

**PAUS/EAST END HO USE  
Middle School  
AFTER SCHOOL PROGRAM  
2016-17 Enrollment Packet**

FOR EEH OFFICE USE ONLY: Date Received: \_\_\_\_\_. Entered into ETO by \_\_\_\_\_ on \_\_\_\_\_.

Please complete and return this enrollment packet to: **Stephanie Gendron, Sr. Dir. of Youth Opportunities**  
**Mail:** East End House, 105 Spring Street, Cambridge MA, 02141  
**Fax:** (617-868-3616) **Email:** (stephanie@eastendhouse.org)

**I. IDENTIFYING & DEMOGRAPHIC INFORMATION**

Child's Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Child's Cell # \_\_\_\_\_ DOB: \_\_\_\_\_ Current Age \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Sex: \_\_\_ Female \_\_\_ Male

**EAST END HOUSE HISTORY**

How did you hear about East End House?

- \_\_\_ Referred by an agency (please specify) \_\_\_\_\_
- \_\_\_ Referred by a friend \_\_\_\_\_ East End House pamphlets, flyers, etc.
- \_\_\_ East End House website \_\_\_\_\_ CCRC
- \_\_\_ Previous program enrollment \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Please list any children in your household who have participated in EEH Programs before:**

1. Name: \_\_\_\_\_ Please check all programs in which this child participated:  
 Childcare  School-Age  Middle School  High School  Mentoring  Summer
2. Name: \_\_\_\_\_ Please check all programs in which this child has participated:  
 Childcare  School-Age  Middle School  High School  Mentoring  Summer
3. Name: \_\_\_\_\_ Please check all programs in which this child has participated:  
 Childcare  School-Age  Middle School  High School  Mentoring  Summer

## II. HEALTH INFORMATION

Does your child have any **Chronic Health Conditions**: \_\_\_ Yes \_\_\_ No

If yes, please describe: \_\_\_\_\_

Does your child have an Individual Health Plan for a child with a chronic health condition?

\_\_\_ Yes\* \_\_\_ No \*If yes, please attach.

Child's **physician/clinic**: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Does your child have a **Disability, Special Need, Limitations or Concern**? \_\_\_ Yes \_\_\_ No

If yes, please describe: \_\_\_\_\_

**Allergies**: \_\_\_\_\_

Reactions/symptoms that may occur: \_\_\_\_\_

Allergy Treatment (e.g. Epi Pen, Benadryl, etc.): \_\_\_\_\_

**Dietary restrictions**: \_\_\_\_\_

Does your child have a diagnosed **special need**? \_\_\_ Yes \_\_\_ No

If yes, please specify: \_\_\_\_\_

Does your child take any **medications** on a regular basis? \_\_\_ Yes \_\_\_ No

If yes, please describe and specify whether medications need to be administered during program time:

\_\_\_\_\_  
\_\_\_\_\_

### Medical Insurance Information

Insurance Company Name: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

*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 Initials**: \_\_\_\_\_

### III. FAMILY/HOUSEHOLD INFORMATION

Parent/Guardian #1 Name : \_\_\_\_\_

*Check here if head of child's household.*

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Hours at work: from \_\_\_\_ to \_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

*Check here if head of child's household.*

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Hours at Work: from \_\_\_\_ to \_\_\_\_

Your highest level of education:

- \_\_\_ Some High School
- \_\_\_ High School Graduate/GED
- \_\_\_ Some College
- \_\_\_ Associate's Degree
- \_\_\_ Bachelor's Degree
- \_\_\_ Master's Degree
- \_\_\_ PhD or Professional Degree (MD, JD, etc.)
- \_\_\_ Other: \_\_\_\_\_

Your highest level of education:

- \_\_\_ Some High School
- \_\_\_ High School Graduate/GED
- \_\_\_ Some College
- \_\_\_ Associate's Degree
- \_\_\_ Bachelor's Degree
- \_\_\_ Master's Degree
- \_\_\_ PhD or Professional Degree (MD, JD, etc.)
- \_\_\_ Other: \_\_\_\_\_

