



# Cambridge Youth Programs Afterschool Application Packet 2019 - 2020

## **How to Apply:**

Thank you for your interest in Cambridge Youth Programs' afterschool programming. 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 child's application.

This process may extend through summer prior to the school year. Please make sure that you have completed the entire application. Incomplete applications may delay the process. Please print clearly.

If you meet eligibility requirements and our programs are fully enrolled, your child may be placed on a waitlist.

Once you have been notified that your child will be enrolled, please provide a check or money order payable to Cambridge Youth Programs in the amount of the registration fee for the deposit to hold your spot.

## **Eligibility:**

- 9 years old and in the 4<sup>th</sup> Grade - 8<sup>th</sup> Grade
- Cambridge Resident

## **Additional Forms:**

\*If your child 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.

## **Session Information**

### **Afterschool Session One**

Tuesday, September 3, 2019 – Friday, January 3, 2020

### **Afterschool Session Two:**

Monday, January 6, 2020 – Friday, June 19, 2020

## **Programs Fees**

- Pre-Teens: Grades 4<sup>th</sup> and 5<sup>th</sup>:
  - \$150.00 per session
  - Free and/or Reduced Lunch
  - Eligible: \$50 per session
- Middle Schoolers: Grades 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> – FREE!

## **Youth Center Information**

<b>Moses Youth Center</b>	243 Harvard Street	(617) 349-6262
<b>Frisoli Youth Center</b>	61 Willow Street	(617) 349-6312
<b>Gately Youth Center</b>	70R Rindge Avenue	(617) 349-6277
<b>Russell Youth Center</b>	680 Huron Avenue	(617) 349-6314
<b>Moore Youth Center</b>	12 Gilmore Street	(617) 349-6273
<b>Middle School Activities Club</b>	City-Wide	(617) 498-1289



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## Part 1: Youth and Family Information

### Child's Information

_____	_____	____/____/____	_____
Last Name	First Name	Date of Birth	Age
_____		_____	_____
Home Address		City, Zip Code	School
_____	_____	_____	_____
Eye Color	Hair Color	Skin Color	Height
_____	_____	_____	_____
_____	_____	_____	Identifying Marks

#### Racial/Ethnic Background (check all that apply):

Native American    Asian    Black    Hispanic/Latino    White    Other: \_\_\_\_\_

**Gender Identity:** \_\_\_\_\_ **Primary Language Spoken at Home:** \_\_\_\_\_

PLEASE PRINT CLEARLY

### Parent/Guardian Information

_____	_____
Parent/Guardian #1 Name	Parent/Guardian #2 Name
_____	_____
Relation to Child	Relation to Child
_____	_____
Home Address	Home Address
(____) _____ - _____	(____) _____ - _____
Home Telephone Number	Home Telephone Number
(____) _____ - _____	(____) _____ - _____
Cell Phone Number	Cell Phone Number
(____) _____ - _____	(____) _____ - _____
Work Telephone #	Work Phone Number
_____ @ _____ . _____	_____ @ _____ . _____
E-Mail Address	E-Mail Address

#### Session Choice

(Please check the sessions your child will attend)

- Afterschool Session 1
- Afterschool Session 2

#### Youth Center Selection

(Please check the "Home" Youth Center your child will attend)

- Frisoli Youth Center
- Gately Youth Center
- Moses Youth Center
- Russell Youth Center
- Middle School Activities Club (6<sup>th</sup>-8<sup>th</sup> Grade only)



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## Part 2: Youth Schedule and Transportation

### Youth Schedule

Please specify when your child will attend the Youth Center *(Summer Program hours are 8:30 am to 6:00 pm)*

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Arrival Time:</b>					
<b>Departure Time:</b>					

### Youth Transportation Plan

**My child will arrive at the program by:**

- Unsupervised Walk
- Supervised Walk
- School Bus Drop Off
- Parent/Guardian Drop Off

**My child will depart the program by:**

- Unsupervised Walk
- Supervised Walk
- Parent/Guardian Pick-Up

### Authorized Pick-Ups

The following individuals may pick up my child from the program. I will notify staff in advance if someone other than the individuals listed below pick up my child.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date**

PLEASE PRINT CLEARLY



# Cambridge Youth Programs Afterschool Program Application Packet

## Part 3: First Aid and Emergency Medical Care Consent

PLEASE PRINT CLEARLY

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Child's Name** **Date of Birth**

I authorize Cambridge Youth Programs staff who are trained in the basics of First Aid and/or CPR to give my child 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 child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

**Instructions to reach parent/guardian:**

- |   |  |
|---|--|
| 1. _____<br><b>Parent/ Guardian #1 Name</b> | Home phone: (____)____-_____<br>Work phone: (____)____-_____<br>Cell phone: (____)____-_____ |
| 2. _____<br><b>Parent/ Guardian #2 Name</b> | Home phone: (____)____-_____<br>Work phone: (____)____-_____<br>Cell phone: (____)____-_____ |

**Child's Pediatrician or Source of Health Care:**

Name of Doctor and Address \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Medical Information:** If your child uses *any* medication we must have a signed Medication Consent form on file for your child. Please ask program staff for a form.

