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

NEW PARTICIPANT APPLICATION

August 21, 2026

Dear New Applicant,

We hope you had a wonderful summer and are excited that you are interested in participating in the Cambridge Program.

Please complete the **2026–2027 Program Application** in detail and return it as soon as possible. Be sure to check off all programs in which you are interested in participating. **Our programs fill up quickly, so we encourage you to submit your application promptly.**

Preference will be given to our current participants. New participants will be accepted on a **first-come, first-served basis**, as space allows. Once all available spaces have been filled, a waitlist will be established. You will be notified if and when an opening becomes available.**Please note that this program is available to Cambridge residents only.**

Important Information Regarding 1:1 Support:
Due to the size of our program, we may not be able to provide 1:1 assistants for all participants who require this level of support. Priority will be given to returning members who require 1:1 care and instruction.

Our staff is a highly skilled and dedicated team, including many educators who hold teaching certifications in Massachusetts. While our program offers a wide range of services and supports, it is a large group-based program and is **not designed to provide constant 1:1 supervision**.

For the safety and well-being of all participants, please be aware that **we do not use physical restraints**.

Thank you for your interest in the Cambridge Program. We look forward to receiving your application.

All applications are due by Saturday, September 12th.

Please return applications to:

Mail:	*Email:*	*In Person:*	Make checks out to:
David A. Tynes **Director of Programs for Individuals with Special Needs** **114 Pine Street** **Cambridge, MA 02139**	Submit a completed PDF application to **thecambridgeprogram@gmail.com**	Hard copies may be dropped off at the **Cambridge Program 680 Huron Ave on September 12th between 9-12.**	***Cambridge Recreation, Special Needs*** *****Please don't send in an application without a check*

The Cambridge Program continues to focus on promoting health, wellness, fitness, social connection, safety, and an appreciation for individual differences. We are committed to creating a welcoming environment where every participant is encouraged to build friendships, develop new skills, gain confidence, and enjoy meaningful recreational opportunities throughout the year.

IMPORTANT INFORMATION for NEW APPLICANTS

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

Program Location: The Cambridge Program is located at: **West Cambridge Youth Center,** 680 Huron Avenue, Cambridge, MA 02138. *The West Cambridge Youth Center is the former VFW building, located across from Fresh Pond 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 few 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)

Staff: Most of our dedicated staff will be returning this year! If necessary, we will hire additional staff in the coming weeks.

The Department of Human Service Programs (DHSP): The Cambridge Program is proud to be part of the Cambridge Department of Human Service Programs (DHSP). Thanks to the Department's continued support, along with the generosity of our families and community fundraising efforts, we provide high-quality programming, while keeping participant fees affordable. We are especially grateful for the ongoing support of Adam Corbiel and his commitment to our participants and families.

Required Medical Forms:

All Program Participants: For the safety and care of all participants, please submit a copy of your participant's most recent annual physical with the application to secure their place in the program.

Special Olympics Athletes: Participants who wish to take part in Special Olympics programs must also complete the online Special Olympics Medical Form. This form may be completed by the athlete or their guardian and **does not require a doctor's signature. We do NOT send this form out anymore.**

Special Olympics Online Medical Form: The registration is valid for **one year**. Renewal information will be sent annually. https://specialolympicsma.jotform.com/242408063450853

Participant's Name:

2026-2027 Application Information

- ➔ Please fill out this application in its entirety.
- ➔ ***PLEASE MAKE SURE YOU PROVIDE US WITH A PHONE NUMBER WHERE YOU CAN BE REACHED WHEN YOUR CHILD/ADULT IS WITH US!***
- ➔ The information you provide is necessary for us to fully understand and meet your child's/adult's needs.
- ➔ Please send your application in as soon as possible. Applications will be accepted on a first come, first serve basis.
- ➔ 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.
- ➔ 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.***
- ➔ **Participants over the age of 22:** Please list DDS caseworker and contact information (If applicable).
- ➔ 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.
- ➔ **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.**
- ➔ **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: 9/26/26 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: 9/28/26 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 5th 2027 Fee: $40.00
NOTE: This program will start in person in January 2027. PLAY practice will be on zoom from September - January in this time slot.