**Please list all who live in child's household:**

**Name**

**Age**

**Relationship to Head of Household**

Name	Age	Relationship to Head of Household

**Total number of people in household:** \_\_\_\_\_

Does your family have any custody agreements, court orders or restraining orders pertaining to the child? \_\_\_ Yes\*     \_\_\_ No     *\*If yes, please explain/attach:*

\_\_\_\_\_

**EMERGENCY CONTACTS**

Please list up to three emergency contacts **other than the child's parents/guardians**. In case of emergency you will be contacted first and if we cannot get in touch with you, we will call the emergency contacts listed. Please list contacts in the order they should be contacted.

CHILD'S NAME: \_\_\_\_\_

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Do you give permission for your child to be released to this person?  Yes  No

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Do you give permission for your child to be released to this person?  Yes  No

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Do you give permission for your child to be released to this person?  Yes  No

## East End House Behavior Agreement

**A Note to Families:** The purpose of this agreement is to create a safe space for children to get academic support, learn positive socials and skills, develop character, be a part of a community and have fun.

**I Agree to:**

- **Be Respectful Towards Others at All Times**
  - Use positive and respectful language and a respectful tone
  - Be respectful and inclusive towards others.
  - No swearing or using disrespectful language.
  - Be engaged in the current group activity.
  - Respect the schedule laid out by staff.
- **Cell Phone Policy :**
  - No cell phone usage except to call parents with staff permission or during free time.
- **Be Safe**
  - Keep hands, feet, and property to self.
  - No Bullying; teasing, picking on, insulting, or ganging up on or excluding another member.
  - No threatening language or behavior, even if 'just kidding.'
  - Participants need to stay with a staff member and his/her group at all times.
  - Youth are not allowed to leave a room without staff permission.
  - Children need to *walk* in the hallways and classrooms.
- **Keep the Community Clean**
  - Pick up after yourself. Eat and drink in designated areas only.
  - Be respectful of all East End House and program site materials, equipment, furniture, games, walls etc.
- **Listen to Staff Direction at All Times**
- **HAVE FUN & Be The Best You You Can Be (BTBYYCB)!!!**

East End House uses brief and mild consequences in the form of a 'break' in most situations for minor infractions, but if a student refuses to take a 'break', or continue to not follow the rules a staff will record the negative behaviors or rule breaking in a 'behavior report.'

If a member receives 2 'behavior reports' in a week then the child will need to meet with a staff member and in some cases, with the Program Director. Additionally, a call home will be made to inform parents/guardians of behaviors, to get support, and also to let the parents know that if the child receives 2 more reports in the same week he or she will need to take a day off from the program.

If a member hits, trips, shoves, kicks another student, or hurts another student in any way, or engages in destruction of property in any way, there will be an immediate behavior report and meeting with a parent or guardian. Depending on severity of incident, student may be suspended. *Bullying, teasing, picking on or ganging up on another member by a group of 2 or more members will result in automatic suspension and meeting with parent/guardian.*

I understand the rules and agree to help East End House create a safe, respectful and positive space that promotes growth, learning and community.

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**Student - Printed Name**

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**Student - Signature**

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**Date**

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**Parent - Printed Name**

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**Parent - Signature**

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**Date**

**CONSENTS**

**Media Release**

I do \_\_\_ or do not \_\_\_ give permission to have my child appear in any photos or displays within the agency and in agency literature, newsletters, social media, and/or annual reports. I understand that the President and CEO has been given the authority by the Board of Directors to determine appropriate requests for using children's images for these purposes.

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

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

**Emergency Medical Treatment Consent**

I hereby give East End House permission to administer basic first aid/CPR to my child and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

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

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

Child's Swimming Level:

\_\_\_ Non-Swimmer    \_\_\_ Beginner    \_\_\_ Intermediate    \_\_\_ Advanced

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All of the above information is accurate to the best of my knowledge. If there are any changes in any of the above information, I will notify East End House immediately.

