus spot****

The Pool: The War Memorial Pool is located at 1640 Cambridge St. next to CRLS High School on. We swim almost every Saturday throughout the year. However, we do not teach swimming lessons.

Russell Field Athletic Complex: 361 Rindge Ave. (Across from the towers)

The Department of Human Services: The emphasis in all of our programs continues to be: Health, fitness, wellness, understanding differences, building social interactions and safety.

Every year the program continues to grow and thankfully, we get the continued support of Ellen Semenoff and Adam Corbiel from the Department of Human Services. Our fees are kept very low due to our fundraising efforts and the DHSP's commitment to children and adults of all levels and abilities.

Staff: All of our dedicated staff will be returning this year! If necessary, we will hire additional staff in the coming weeks. Welcome back Ari Sanders! Ari was in Georgia last year and has now returned. We are happy to have her back. I would also like to welcome Noah Walsh to our staff. Noah volunteered with us last year and is now joining our team as well as doing some music therapy. We are also happy to welcome Jessica Wayland. Jessie joined us on Tuesday nights last Spring as our sewing instructor. This fall she will be teaching sewing, splitting her times between Saturdays and Tuesdays.

Required Medical Forms:

All Program Participants: The Cambridge Program requires a yearly medical to ensure that we can best serve all of our participants. You may send in your yearly physical form. Please request a copy, and include it with your application to secure a spot in our program.

Special Olympics' Athletes: For individuals who would like to participate in Special Olympics' offerings, this online medical form is required:

Complete the new [Special Olympics' Online Medical Form](https://specialolympicsma.jotform.com/242408063450853)
(can be done by athlete or guardian and no doctor signature is needed).

<https://specialolympicsma.jotform.com/242408063450853>

The registration is valid for 1 year, after which a renewal form will be sent to athletes on an annual basis.

Cambridge Program Friends: A few years ago, a group of family members came together to create a charitable non profit in order to support our program's participants. They do a lot of fundraising for our clients and would love more family involvement. If you would like to become involved with Cambridge Program Friends, you can find more information at the website below.

<https://www.cambridgeprogramfriends.com/>

Participant's Name:

2025-2026 Application Information

1. Please fill out this application in its entirety.
2. **PLEASE MAKE SURE YOU PROVIDE US WITH A PHONE NUMBER WHERE YOU CAN BE REACHED WHEN YOUR CHILD/ADULT IS WITH US!**
3. The information you provide is necessary for us to fully understand and meet your child's/adult's needs.
4. Please send your application in as soon as possible. Applications will be accepted on a first come, first serve basis.
5. If your child/adult requires medication to be administered during any of the programs, a medical form, (included in this packet), must be completed by the prescribing physician, **prior** to the start of the program.
6. Additionally, no medication will be accepted if it is not provided in the original bottle with current dosage information clearly stated on the front. Medication needs to be handed to the bus monitor by a parent/guardian. **THERE WILL BE NO EXCEPTIONS.**
7. **Participants over the age of 22:** Please list DDS caseworker and contact information (If applicable).
8. Please also note that participants over the age of 18, *who are their own legal guardian*, must sign this application. No application will be accepted if someone other than a legal guardian signs.
9. **Special Devices, Adaptations and Modifications (Mandatory):** Any participant that uses a communication board or safety device like: helmet, epi-pen, walker etc., **must send them in every Saturday. We cannot accept anyone that uses these adaptations during the week without them on Saturdays.**
10. **For safety & identification purposes, please also attach a recent picture of your child/adult.**

Please check off the program(s) in which your child/adult wishes to participate:

_____ Saturday Recreation Program (680 Huron Ave) (Pool - 1640 Cambridge St.)

Ages: 11 years - Seniors

Time: 9:00am-3:00pm/*Transportation will be provided to and from the program.*

All participants must safely be able to ride the bus.

We have a yellow school bus that is NOT wheelchair accessible.

Start Date: 9/27/25 Fee: \$110.00 per year

_____ Monday Evening Fitness Club (333 Rindge Ave.@Russell Field House)

Ages: 18 years and older

Time: 6:30pm-8:00pm/*Transportation will be provided to and from the program*

All participants must safely be able to ride the bus.

Start Date: 9/29/25 Fee: \$40.00 per year

_____ Tuesday Night Vocational Training and Skill Development (680 Huron Ave.)

Ages: 22 years and older .

