



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 14, 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

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



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Part 1: Youth and Family Information

Teen's Information

_____	_____	____/____/____	_____
Last Name	First Name	Date of Birth	Age
_____		_____	_____
Home Address		City, Zip Code	School Grade
_____	_____	_____	_____
Eye Color	Hair Color	Skin Color	Height Weight 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 Teen	Relation to Teen
_____	_____
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

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:** ____/____/____



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

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

- Name: _____ Address: _____
 Relationship to teen: _____ Phone: (____) _____ - _____
 Do you give permission for your teen to be released to this person? Yes No
- Name: _____ Address: _____
 Relationship to child: _____ Phone: (____) _____ - _____
 Do you give permission for your teen to be released to this person? Yes No
- 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