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

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

\_\_\_\_\_  
**Printed Name**

This program is in part made possible through the award of a  
Massachusetts DESE 21<sup>st</sup> Century Community Learning Center Grant



Massachusetts Department of  
**ELEMENTARY & SECONDARY  
EDUCATION**

*The purpose of the 21st CCLC Grant Program is to establish or expand "community" learning centers that operate during out-of-school (OST) hours and provide students with academic enrichment opportunities along with other activities designed to complement the students' regular academic program.*



# Attendance Agreement

Student's Name: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

*After school programs can provide many benefits for the youth involved. Participation in a quality afterschool program can:*

- improve school attendance and performance,
- reduce risk behaviors like drug use, sexual activity, and crime,
- increase homework completion,
- improve behavior,
- inspire new career paths,
- teach social skills,
- and keep kids active and healthy!

*We work hard to provide all of these benefits to your children during our program. However, our research has shown that in order for these effects to be seen, students must be present at the program for at least 3 days weekly.*

We require a **minimum** of 3 days of consistent enrollment in the program\*.

(Although we hope your child can attend more!)

\*Students' conflicting athletic/other extracurricular obligations will be taken into consideration and will not prevent students' participation in PAUS/EEH programming.\*

Please complete the chart below to indicate which days your child will attend program, what time he/she will depart each day, and method of transportation home:

	Monday	Tuesday	Wednesday	Thursday	Friday
Check off which 3-5 days student will attend program (consistent weekly schedule is required!):					
Departure time: (5:45 preferred/recommended)					
How will child leave the program <u>each day</u> ?  <i>(Must complete separate sign-up paperwork for 5:45pm late bus)</i>	<input type="checkbox"/> Unsupervised Walk*  <input type="checkbox"/> Parent/Guardian Pickup  <input type="checkbox"/> 5:45pm Bus	<input type="checkbox"/> Unsupervised Walk*  <input type="checkbox"/> Parent/Guardian Pickup  <input type="checkbox"/> 4:30pm Bus  <input type="checkbox"/> 5:45pm Bus	<input type="checkbox"/> Unsupervised Walk*  <input type="checkbox"/> Parent/Guardian Pickup  <input type="checkbox"/> 4:30pm Bus  <input type="checkbox"/> 5:45pm Bus	<input type="checkbox"/> Unsupervised Walk*  <input type="checkbox"/> Parent/Guardian Pickup  <input type="checkbox"/> 4:30pm Bus  <input type="checkbox"/> 5:45pm Bus	<input type="checkbox"/> Unsupervised Walk*  <input type="checkbox"/> Parent/Guardian Pickup  *No late buses available*

\*For unsupervised walkers, please indicate whether your child is allowed to leave the afterschool program *without* calling you first: \_\_\_ Yes \_\_\_ No

(Attendance Agreement, cont'd)

- If your child needs to be absent for a day, please contact East End House at 617-876-4444 or email Stephanie at [stephanie@eastendhouse.org](mailto:stephanie@eastendhouse.org)
- If your child is consistently absent on days when he/she is supposed to attend, we will need to speak with you in order for him/her to stay enrolled in our program.
- If you need to change your child's schedule at any time, let us know!

*I understand that my child is expected to attend the afterschool program on the days indicated above. If he/she will be absent or needs to change his/her schedule, I will notify East End House in advance. I understand that if my child has persistent and/or unexcused absences, he or she may be removed from the afterschool program.*

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PAUS/EEH 5:45pm LATE BUS REGISTRATION

The 5:45pm\* late bus will be available **Mondays, Tuesdays, Wednesdays & Thursdays\*\*** for students attending Putnam Ave Upper School/East End House After-School Programming (*alternate arrangements will need to be made on Fridays*). This bus has limited capacity, and will make limited stops throughout Cambridge. We will do our best to plan a bus route based on which stops work for each student/family.

