

King Open Extended Day

850 Cambridge Street
Cambridge, MA 02141
(617) 349-6078

Waitlist and Enrollment Request Form

~Please read all information on both sides of this form before completing~

Today's Date: _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Address: _____ Apt.#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Child Information

First Name: _____ Last Name: _____ Gender: Female Male

Date of Birth (month/date/year): _____ Child's Current Age: _____ yrs _____ mos

- Elementary School, Preschool or childcare child currently attends: _____
Please note only children who currently attend King Open or will be attending next school year are eligible for enrollment
- Grade: _____
- Is child a sibling of another child currently enrolled in King Open Extended Day? yes no
- Is child a sibling of another child currently enrolled in another Department of Human Services program? yes no
If yes, which program? _____ Sibling's Name: _____

King Open Extended Day is committed to work jointly with families to gain a greater understanding of the interests and needs of each individual child. The following information will assist us greatly. Any additional information regarding your child's specific needs is greatly appreciated.

1. Does your child have any special dietary concerns or allergies – e.g., asthma, hay fever, insect bites, medicine, food reactions? yes no If YES, please explain: _____

2. Does your child take any regular medication? yes no

Will medication need to be administered during the program hours? yes no

If YES, please explain: _____

3. Does your child have any special needs or disabilities? (health, physical, emotional) yes no

If YES, please explain: _____

4. Does your child need individual attention for certain activities? yes no

If YES, please explain: _____

5. Does your child have an I.E.P. (Individual Education Program)? yes no

Parent/Guardian Signature: _____

Date: _____

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Program Hours and Attendance

The program hours are 2:55 pm –6:00 pm daily with extended hours on early release and vacation days. We are flexible on the hours your child attends. We require that a child attend at least 2 days a week and is entitled to the full 5 days. Please circle below the days you anticipate your child attending; you can change this upon enrollment:

M

T

W

Th

F

Wait List Information

This form is to request that your child be placed on the King Open Extended Day Program waitlist or enrolled in the program. If the program is currently full or is not enrolling new participants at this time, your child's name will be placed on the wait list according to the date this completed form is received by the Program Manager, unless other arrangements have been made. You will be contacted by telephone when an opening is available for your child to enroll. Children are eligible to be placed on a wait list at 4.5 years of age. If you have a change of address or telephone #, please call the Program Manager at 617-349-4469, so the information may be updated immediately. Incorrect information may affect your ability to register.

Tuition Assistance Verification

At the time of registration, you will be asked to indicate if you are requesting any type of tuition assistance.

City Scholarship Information

The city of Cambridge Department of Human Service Programs has a limited amount of funds available for tuition assistance. As scholarships are based on income, family size and Cambridge residency, you will be asked to supply required documentation. Scholarship eligibility cannot be determined prior to child's acceptance. Families whose income is below \$42,000 (for a family size larger than 4) may be eligible for a DHSP scholarship.

Are you interested in a city scholarship? yes no

Vouchers

We accept vouchers. Vouchers are issued by the CCRC (Childcare Resource Center) located at 130 Bishop Allen Drive, Cambridge. If you are working or going to school full time 30 hrs weekly and if you earn up to or less 50% of the state median income guidelines you may qualify – for more information, please call 617-547-1063.

Do you have a CCRC voucher? yes no

After you complete this form, mail or bring it to:

Bucky O'Hare, Program Manager
King Open Extended Day
850 Cambridge Street, Room 210
Cambridge, MA 02141
Fax: 617-349-6548
Main Phone: 617-349-6078
Program Manager: 617-349-4469

The City of Cambridge, Department of Human Services, does not discriminate in providing services to children and their families on the basis of race, religion, national origin, cultural heritage, political beliefs, sexual preference, marital status or disability. The Department of Human Services will provide auxiliary aids and services, written materials in alternative formats, and reasonable modifications in policies and procedures to qualified individuals with disabilities upon request. For more information, call 617-349-6200 or TTY 617-492-0235.

Parent/Guardian Signature: _____

Date: _____

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Information Release Form

The King Open Extended Day is a program of the city of Cambridge's Department of Human Service Programs (DHSP). Below is the DHSP "Information Release Form:"

City of Cambridge Department of Human Service Programs

Information Release Form

(Child's Name)

(Name of Elementary School)

Circle One: **NEW STUDENT** **RETURNING STUDENT**

Program: King Open Extended Day

I hereby authorize the Department of Human Services (DHSP) staff to visit my child's school day classroom/program and to discuss with relevant personnel (teachers, specialists, therapists, medical and other caregivers) any pertinent information regarding my child in the context of the his/her participation in DHSP's out of school time (OST) programs.

Parent/Guardian Signature: _____ **Date:** _____

PERMISSION TO OBTAIN STUDENT RECORDS (IEP, 504 plan, behavior plans)

I hereby authorize my child's school/program to release any student record (i.e. IEP, behavior plan, 504 plan) to the DHSP's Staff. It is my understanding that the content of all records will remain confidential and will be used to enhance my child's experience in DHSP's out of school time (OST) programs.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____

Date: _____