



## DHSP Childcare and Family Support Afterschool Waitlist/ Enrollment Request Form

**Child's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Male \_\_\_\_ Female \_\_\_\_  
                            Month          Day          Year

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Parent/Guardian #1:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Parent/Guardian #2:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Additional Contact (Grandparent, close relative or friend, etc.) :**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Additional Important Information:**

Does your child have a sibling who is currently enrolled in one of the DHSP Afterschools? Yes \_\_\_\_ No \_\_\_\_

If so, what is the name of the sibling and afterschool? \_\_\_\_\_

Child's Ethnicity (check all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asian/ East Indian | <input type="checkbox"/> Black/ African American | <input type="checkbox"/> Hawaiian/ Pacific Islander |
| <input type="checkbox"/> Hispanic/ Latino   | <input type="checkbox"/> Multi-Racial            | <input type="checkbox"/> Native American/ Alaskan   |
| <input type="checkbox"/> White/ Caucasian   | <input type="checkbox"/> Other: _____            |   |



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Is English your child's first language? Yes \_\_\_ No \_\_\_

If no, what is your child's native language? \_\_\_\_\_

Does your child have an IEP (Individualized Education Plan) or a 504 plan? Yes \_\_\_ No \_\_\_

Total number of people in your household: \_\_\_\_\_

Gross Annual Family Income: (If you are applying for a scholarship, you will need to provide proof of income and City of Cambridge residency. Please see the attached Scholarship Application for specific information on the necessary documents)

\_\_\_ \$0 - \$25,000

\_\_\_ \$25,000 - \$50,000

\_\_\_ \$50,000 - \$75,000

\_\_\_ \$75,000 - \$100,000

\_\_\_ \$100,000 - \$125,000

\_\_\_ \$125,000 and above

Do you currently have a voucher? Yes \_\_\_ No \_\_\_

Is your family currently or recently homeless? Yes \_\_\_ No \_\_\_

Does the child have a parent who is currently deployed in the military? Yes \_\_\_ No \_\_\_

Does the child have a parent who is currently or has been recently incarcerated? Yes \_\_\_ No \_\_\_

Does your child receive services from the Department of Children and Families (DCF)? Yes \_\_\_ No \_\_\_

Do both child's parents have a degree higher than a high school diploma or equivalent? Yes \_\_\_ No \_\_\_

Is the child currently being raised by a relative or family friend other than the parents? Yes \_\_\_ No \_\_\_

At the time of the child's birth, were either or both parents under the age of 20? Yes \_\_\_ No \_\_\_

**Please select 1-3 Afterschools that you would enroll your child in when you are called. Your selections will not be ranked:**

\_\_\_ Fletcher/Maynard (**Grades JK-3**)  
225 Windsor St. (Port)

\_\_\_ M.L. King (**Grades JK-2**)  
100 Putnam Ave. (Riverside)

\_\_\_ M.L. King (**Grades 2-5**)  
100 Putnam Ave. (Riverside)

\_\_\_ Morse (**Grades JK-2**)  
40 Granite St. (Cambridgeport)

\_\_\_ Morse (**Grades 2-5**)  
40 Granite St. (Cambridgeport)

\_\_\_ Peabody (**Grades JK-2**)  
70 Rindge Ave. (North Cambridge)

\_\_\_ Peabody (**Grades 2-5**)  
70 Rindge Ave. (North Cambridge)

**Transportation may not be available from all elementary schools to all afterschool programs. Please contact CPS Transportation at 617-349-6862 with any questions regarding busing from school.**

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**City of Cambridge  
Department of Human Service Programs  
Information Release Form**

\_\_\_\_\_  
**(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**

- Moses Pre-teen
- Moses MSP
- Frisoli Pre-teen
- Frisoli MSP
- Gately Pre-teen
- Gately 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)**

**Preschool Childcare**

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

**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:** \_\_\_\_\_

Revised 12/14