*\* Please note, delays are expected regularly due to the timing of the route during rush hour.*

*\*\*Bus availability is contingent upon demand/# of students signed up.*

My child, \_\_\_\_\_, *is enrolling/enrolled in the PAUS/East End House program and needs 5:45pm bus transportation on:*

\_\_\_ Mondays    \_\_\_ Tuesdays    \_\_\_ Wednesdays    \_\_\_ Thursdays

**Please CHECK OFF All Possible Stops & CIRCLE Your 1st Choice for your child's drop-off point:**

- |  |  |
|--|--|
| <input type="checkbox"/> Kennedy Longfellow School - Spring St.        | <input type="checkbox"/> Prospect St. & Cambridge St.  |
| <input type="checkbox"/> 60 Wadsworth                                  | <input type="checkbox"/> "CRLS" Cambridge Rindge and Latin School (High school) - Cambridge Street |
| <input type="checkbox"/> "FMA" Fletcher Maynard - Windsor & Harvard St | <input type="checkbox"/> Mt. Auburn & Brewer Street  |
| <input type="checkbox"/> Cambridgeport - Elm Street                    | <input type="checkbox"/> Baldwin School - Oxford Street  |
| <input type="checkbox"/> Area 4 Youth Center - Harvard St              | <input type="checkbox"/> Graham & Parks - Linnaean St  |
| <input type="checkbox"/> Old Longfellow - Broadway                     | <input type="checkbox"/> Walden Square   |
| <input type="checkbox"/> YMCA - Mass Avenue                            | <input type="checkbox"/> Peabody School - Ringe Avenue   |
| <input type="checkbox"/> Audrey & Vassar St                            | <input type="checkbox"/> 362 Rindge Avenue   |
| <input type="checkbox"/> Amigos School - Upton Street                  | <input type="checkbox"/> Haggerty - Cushing Street   |
| <input type="checkbox"/> Morse School - Granite Street                 | <input type="checkbox"/> Tobin School - Vassal Lane  |
| <input type="checkbox"/> King Open School                              |  |

Parent Name \_\_\_\_\_ Preferred Contact #: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

*Alternative Emergency Contact (in case you cannot be reached):*

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_



**AUTHORIZATION FOR RELEASE OF STUDENT RECORDS  
AND/OR STUDENT RECORD INFORMATION**

I, \_\_\_\_\_, authorize the Cambridge Public Schools to  
release copies of and/or information regarding the student record of my son/daughter,  
\_\_\_\_\_ to \_\_\_\_\_.

(Insert name of son/daughter)

I further represent that I have authorized \_\_\_\_\_  
to receive a copy of my son/daughter's student record and/or student record information  
as indicated above.

By signing this Authorization for Release of Student Records and granting  
permission as stated herein, I am releasing the City of Cambridge, the Cambridge Public  
Schools and its individual schools and their respective officers, directors, agents and/or  
employees from and against all claims arising out of the release of my and/or my  
son/daughter's student records and/or information contained in my son/daughter's student  
records and any subsequent use of this information by the designated recipient and  
his/her respective officers, directors, agents and/or employees.

I have read this Authorization for Release of Student Records and understand its  
terms. I sign it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

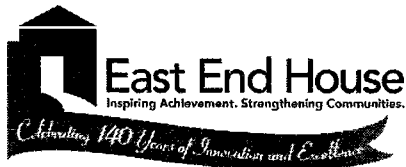
\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if over 16)

\_\_\_\_\_  
Date



Dear Parent/Guardian,

We are very excited to partner with the Program in Education, Afterschool and Resiliency (PEAR) in order to promote the positive social-emotional development of our students. There is increasing evidence that helping students feel good about themselves, their school, afterschool program and their relationships improves their learning. East End House and PEAR have worked together for several years to enhance evaluation procedures. This project extends the partnership, allowing us to improve youth services.

