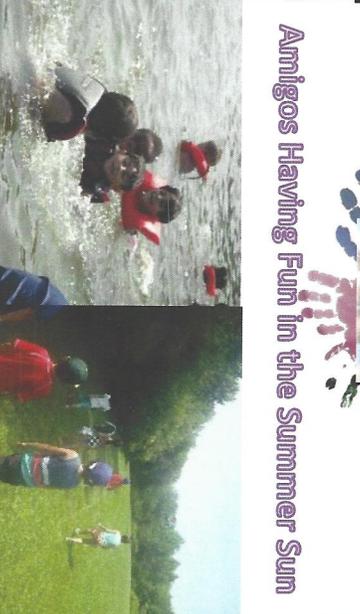


CITY OF CAMBRIDGE DEPARTMENT OF HUMAN SERVICES PROGRAM AMIGOS CAMBRIDGEPORT COMMUNITY SCHOOL CAMPAMENTO CULTURAL DE AMIGOS / AMIGOS CULTURAL CAMP



Turn over to see more details on the back of this flyer

Amigos Having Fun in the Summer Sun

Camp Dates: June 27th-August 12th 2016

There will be 3 Two Week Sessions followed by 1 Final Week of Camp

Turn Flyer Over for Additional Details

The Amigos Cambridgeport Community School is a City of Cambridge Department of Human Services Program
FOR MORE INFORMATION CONTACT:

Carmen Mouzon: 617-349-6824

cmouzon@cambridgema.gov Amigos Cambridgeport Community School Located at:
 15 Upton St Cambridge, MA 02139

CITY OF CAMBRIDGE DEPARTMENT OF HUMAN SERVICES PROGRAM AMIGOS CAMBRIDGEPORT COMMUNITY SCHOOL CAMPAMENTO CULTURAL DE AMIGOS / AMIGOS CULTURAL CAMP

Join us this summer for fun filled and cultural minded adventures! Campers earn merit awards, projects and stickers as they explore the rich history and culture of Spanish speaking countries from around the world.

- Spanish Language Lessons (Sr. K, 1st, 2nd, 3rd, 4th & 5th)
- Spanish Language Learning Games and Singing
- Various Sports from around the world
- Visual & Performance Arts, Music, Drumming, Chorus
- Cooking/Market Trips/Food Tastings
- Latin American & Folk Dance
- Nature Rambles, Fishing, Orienteering, Gardening
- Swimming, Sprinklers & Outdoor Adventures

Registration Fees

Registration Fee: \$25.00

Minimum deposit to secure each two week session is \$50.00 per session

Program Cost:

From 8:00 am to 3:30pm \$180.00 p/week

From 8:00 am to 5:30pm \$225.00 p/week

Registration Dates:

Registration are accepted on a first come basis until all slots are filled beginning March 14th to May 31st 2016 (you are encouraged to apply as soon as possible. Spaces fill quickly. More detailed information is also listed below)

**We will host Campers Grades Senior Kindergarten to Grade 5th
(Campers will be grouped according to ages)**

Additional Information:

* A Limited Number of Scholarships are available.

* Scholarship Deadline is May 29th 2016

* Vouchers are accepted.

* There will be NO refunds after May 31st 2016

Detailed Registration and Payment Information

Registration begins March 14th runs through May 31st - ongoing if space is still available.

You may register in person during office hours. You can also register by filling out an application packet and sending it along with payment to our office at 15 Upton St. Cambridge, MA 02139 Attn: Carmen Mouzon Amigos Cambridgeport Community School or by email to cmouzon@cambridgema.gov

Office Hours are: Mon, Wed, and Friday 10:30-12 and 1:15-2:15. There is also a drop box located in the Amigos Main Office from 7:30-5:30pm Monday to Friday.

Required Forms

The Following Required Forms are available in the Community School office, Room 002A at the Amigos School or can be mailed/emailed to you upon request. Not all forms are available electronically

List of Required Forms:

*DSHP Application for Enrollment form *Emergency Information Card *Late Pick Up/Penalty Fee Agreement *Medication Consent Form *Release Form *IEP (Individual Education Plan) Information Release Form *Full payment or written payment plan with dates *Camp Deposit

The City of Cambridge, Community Schools does not discriminate in providing services 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, written materials in alternative formats and reasonable modifications in policies and procedures to persons with disabilities upon request. TTY/TTD: 617-492-0235

Campamento Cultural De Amigos/Amigos Cultural Camp Application Sign Up Form

Child's First and Last Name: _____

Child's Birth Date: _____

Grade Child will be in on September 2016 _____

Parent Name: _____

Mailing Address for the remainder of paperwork

Parents Contact Information:
Home Phone: _____

Cell Phone: _____

Email Address

List all allergies and medical conditions

Please check off each session you are signing up for:

Session 1 6/27 to 7/08	Session 2 7/11 to 7/22	Session 3 7/25 to 8/5	Session 4 (1 week) 8/8-8/12
3:30 Pick Up \$360.00 <input type="checkbox"/>	3:30 Pick Up \$360.00 <input type="checkbox"/>	3:30 Pick Up \$360.00 <input type="checkbox"/>	3:30 Pick Up \$180.00 <input type="checkbox"/>
5:30 Pick Up \$450.00 <input type="checkbox"/>	5:30 Pick Up \$450.00 <input type="checkbox"/>	5:30 Pick Up \$450.00 <input type="checkbox"/>	5:30 Pick Up \$225.00 <input type="checkbox"/>

Registration Fee \$25.00

Total Amount Paid _____

Check or Money Order Number _____

Date _____ Time Submitted _____

Session #1 / Monday, June 27 - Friday, July 8

8:00 am - 3:30 pm \$360.00 Regular Day
8:00 am - 5:30 pm \$450.00 Extended Day
*We are closed on Monday July 4th in observation
of the Independence Day Holiday*

Session # 2 / Monday, July 11 - Friday, July 22

8:00 am - 3:30 pm \$360.00 Regular Day
8:00 am - 5:30 pm \$450.00 Extended Day

Session # 3 / Monday, July 25 - Friday, August 5

8:00 am - 3:30 pm \$360.00 Regular Day
8:00 am - 5:30 pm \$450.00 Extended Day

Session # 4 / (final week)

Monday, August 8 - Friday, August 12
8:00 am - 3:30 pm \$180.00 Regular Day
8:00 am - 5:30 pm \$225.00 Extended Day



Donations to Help Fund our Scholarship Program are greatly appreciated.

If possible, please donate today!

I will donate:

- 180.00 The Cost of 1 week of Camp**
- 360.00 The Cost of 2 weeks of Camp 3:30 pick up**
- 425.00 The Cost of 2 weeks of Camp 5:30 pick up**
- Other Amount _____**

Amigos Cambridgeport Community School Registration Form

Child's Name _____ DOB _____ AGE _____

Teacher _____ Grade _____ Room# _____

Ethnicity (this is voluntary information)

____ African American ____ Asian ____ Caucasian ____ Haitian

____ Latino/Hispanic ____ Other

Parent/Guardian Name (1) _____

Address _____

Work/Daytime Phone _____ Home Phone _____

Cell Phone _____ E-Mail _____

Emergency Contact _____ Relationship to child _____

Address _____

Work/Daytime Phone _____ Home Phone _____

Cell Phone _____ E-Mail _____

Does your child have any allergies, medical or dietary concerns we should be aware of.

My Child will be picked up by _____

Relationship to child _____

____ I give my child permission to walk home.

____ I give permission to the Amigos-Cambridgeport Community School to take pictures and use photographs of my child for publicity purposes (webpage, flyers etc.)

____ I give permission to the Amigos-Cambridgeport Community School to take pictures and video of my child for publicity purposes (webpage, end of the session presentations etc.)

Parent/Guardian Signature _____

Date _____

What language do you speak at home? _____

Can your child speak and understand English? _____

If your child has not been enrolled in a school system, what group experiences has your child had: Preschool? Family Day Care? Playgroup? Other Afterschool experiences?

What do you hope your child gains from this program?

Have there been any major changes in your family routine during the past year? A new baby? Moving? Accident or injury to your child or other family member?

How does your child usually respond to a new experience? Shy? Assertive? Please describe.

What do you find most effective in calming your child when he/she is upset?

What activities do your child like best? Favorite Toys/Games/Songs/Activities

Does your child have any special dietary concerns? Yes ___ No ___ If yes, please explain _____

Does your child have any allergies i.e. asthma, hay fever, insect bites, medicine, food, reactions? Yes ___ No ___



Does your child take any regular medication? Yes ___ No ___

Will they need to be administered during the program hours? Yes ___ No ___

If yes, please explain _____

Does your child have any special needs or disabilities (health, physical, emotional)?

Yes ___ No ___ If so, please describe.

Does your child have an IEP (Individual Education Plan)?

Yes ___ No ___ If yes, please see the attached Request for Information Release Form.

Does your child need individual attention for certain activities? Yes ___ No ___

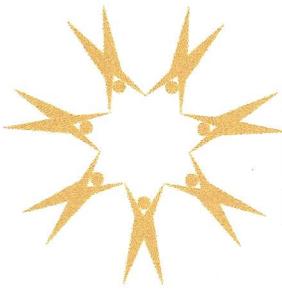
If yes, in what activities does your child need special attention or assistance? Please explain.

What additional aspects of your child's physical and/or emotional development would you like our staff to know about?

Additional Comments:



Parent's Signature: _____ Date: _____



Department of Human Service Programs

Ellen Semonoff, Assistant City Manager

City of Cambridge
51 Inman Street
Cambridge, MA 02139-1102
askdhsp@cambridgema.gov

voice: 617-349-6200
tty: 617-492-0235
fax: 617-349-6248

MEDICATION or MEDICAL FOLLOW – UP FOR SCHOOL VACATION WEEKS & SPECIAL DAYS

FOR ALL DEPARTMENT OF HUMAN SERVICE PROGRAMS

Child's Name _____

Name of Program Amigos Community School Summer Camp

I _____ have submitted the most
(Print name of parent/guardian)
recent/current Doctors or Procedure Orders dated _____
to be used for the times below:

_____ April School Vacation Week (4/19/16 – 4/22/16)

_____ Summer Camp June 27th 2016- August 12th 2016

- I am also aware that this form needs to be signed and submitted the Friday before Vacation week and 3 days before any other special dates.
- If Student Medication or Procedure Orders were to change over the weekend/anytime I am responsible to speak with the Site Director/Head Teacher to let them know of the changes and hand deliver new Student Medication or Procedure Orders signed and dated by the doctor.
- I am aware that I am responsible for updating the afterschool program with any Student Medication or Procedure Orders & School Orders for Department of Human Service Programs.