Chronic Health Conditions: \_\_\_\_\_ Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_ Symptoms of Allergic Reaction: \_\_\_\_\_

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

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 Do you give permission for your child to be released to this person? Yes  No
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 Do you give permission for your child to be released to this person? Yes  No
3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
 Do you give permission for your child to be released to this person? Yes  No

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Parent/Guardian Signature** **Date**



# Cambridge Youth Programs Afterschool Program Application Packet

## Part 4: Family Information Questionnaire

This form provides staff with a brief picture of your child and their family. The following information is strictly confidential and will only be used to help CYP staff understand and learn about your child. Any further information you feel might help the staff members make your child more comfortable at the program can be added on a separate sheet.

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

### Family Information

1. Can your child speak and understand English?  Yes  No

2. How many children are in your family? \_\_\_\_\_

Name: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Age: \_\_\_\_\_

3. Others in family who live in the same house:

Name: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Age: \_\_\_\_\_

### Youth Background Information:

4. What do you hope your child gains from this program?

Growth, learning, development  
(teamwork, creative thinking,  
willingness to try new things)

Openness (faces challenges with  
positive attitude, participation in  
activities, etc.)

Homework Habits (preparedness, focus on tasks,  
problem solve, seeking help)

Relationships (healthy friendships, positive  
relationships with adults)

Other: \_\_\_\_\_

5. Which agencies, services and partners have you worked with or currently work with to support your child's development?

The Guidance Center

Massachusetts Department of Children  
and Families (DCF)

DHSP Inclusion Initiative

Cambridge Health Alliance (CHA)

Safety Net

Other: \_\_\_\_\_

6. What other afterschool programs and activities does your child currently, or has attended in the past?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_



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## Part 5: Family Information Questionnaire (Continued)

7. Have there been any major changes in your family routine during the past year?

- Moving
- New family dynamics (new baby, divorce/separation, major loss in family etc.)
- Accident/Injury to your child or other family member
- Other: \_\_\_\_\_

8. Are there any special dietary concerns and/or restrictions (e.g. foods not allowed, etc.)?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

9. How does your child usually respond to a new experience?

- Shy
- Assertive
- Excited
- Hesitant
- Other: \_\_\_\_\_

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

- Space/Time Alone
- Comfort
- Continue with Routine
- Check In/Follow-Up
- Other: \_\_\_\_\_

11. What activities does your child like **best**?

- Physical Activity
- Creative Self-Expression (writing, art, music, theatre, etc.)
- Outdoor Activities
- Other \_\_\_\_\_

12. What activities does your child like **least**?

- Physical Activity
- Creative Self-Expression (writing, art, music, theatre, etc.)
- Outdoor Activities
- Other \_\_\_\_\_

What additional information would you like our staff to know about your child?

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# Cambridge Youth Programs Afterschool Program Application Packet

## Part 5: Release Forms

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Child's Name**

**Date of Birth**

### Program and Off-Site Release

I hereby give my child 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 pre-adolescents.

**Parent/Guardian Initials** \_\_\_\_\_

I, \_\_\_\_\_, give permission for my child to participate in all of the regularly scheduled on-going activities located at the following off-site facilities: Frisoli Youth Center, Gately Youth Center, Moses Youth Center, Moore Youth Center, Russell Youth Center, parks, playgrounds and other destinations within a one-mile radius of the "home" Youth Center. The program will provide in writing a list of scheduled activities. **Parent/Guardian Initials** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

### 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 child for publicity and marketing purposes only.

\_\_\_\_\_  
**Parent/Guardian Signature**

### School Information (as of September 2019)

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

\_\_\_\_\_  
**Parent/Guardian Signature**

PLEASE PRINT CLEARLY



City of Cambridge
Department of Human Service Programs
Information Release Form

(PRINT Child's First Name)

(PRINT Child's Last Name)

(Name of School)

Please circle one: NEW STUDENT RETURNING STUDENT

I am applying for: (Please check all your program choice(s).)

Youth Centers

- Area IV Pre-teen
Area IV MSP
Frisoli Pre-teen
Frisoli MSP
Gately Pre-teen
Gately MSP
Russell Pre-teen
Russell MSP
Middle School Activities Club

(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

Recreation

- Camp Rainbow
The Cambridge Prgm
War Memorial Prgms
Travel Team Sports
League Sports

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 4/2019