We will administer PEAR's Holistic Student Assessment (HSA) to students in grades 6 – 8. As part of this effort, your child will be asked to complete a brief survey about him or herself at the beginning and end of the year. The survey focuses on social and emotional development, relationships and learning and school engagement. Designated staff at East End House will have access to these results. This information can help staff tailor teaching and support to your child's unique strengths and needs. Additionally, in an effort to improve coordination between East End House and Putnam Avenue Upper School (PAUS), assessment results may be shared with PAUS staff. We believe this will improve the services we provide to students.

PEAR, a joint initiative of McLean Hospital and Harvard Medical School, may use results and data from our site for research and educational purposes that further PEAR's mission to improve strategies fostering students' social-emotional development and well-being. Your child's name will never be used as part of this research.

Please take a moment to complete and return this form. Your child will be unable to participate without your signed consent.

If you have any questions about this effort or would like to see a copy of the survey, please contact Stephanie Gendron at East End House at (617)876-4444 or [stephanie@eastendhouse.org](mailto:stephanie@eastendhouse.org).

***I give permission for my child to complete PEAR's Holistic Student Assessment***

***I DO NOT give permission for my child to complete PEAR's Holistic Student Assessment***

**Child's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

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

**Parent/Guardian Name** \_\_\_\_\_

**Relationship to Child** \_\_\_\_\_



Dear Parent,

Your child's after-school program has agreed to help develop a new after-school youth survey for the Massachusetts Department of Elementary and Secondary Education. This work is being conducted by Wendy B. Surr from the National Institute on Out-of-School Time, which is part of the Centers for Women at Wellesley College.

This school year your child will be invited to complete after-school surveys (one in the winter and another in the spring). The surveys will ask questions about what your child thinks of the program and about some of the ways he or she may be benefiting from attending the program. The information your child provides will be extremely valuable in helping our research team design an effective youth survey.

**We assure you that all information collected from your child on surveys will be kept strictly confidential by program administrative staff and the research team.** Your child will not be identified and your child's answers will not be shared with after-school program staff, school personnel, or any other organization or individuals. Participation in this study is strictly voluntary and your child may choose to stop at any time.

Should you have any questions about this process feel free to contact Wendy B. Surr at the National Institute on Out-of-School Time at 781-283-2443.

**Please sign the form below only if you do not wish for your child to participate.**

\*\*\*\*\*

**Parents or Guardians**

**Please sign this form only if you do not wish for your child to participate.**

I \_\_\_\_\_ (Print Your Name) **do not** wish for my  
child \_\_\_\_\_ (Print Child's Full Name) to participate in research  
being conducted by the National Institute on Out-of-School Time, Wellesley Centers for Women at  
Wellesley College to develop a new youth survey.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



25 Love Lane  
Concord, MA 01742  
phone: 978-405-3200  
fax: 978-405-2076  
concord.org

Dear Parents and Guardians:

Your child has been invited to participate in a program called *GeniConnect*, funded by the National Science Foundation and in partnership with East End House (EEH). The goal of this program is to boost your child's awareness of science-related career possibilities and their understanding of genetics. The program consists of a series of experiences involving an online educational game, mentoring by a scientist in a local biotechnology company, and hands-on laboratory work in biotechnology and genetics. We believe that this approach will help motivate students to learn and to understand how scientists try to solve problems in the real world.

### **What will your child do in this project?**

Your child will be part of research designed to determine the extent to which the *GeniConnect* program succeeds in these goals. Your child will work with a scientist mentor who has been trained as part of the *GeniConnect* program by staff at East End House. The research for this project is under the direction of Dr. Frieda Reichsman of the Concord Consortium and Dr. Aaron Rogat of Purdue University, both of whom have many years of experience working with students.

Your permission for your child to participate in this program means that data from your child's use of the *GeniConnect* materials will be collected for research. This includes using the genetics gaming software offered by *GeniConnect*, discussion in password-protected online project forums, answers to tests and surveys, as well as transcripts from interviews with your child. Though there may be no direct benefits to participants for participating in the research study, the risks involved with the research study are minimal, no greater than everyday life, and the research will benefit future students and teachers using this software and teaching materials. In any study of this nature, your child's privacy and freedom of choice is a primary concern. Outside of our office, and in any report of results, each child will be identified only by a confidential code. Children's privacy will be strictly observed. Actual names and identities will not be made public. Furthermore, participants can withdraw from the study at any time (see below for contact information).