X

Parent/Guardian Signature

Date

DHSP Community Schools Services
Emergency Information Card

Child's Name _____ Date of Birth _____

Child's Address _____

#1 Parent/Guardian Name: _____

Parent/Guardian Address _____ Home Telephone # _____

Work Telephone # _____ Cell Phone # _____

Place of Employment _____

#2 Parent/Guardian Name: _____

Parent/Guardian Address _____ Home Telephone # _____

Work Telephone # _____ Cell Phone # _____

Place of Employment _____

Child's Physician Name _____ Address _____ Telephone # _____

Type of Medical Insurance _____ Insurance Plan # _____

Does plan require prior modification for treatment? _____

Does your child have any special dietary, health issues or allergies? _____

over

Emergency contacts should be people other than the parents listed above.

#1 Emergency Contact/Pick Up _____ Relationship _____ Telephone # _____
(must be local)

Address : _____ Work # _____ Cell # _____

#2 Emergency Contact/Pick Up _____ Relationship _____ Telephone # _____

Address : _____ Work # _____ Cell # _____

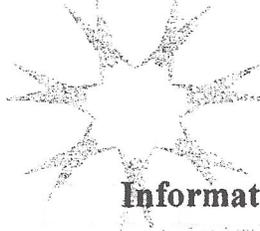
#3 Emergency Contact/Pick Up _____ Relationship _____ Telephone # _____

Address : _____ Work # _____ Cell # _____

Permission & Medical Release Form

My child has permission to participate in all program activities. I understand the program staff members are trained in the basics of First Aid/CPR, and I authorize them to give my child First Aid/CPR when appropriate and to apply antiseptic to minor scrapes and abrasions. In emergencies my child may be transported to the nearest hospital to secure necessary medical treatment.

 Parent/Guardian Signature: _____ Date: _____



**City of Cambridge
Department of Human Service Programs
Information Release Form –Amigos Cport. Community School**

(PRINT Child's Name)

(Name of School)

Please circle one: **NEW STUDENT**

RETURNING STUDENT

I am applying for: (Please circle your program choice.)

Youth Centers	<u>Community Schools (CS)</u>	Afterschool Childcare	Preschool Childcare
Area IV Pre-teen	Amigos-Cport CS	Fletcher Maynard K-3	East Cambridge
Area IV Teen		King K-2 Room 1	Haggerty
Frisoli Pre-teen	Cambridgeport CS	King K-2 Room 2	King Open
Frisoli Teen	Fitzgerald CS	Morse K-2	M. L. King
Gately Pre-teen	Fletcher Maynard CS	Morse 3-5	Morse
Gately Teen	Haggerty CS	Peabody K-2	Peabody
Moore Teen	Harrington CS	Peabody 2-5	
West Cambridge Pre-teen	Kennedy CS	King Open	Recreation
West Cambridge Teen	King CS	Extended Day	
MSP @ Frisoli	Linnaean CS	(KOED)	Camp Rainbow
MSP @ Gately	Morse CS		Saturday Program
	Tobin CS		Evening Program

(MSP=Middle School Partnership)

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: _____

**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: _____

Revised 11/09

**Department of Human Services
Financial Assistance Form
Community Schools and Neighborhood Councils**

We ask everyone who possibly can to pay the full amount so that we can continue to offer financial aid to those who need it most. All information is kept strictly confidential.

Name of child _____
 Address _____ City _____ Zip _____
 Parent Guardian #1 _____ Home Phone _____
 Address _____ Work Phone _____
 Parent Guardian #2 _____ Home Phone _____
 Address _____ Work Phone _____

Please list **everyone** living in the home (primary residence), including parent(s):

1. _____ Age _____
2. _____ Age _____
3. _____ Age _____
4. _____ Age _____
5. _____ Age _____
6. _____ Age _____

Documentation is required for the information listed below. Please be sure to include all sources of income to your household.

	Weekly	or	Monthly
Child Support	_____		_____
Alimony	_____		_____
Gross Pay, Wage Earner #1	_____		_____
Gross Pay, Wage Earner #2	_____		_____
Gross Pay, Wage Earner #3	_____		_____
Unemployment Benefits	_____		_____
AFDC	_____		_____
Rental Income	_____		_____
Other Income	_____		_____
Total Income	_____		_____

Are there any special financial hardship you would like us to take into consideration?

To the best of my knowledge, the above information is correct

Signature _____ Date _____

Office Use Only:
 Award Determined \$ _____ Denied _____ Date Determined _____