Limited to 15 people. Previous year's members will be given preference.

Time: 6:30pm-8:00pm/*Transportation will be provided to and from the program.*

All participants must safely be able to ride the bus.

Start Date: January 6th 2026 Fee: \$40.00

Note: Tuesday evenings will be used for play practice and prop making until January 6, 2025 We will meet in person and some weeks on Zoom.

_____ Wednesday Evening Fitness Club (333 Rindge Ave.@Russell Field House)

Ages: 18 years and older

Time: 6:30pm-8:00pm/*Transportation will be provided to and from the program.*

All participants must safely be able to ride the bus.

Start Date: 10/1/25 Fee: \$40.00 per year

Participant Information (Please make sure all information is current and correct)

| | | |
|------------------------|----------------------|-----------------------------|
| <u>Name:</u> | | <u>D.O.B./Age:</u> |
| <u>Address:</u> | <u>City</u> | <u>Zip:</u> |
| <u>Phone:</u> | <u>Email:</u> | <u>T-shirt size:</u> |

Parent/Guardian/Caretaker info

| | | |
|------------------------|----------------------|--|
| <u>Name:</u> | | <u>Relationship to participant:</u> |
| <u>Address:</u> | <u>City</u> | <u>Zip:</u> |
| <u>Email:</u> | <u>Phone:</u> | <u>Phone:</u> |

Parent/Guardian/Caretaker info

| | | |
|------------------------|----------------------|--|
| <u>Name:</u> | | <u>Relationship to participant:</u> |
| <u>Address:</u> | <u>City</u> | <u>Zip:</u> |
| <u>Email:</u> | <u>Phone:</u> | <u>Phone:</u> |

Emergency Contacts

Please list 2 emergency contacts other than yourself for your child/adult. (*Adults with whom your child/adult may be released to in your absence.*)

| |
|------------------------|
| <u>Name:</u> |
| <u>Address:</u> |
| <u>Phone:</u> |

| |
|------------------------|
| <u>Name:</u> |
| <u>Address:</u> |
| <u>Phone:</u> |

Participant's Name:

Please tell us about your child/adult. The more information we have, the better able we are to meet your child/adult's specific needs. Our mission is to help all participants grow within this environment. The following information helps us prepare to meet your child/adult's needs. If you have any questions or concerns, please contact David at dtynes@cambridgema.gov

Please check all that apply

| | |
|--|--|
| <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> PTSD (Post Traumatic Stress Disorder) |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Fragile X | <input type="checkbox"/> PDD-NOS |
| <input type="checkbox"/> Trisomy 9 | <input type="checkbox"/> Asperger's |
| <input type="checkbox"/> Emotional Disabilities | <input type="checkbox"/> Behavioral Disabilities |
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Nonverbal Learning Disability |
| <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Other (Please specify) | <i>There is space at the end to provide a brief summary.</i> |

| | | |
|---|--|---|
| <u>My child/adult is:</u> <input type="checkbox"/> Able to speak <input type="checkbox"/> Unable to speak <input type="checkbox"/> Able to use public transportation <input type="checkbox"/> Able to state own name, address, and phone number <input type="checkbox"/> Aware of any allergies | <u>My child/adult is able to:</u> <input type="checkbox"/> Get dressed on own <input type="checkbox"/> Use self-care skills (brush hair, brush teeth, etc.) <input type="checkbox"/> Toilet independently <input type="checkbox"/> Toilet with assistance <input type="checkbox"/> Is not yet toilet trained: <i>where are they in the training process?</i> _____ | <u>My child/adult communicates using:</u> <input type="checkbox"/> Words <input type="checkbox"/> Communication board (YOU MUST SEND ON SATURDAYS) <input type="checkbox"/> Sign language (ASL) <input type="checkbox"/> Other (please list) _____ |
| <u>My child/adult is able to:</u> <input type="checkbox"/> Walk independently <input type="checkbox"/> Walk with assistance (crutches, cane, walker, etc.) <input type="checkbox"/> Needs a wheelchair | <u>My child/adult is afraid of:</u> <input type="checkbox"/> Being alone <input type="checkbox"/> Large groups <input type="checkbox"/> Being yelled at <input type="checkbox"/> Dogs <input type="checkbox"/> Water <input type="checkbox"/> The dark <input type="checkbox"/> Masks, costumes <input type="checkbox"/> Bugs, bees <input type="checkbox"/> Thunder <input type="checkbox"/> Loud noises <input type="checkbox"/> Cars, trucks <input type="checkbox"/> Other (please list) _____ | <u>My child/adult's first language is:</u> _____ _____ |

Wipes, diapers, pull-ups and a change of clothes must be sent in for any participant who may be incontinent or prone to bathroom accidents.

