



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

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**

sharing resources...building community

(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