_____ 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: 9/30/26 Fee: $40.00 per year

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

Name:		***D.O.B/Age:***
Address:	***City***	***Zip:***
Phone:	***Email:***	***T-shirt size:***

Parent/Guardian/Caretaker info

Name:		***Relationship to participant:***
Address:	***City***	***Zip:***
Email:	***Phone:***	***Phone:***

Parent/Guardian/Caretaker info

Name:		***Relationship to participant:***
Address:	***City***	***Zip:***
Email:	***Phone:***	***Phone:***

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.)*

Name:
Address:
Phone:

Name:
Address:
Phone:

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

_____Intellectual Impairment (age 9 and above)	_____ADD/ADHD
_____Down Syndrome	PTSD (Post Traumatic Stress Disorder)
_____Autism	_____Traumatic Brain Injury
_____Fragile X	_____PDD-NOS
_____Trisomy 9	_____Asperger's
_____Emotional Disabilities	_____Behavioral Disabilities
_____Learning Disabilities	_____Nonverbal Learning Disability
_____Physical Disabilities	_____Cerebral Palsy
_____Other (Please specify)	*There is space at the end to provide a brief summary.*

My child/adult is: _____Able to speak _____Unable to speak _____Able to use public transportation _____Able to state own name, address, and phone number _____Aware of any allergies	***My child/adult is able to:*** _____Get dressed on own _____Use self-care skills (brush hair, brush teeth, etc.) _____Toilet independently _____Toilet with assistance _____Is not yet toilet trained: *where are they in the training process?* _____	***My child/adult communicates using:*** _____Words _____Communication board **(YOU MUST SEND ON SATURDAYS)** _____Sign language (ASL) _____Other (please list)
My child/adult is able to: _____Walk independently _____Walk with assistance (crutches, cane, walker, etc.) _____Needs a wheelchair	***My child/adult is afraid of:*** _____Being alone_____Large groups _____Being yelled at _____Dogs_____Water _____ The dark_____Masks, costumes _____Bugs, bees_____Thunder _____Loud noises_____Cars, trucks _____Other (please list)	***My child/adult's first language is:*** _____ _____

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 let us know)..

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:

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)	*If participant uses an EPI Pen, it must be sent in each week.* ***No Exceptions!***

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 and a doctor or clinic (*Please note: a nurse may not always be on staff or available.)*

Retum the completed form in order for the 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 form your health care provider is required below.

Name of participant: _____Date of Birth:_____

MEDICAL PROVIDER INFORMATION

Medication Plan

Diagnosis*_____Symptoms_____

Any other medical condition(s)*/Allergies _____

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 and consequences if the treatment isn't administered:
Special healthcare and/or treatments required:	Adaptation to specific activities at program:

→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 repellant 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.

1. Parent/Guardian Name_____phone _____
2. Parent Guardian/Signature
   _____date_____

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

3. Name_____phone_____

**if not in violation of confidentiality*

Upcoming Program Dates 2026-27

All dates subject to change

August 15: Applications for Returning Participants go out
September 5: Staff Training
September 7: Labor Day
September 12: All Applications Due/Staff Training (half day)/New Client Visit
September 13: Canobie Lake Field Trip
September 19 : Awards' Banquet
September 26: **Saturday Program begins for all participants (new and returning)/no pool**
September 28: Monday night fitness Begins
September 29: Zoom or in person play practice
September 30: Wednesday night fitness begins
October 3: Regular Program
October 5: Monday night fitness
October 6: Zoom or in person play practice
October 7: Wednesday night fitness
October 10: No Regular Program/Indigenous Peoples' Day Weekend
October 12: No Monday evening programing (Holiday)
October 13: Zoom or in person play practice
October: 14: Wednesday night fitness
October 17: Regular program
October 19: Monday night fitness
October 20: Zoom or in person play practice
October 21: Wednesday night fitness
October 24: Regular program
October 26: Monday night fitness
October 27: Zoom or in person play practice
October 28: Wednesday night fitness
October 31: Regular program/Happy Halloween
November 2: Monday night fitness
November 3: Election Day/ Play practice
November 4: Wednesday night fitness
November 7: Filming Day only/No regular program
November 9: Monday night fitness
November 10: Zoom or in person play practice
November 11: Veteran's Day/no Wednesday night fitness
November 14: Regular program
November 16: Monday night fitness
November 17: Zoom or in person play practice TBA
November 18: Wednesday night fitness
November 21: Filming and Play Practice/TBA
November 23: Monday night fitness

November 24: Zoom or in person play practice
November 25 - 28: NO PROGRAM/Happy Thanksgiving
November 30: Monday night fitness
December 1: Zoom or in person play practice
December 2: Wednesday night fitness
December 5: Regular program
December 7: Monday night fitness
December 8: Zoom or in person play practice
December 9: Wednesday night fitness
December 12: Full Dress Rehearsal (No program for those not in the play)
December 14: Monday night fitness
December 15: Zoom or in person play practice
December 16: Wednesday night fitness
December 19: ***PLAY 7:00pm New Location TBA***
December 20: ***PLAY 4:30pm New Location TBA***