We may be taking photographs, videotaping or audiotaping children as they use the project materials. Participants may also create their own recordings while they are using our software, narrated by their voice (this process is called screencasting). The photographs, video, audio recordings and these student recordings of screen activity during use of software will be used primarily by project staff members to study how the program is being used and what kind of learning is taking place. Secondly, they may be used to share information with the broader research community at conferences, in trainings for future afterschool staff, and in research papers. Photographs or video clips may also be displayed on the Concord Consortium website, social media outlets (including official Concord Consortium Facebook and Twitter pages), and in print and electronic publications. Once again, your child's identity will never be made public.

We may also be interviewing and surveying your child as part of individual interviews or focus groups to understand what your student learned and how motivated he/she is about the science learned. This information will be used to understand the impact of our program and or improve the program. Interviews will be audio taped and transcribed as digital files. Though all research carries the risk of breach of confidentiality and researchers cannot control what subjects might share outside of the research environment and thus cannot fully guarantee the confidentiality of subjects, researchers for this project take the utmost care to protect the confidentiality of interviewees and participants. Digital files for project interviews will be stored on Concord Consortium's password protected servers for 3 years, and then deleted permanently. Participation or lack of participation in this research study will not affect your child's status in the after school program. Even if you do not give consent to have your child interviewed, surveyed or assessed, he/she can still participate in the afterschool program.

**What if I have questions?**

If you have any questions about this study, you may contact the project leaders: or Frieda Reichsman, (978-405-3228; freichsman@concord.org) or Aaron Rogat (314-422-0320; arogat@gmail.com). You may also contact Amy Pallant, chair of The Concord Consortium Human Subjects Institutional Review Board, at 978-405-3227 or apallant@concord.org if questions or problems arise during the course of the study.

If you have questions about your rights while taking part in the study or have concerns about the treatment of research participants, please call the Human Research Protection Program at (765) 494-5942, email (irb@purdue.edu) or write to:

Human Research Protection Program - Purdue University  
Ernest C. Young Hall, Room 1032  
155 S. Grant St., West Lafayette, IN 47907-2114

The project's research records may be reviewed by the National Science Foundation and the Office for Human Research Protections and by departments at Purdue University responsible for regulatory and research oversight.

By signing below, you agree to have your child participate in the *GeniConnect* research study including agreeing to be assessed, interviewed and surveyed about the science my child learned and my child's attitudes towards the science. You also agree to have your child's responses recorded through photos, video, audio recordings and screencasts.

Print child's name: \_\_\_\_\_

Print parent/guardian's name: \_\_\_\_\_

Parent/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher's signature: \_\_\_\_\_ Date: \_\_\_\_\_



## General Field Trip Permission Slip 2016-17 School Year

Student Name: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

### LOCAL/CAMBRIDGE-BASED TRIPS:

I give permission for my child to attend local field trips within the city of Cambridge, under supervision of East End House Staff, during the 2015-16 school year. I understand that field trips may require the assistance of public transportation or a school bus.

Possible destinations include:

- Local playgrounds and fields
- Local Libraries
- Local Shops
- Cambridge Street Fire Department
- Museum of Science
- Cambridge Creativity Commons

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

\_\_\_\_\_  
Date

### GREATER BOSTON:

I give permission for my child to attend field trips in the Greater Boston area, under the supervision of East End House staff, during the 2015-16 school year. I understand that field trips may require the assistance of public transportation or a school bus.

Possible destinations include:

- Museums
- College campuses
- Recording studios
- Arts venues

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

\_\_\_\_\_  
Date

*\*Please note: We welcome parents and guardians to chaperone any of our trips. Please let the Middle School Program Director or your child's group leader know if you are interested in chaperoning.*