Participant's Name:

For school age participants

School Name:

Grade:

Address:

Does your child have an aide, BT or other support during the school day?

Phone:

School Email:

For participants over the age of 22

Agency/Program Name:

(ARC, Vocational placement, group home, etc.)

Address:

Phone:

Photography Release/Field Trip Release

Please check and complete the following section:

_____ I give permission for my child/adult to be photographed for publicity purposes and to attend all scheduled field trips.

_____ I DO NOT give permission for my child/adult to be photographed for publicity purposes and to attend all scheduled field trips.

Parent/Guardian Signature:

Date:

Are there any activities in which you DO NOT want your child/adult to participate?

Please list and explain:

Additional Information:

Is there any other information that you feel is important for us to know about your child/adult?

If there are any other significant events or changes (death, divorce, traumatic experience, etc.) that you would like to share that will help us in supporting your child or adult, please feel free to call me in confidence at (617) 349-6829.

Medical Authorization and Consent

This program makes every effort to keep all participants safe. In the event of an emergency requiring medical attention, every effort will be made to contact the parent/guardian.

If I, _____ cannot be reached, I authorize the staff from The Cambridge Program to transport my child/adult _____ to the nearest hospital for emergency treatment.

Parent/Guardian Signature

Date

Every participant needs to provide a current copy of your most recent annual physical exam.

Allergy Information

Please answer the questions about your child/adult:

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| Has participant ever had an anaphylactic reaction? Yes or No (Please Circle) | Was an Epi Pen used? Yes or No (Please Circle) | Was the patient taken to the emergency room? Yes or No (Please Circle) |
| If yes, when was the last incident? Approximate date: _____ | Does this participant have an EPI PEN? Yes or No (Please Circle) | <i>If participant uses an EPI Pen, it must be sent in each week. No Exceptions!</i> |

Please list any food allergies or other allergy your child/adult has

| | |
|----|----|
| 1. | 3. |
| 2. | 4. |

Allergic Reaction Symptoms

Please list the specifics that a staff member should be alert to if this person is having an allergic reaction.

| | |
|----|----|
| 1. | 3. |
| 2. | 4. |

Medical Authorization and Consent

This program makes every effort to keep all participants safe. In the event of an emergency requiring medical attention, every effort will be made to contact the parent/guardian.

If I, _____ cannot be reached, I authorize the staff from The Cambridge

Program to transport my child/adult _____ to the nearest hospital for emergency treatment.

Parent/Guardian Signature

Date

Medication Information

Please list all medications that the child/adult is prescribed.

| | |
|----|----|
| 1. | 3. |
| 2. | 4. |

Medication Consent

If the participant has been prescribed an Epipen or will need to take any prescription medications at the Cambridge Program, please complete the consent form on the next page.

It must be signed by a healthcare provider.

Please use one form for each medication.

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MEDICATION CONSENT FORM

Consent to Administer Medication and/or Treatment Plan in a Department of Human Services Program

In order for a medication plan (prescription and non-prescription) and/or treatment plan to be given to your child/adult during a Department of Human Services Program (DHSP), this form needs to be completed by both you a doctor or clinic (*Please note: a nurse may not always be on staff or available.*)

Return the completed form in order for participant to be able to take medication when with us. Printed attachments from your health care provider can be attached to this form. An original signature from your health care provider is required below.

