Dear Parents,

In the past, you filled out the Cambridge Connections form to register with us and receive program information via newsletter/flyer mailings, email and social media. We have now updated that form to align with our new system and collect needed demographic information.

As always, all Center for Families information is confidential and only used by Center staff. No identifying information is used in reporting to our funders.

If you wish to continue to receive information from the Center for Families or to participate in any of our programs, please fill out the entire form.

Notes about the Sign-Up Form:

- On page one, Adult #1 and #2 refer to adults living in the house, such as moms, dads or legal guardians.
- Page two is for all children living in the house.
- Page three is household information.
    - Household name refers to what last name you would like used if you were to receive a mailing.
    - Name of other adults caring for your children refers to adults, such as grandparents, aunts, uncles, and nannies/childcare providers.

If you have any questions, please contact us at 617-349-6385 or centerforfamilies@cambridgema.gov.

Thank you,

Center for Families

family centers
a children's trust program

THE CENTER FOR FAMILIES

BRAIN BUILDING IN PROGRESS

Today's Date: _____

Center for Families' Sign-up Form

ADULT #1:

Full Name: _____ **(First & Last Names)** **Primary Phone #:** _____

Type (circle one): Cell Work Home Other

Email Address:_____

Date of Birth: _____ **(Month/Day/Year)** **Gender:** _____

Please list all ethnicities that best describe you: _____

(ex: African, American, Bangladeshi, Black, Chinese, Dominican, Ethiopian, French, Hispanic, Pashtu, Puerto Rican, Spaniard, White)

Place of birth: _____ **Education Level:** _____ **(ex: High School, GED)**

Health Insurance (please circle one): YES NO

Relationship to child(ren) (please circle all that apply:

Parent Grandparent Foster Parent Adoptive Parent Parent Kinship

Are you a Veteran? (please circle one): YES NO **Are you an ESOL Student? (please circle one):** YES NO

ADULT #2:

Full Name: _____ **(First & Last Names)** **Primary Phone #:** _____

Type (circle one): Cell Work Home Other

Email Address:_____

Date of Birth: _____ **(Month/Day/Year)** **Gender:** _____

Please list all ethnicities that best describe you: _____

(ex: African, American, Bangladeshi, Black, Chinese, Dominican, Ethiopian, French, Hispanic, Pashtu, Puerto Rican, Spaniard, White)

Place of birth: _____ **Education Level:** _____ **(ex: High School, GED)**

Health Insurance (please circle one): YES NO

Relationship to child(ren) (please circle all that apply:

Parent Grandparent Foster Parent Adoptive Parent Parent Kinship

Are you a Veteran? (please circle one): YES NO **Are you an ESOL Student? (please circle one):** YES NO

CHILD #1:

Full Name: _____ **(First & Last Name)**

Date of Birth: _____ **(Month/Day/Year)** **Gender:** _____

Please list all ethnicities that best describe your child: _____

(ex: African, American, Bangladeshi, Black, Chinese, Dominican, Ethiopian, French, Hispanic, Pashtu, Puerto Rican, Spaniard, White)

Place of birth: _____ **Health Insurance (please circle one):** YES NO

CHILD #2:

Full Name: _____ **(First & Last Name)**

Date of Birth: _____ **(Month/Day/Year)** **Gender:** _____

Please list all ethnicities that best describe your child: _____

(ex: African, American, Bangladeshi, Black, Chinese, Dominican, Ethiopian, French, Hispanic, Pashtu, Puerto Rican, Spaniard, White)

Place of birth: _____ **Health Insurance (please circle one):** YES NO

CHILD #3:

Full Name: _____ **(First & Last Name)**

Date of Birth: _____ **(Month/Day/Year)** **Gender:** _____

Please list all ethnicities that best describe your child: _____

(ex: African, American, Bangladeshi, Black, Chinese, Dominican, Ethiopian, French, Hispanic, Pashtu, Puerto Rican, Spaniard, White)

Place of birth: _____ **Health Insurance (please circle one):** YES NO

CHILD #4:

Full Name: _____ **(First & Last Name)**

Date of Birth: _____ **(Month/Day/Year)** **Gender:** _____

Please list all ethnicities that best describe your child: _____

(ex: African, American, Bangladeshi, Black, Chinese, Dominican, Ethiopian, French, Hispanic, Pashtu, Puerto Rican, Spaniard, White)

Place of birth: _____ **Health Insurance (please circle one):** YES NO

HOUSEHOLD:

Household Name:_____

Address: _____ **(Street #, Street Name, APT #)** **Cambridge, MA** _____ **(Zip Code)**

Do you live in Public Housing or Subsidized Housing? (please circle one): YES NO

Household Assistance (please circle any assistance received by a member of your household):

SNAP WIC TAFDC FUEL SSI SSDI OWD

Income Level (please circle one): Less than 20,000 20,000—59,999 60,000—99,999 Great than 100,000

What is your family structure (please circle one):

Married Single Unmarried Partners Divorced Widowed Separated

What is the primary language spoken in your home? _____

If you speak other languages, please include here: _____

Do you or anyone in your household have an special needs you would like us to now about?:

_____

Name of other adults who care for your child(ren):_____ **Relationship to child(ren):**_____

Would you like to receive our Newsletter: Cambridge Family News by (circle one): Email Mail Both

Is there anything else you would like us to know?:

_____

_____

Please mail to:

Center for Families

c/o Dept. of Human Service Programs

51 Inman Street

Cambridge, MA 02139

Or email:

centerforfamilies@cambridgema.gov

Submit