Cambridge Youth Programs
Teen Program Registration Form 2019-2020

How to Apply:
Thank you for your interest in Cambridge Youth Program’s Teen Program! Completed and processed forms gains the participant access to all five of our Youth Centers across the city. Our programs provide opportunities for paid internships, academic support, social development, and recreation.

Upon receipt of your application, our staff will review and determine eligibility, follow up with any questions and will inform you about the status of your teen’s application.

Note: If the applicant is eighteen years old or older, they may complete and sign their own registration form.

Eligibility:
- 14-19 years old and in high school
- Cambridge Resident

Additional Forms:
*If your teen uses any medication {prescription including inhalers, over the counter including sunscreen and/or insect repellent} we must have a signed Medication Consent form on file for your child. The consent form must contain the signatures of the parent/guardian and the prescribing physician).

If you have questions, please call the Youth Center Director at the youth center where you are applying.

---

Teen Evening Program Information

Dates:  
Tuesday, September 3, 2019 - Friday, August 21, 2020

School Year Hours of Operation:  
Monday-Friday: 6:30pm-9:30pm  
Moore Youth Center: 2:30pm-9:30pm

Summer Hours of Operation:  
Monday-Friday: 6:00pm-9:00pm

---

Programs Fees

The registration fee for the Teen Program is $10.00 for the year. Please make check or money order payable to Cambridge Youth Programs.

---

Youth Center Information

<table>
<thead>
<tr>
<th>Youth Center</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moses Youth Center</td>
<td>243 Harvard Street</td>
<td>(617) 349-6262</td>
</tr>
<tr>
<td>Frisoli Youth Center</td>
<td>61 Willow Street</td>
<td>(617) 349-6312</td>
</tr>
<tr>
<td>Gately Youth Center</td>
<td>70R Rindge Avenue</td>
<td>(617) 349-6277</td>
</tr>
<tr>
<td>Russell Youth Center</td>
<td>680 Huron Avenue</td>
<td>(617) 349-6314</td>
</tr>
<tr>
<td>Moore Youth Center</td>
<td>12 Gilmore Street</td>
<td>(617) 349-6273</td>
</tr>
<tr>
<td>Middle School Activities Club</td>
<td>City-Wide</td>
<td>(617) 498-1289</td>
</tr>
</tbody>
</table>
## Part 1: Youth and Family Information

### Teen’s Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City, Zip Code</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eye Color</th>
<th>Hair Color</th>
<th>Skin Color</th>
<th>Height</th>
<th>Weight</th>
<th>Identifying Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Racial/Ethnic Background (check all that apply):
- [ ] Native American
- [ ] Asian
- [ ] Black
- [ ] Hispanic/Latino
- [ ] White
- [ ] Other: ______________________

### Gender Identity: ______________________ Primary Language Spoken at Home: ______________________

### Parent/Guardian Information

<table>
<thead>
<tr>
<th>Parent/Guardian #1 Name</th>
<th>Relation to Teen</th>
<th>Home Address</th>
<th>Home Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cell Phone Number</th>
<th>Work Telephone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>@___<strong><strong><strong>.</strong></strong></strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian #2 Name</th>
<th>Relation to Teen</th>
<th>Home Address</th>
<th>Home Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cell Phone Number</th>
<th>Work Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>@___<strong><strong><strong>.</strong></strong></strong></td>
</tr>
</tbody>
</table>

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

I hereby authorize my teen’s school/program to release my teen’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 teen’s participation in DHSP’s out of school time (OST) programs.

I hereby authorize the DHSP to observe my teen in his/her school day classroom/program and to discuss my teen’s educational, physical, medical, psychological and/or other needs with his/her teachers, specialists, therapists, medical providers and other caregivers. All records will be used for the purpose of evaluating my teen’s participation in DHSP’s out of school time programs.

Parent/Guardian Signature: ______________________ Date: ___/___/___

For Office Use Only
Original Date of Admission into Program: ____________
Cambridge Youth Programs  
Teen Program Registration Form 2019-2020

Part 2: Emergency Contacts, First Aid, Medical Care Consent

**Emergency Contacts** (in order to be contacted if guardians are unable to be reached):

1. Name: ___________________________  Address: ________________________________  Relationship to teen: ___________________  Phone: (_____)__________-
   
   Do you give permission for your teen to be released to this person?  Yes ☐  No ☐

2. Name: ___________________________  Address: ________________________________  Relationship to child: ___________________  Phone: (_____)__________-
   
   Do you give permission for your teen to be released to this person?  Yes ☐  No ☐

3. Name: ___________________________  Address: ________________________________  Relationship to child: ___________________  Phone: (_____)__________-
   
   Do you give permission for your teen to be released to this person?  Yes ☐  No ☐

**Child’s Pediatrician or Source of Health Care:**
Name of Doctor and Address: ___________________________  Phone Number: (____)_____-
Health Insurance Company: ___________________________  Policy #: ___________________________

**Medical Information:** If your teen uses *any* medication we must have a signed Medication Consent form on file for your teen. Please ask program staff for a form.
Chronic Health Conditions: ___________________________
   Medications: ___________________________
Allergies: ________________________________________  Symptoms of Allergic Reaction: ___________________________

**First Aid and Medical Care Consent**
I authorize Cambridge Youth Programs staff who are trained in the basics of First Aid and/or CPR to give my teen First Aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my teen. However, if I cannot be reached, I hereby authorize the program to transport my teen to the nearest medical care facility and/or to ____________________________________, and to secure necessary medical treatment for my teen.

Parent/Guardian Initials: ______

**Media Release**
I ☐ do ☐ do not give permission to the City of Cambridge and the Cambridge Youth Programs to use photographic, audio and video reproductions of my teen for publicity and marketing purposes only.

Parent/Guardian Initials: ______

I hereby give my teen permission to participate in all Youth Center programs, activities and trips. I understand that the activities may include team sports, field trips, and workshops on various topics such as career awareness, violence prevention, alcohol/drug abuse, and other issues pertinent to adolescents and teens.

Parent/Guardian Initials: ______

PLEASE PRINT CLEARLY

Parent/Guardian Signature:  ______/______/______
Date: ___________________________