Name of participant: _____ **Date of Birth:** _____

MEDICAL PROVIDER INFORMATION

Medication Plan

Diagnosis _____ Symptoms _____

| | | |
|-------------|---------------------------|-----------------------------|
| Medication: | Route of Administration | Frequency |
| Dosage | Time(s) of Administration | Date of Order: End date: |

Specific directions/information for medication plan: _____

Other medication Information: _____

(*side effects, contraindications, possible adverse reactions; other medications taken, directions for storage*)

Consent for self-administration _____ Yes _____ No

(*provided the primary care provider/parent determine it is safe and appropriate*)

Treatment Plan

| | |
|--|---|
| Description of health condition: | Potential side effects: |
| Special healthcare treatment while at program: | Consequences if treatment isn't administered: |

→ Licensed Provider's Name _____ phone _____

→ Licensed Provider's Signature _____ date _____

- ☐ I give permission to have the program staff administer this medication and/or treatment/care plan
- ☐ I give permission to the program staff to share information relevant to the prescribed medication and/or treatment/care plan as s/he determines appropriate for the participant's health and safety
- ☐ I understand I may retrieve the medication from the program at any time; however, the medication will be destroyed if it is not picked up by the end of the program year (June).
- ☐ I give permission for the topical application of sunscreen/insect repellent and/or vaseline by staff.
- ☐ I understand the 1st dose of any medication must be given by the Parent/Guardian unless it's an epi-pen.

→ Parent/Guardian Name _____ phone _____

→ Parent Guardian/Signature _____ date _____

Emergency contact if medication emergency and parent/guardian cannot be reached:

→ Name _____ phone _____

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Upcoming Program Dates

All dates subject to change

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| September 1: Labor Day |
| September 6: Staff Training |
| September 13: Staff Training (half day) |
| September 14: Canobie Lake Field Trip for returning members only (Not for this year's new participants) |
| September 20: Play Practice/Filming/Play Practice/New Client Visit |
| September 27: Saturday Program begins for all participants (new and returning) |
| September 29: Monday night fitness Begins |
| September 30: Zoom or in person play practice begins |
| October 1: Wednesday night fitness begins |
| October 4: Regular Program |
| October 6: Monday night fitness |
| October 7: Zoom or in person play practice |
| October 8: Wednesday night fitness |
| October: 11: No Regular Program/Indigenous Peoples' Day Weekend |
| October 13: No Monday evening programming (Holiday) |
| October 14: Zoom or in person play practice |
| October: 15: Wednesday night fitness |
| October 18: Regular program |
| October 20: Monday night fitness |
| October 21: Diwali/Zoom |
| October 22: Wednesday night fitness |
| October 25: Regular program |
| October 27: Monday night fitness |
| October 28: Zoom or in person play practice |
| October 29: Wednesday night fitness |
| November 1: Regular program |
| November 3: Monday night fitness |
| November 4: Election Day/No program |
| November 5: Wednesday night fitness |
| November 8: Regular program |
| November 10: Monday night fitness |
| November 11: Veteran's Day/no Tuesday night program |
| November 12: Wednesday night fitness |
| November 15: Regular program |
| November 17: Monday night fitness |
| November 18: Zoom or in person play practice |
| November 19: Wednesday night fitness |
| November 22: Polar Express Field Trip/Filming and Play Practice |

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| November 24: Monday night fitness |
| November 25: Zoom or in person play practice |
| November 26 - 29: NO PROGRAM/Happy Thanksgiving |
| December 1: Monday night fitness |
| December 2: Play practice |
| December 3: Wednesday night fitness |
| December 6: Regular program |
| December 8: Monday night fitness |
| December 9: Play practice |
| December 10: Wednesday night fitness |
| December 13: Full Dress Rehearsal (No program for those not in the play) |
| December 15: Monday night fitness/Hanukkah |
| December 16: Play practice |
| December 17: Wednesday night fitness |
| December 20: PLAY 7:00pm |
| December 21: PLAY 4:30pm |
| December 22 - January 1 No program/Happy Holidays |
| January 3: Mandatory Staff Training - No Program |
| January 5: Monday night fitness resumes for 2026 |
| January 6: Tuesday night vocation resumes 2026 |
| January 7: Wednesday night fitness resumes for 2026 |
| January 10: Regular Program resumes for 2026 |
| January 12: Monday night fitness |
| January 13: Tuesday night vocation |
| January 14: Wednesday night fitness |
| January 17: Dr. Martin Luther King, Jr. Day weekend/No regular program |
| January 19: Dr. Martin Luther King, Jr. Day/No Monday night Fitness |



This year's play is...

The Big Christmas Show

Performances are:

*Saturday, December 20th at 7:00 pm and
Sunday, December 21st at 4:30pm*

★ SAVE THE DATES★