Cambridge Community Center

5 Callender Street ◦ Cambridge ◦ MA ◦ 02139 ◦ 617-547-6811

After School Program 2009 - 2010

ENROLLMENT FORM

Child's Information

Child's Name: _____

Date of Birth: _____

Gender: M / F

Grade: _____

School: _____

Does this child have an IEP? Yes / No

Primary Language: _____

Office Use Only

Date of Admission: _____

[ ] Voucher [ ] Slot [ ] Private

Scholarship amount: _____

Slot Amount: _____

Child's Name: _____

Parent or Guardian Information

Parent or Guardian's Name: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____

Parent or Guardian's Name: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____

Medical Information

Allergies: _____
Chronic Health Conditions (such as Asthma): _____
Doctor's Name: _____
Clinic: _____ Doctor's Phone: _____
Health Insurance Company Name: _____ Policy #: _____

Emergency Contacts (Other than Parents)

1. Name:	2. Name:
Relationship to child:	Relationship to child:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

Emergency Medical Treatment

I hereby give Cambridge Community Center, Inc. permission to administer basic first aid and CPR to my child, _____ , and take my child to a hospital for medical treatment in the event of a medical emergency.

Parent Signature: _____ Date: _____

Child's Name: _____

Transportation

The Cambridge Community Center is not responsible for children prior to arrival or after departure from the After School Program.

Coming to the CCC:

___ CCC staff will meet child at school. (King School and Amigos only.)
___ CCC staff will meet child at the bus stop at Western Ave. and Howard St.
___ CCC staff will meet child at the bus stop at King School.
___ Other (with approval from CCC staff): _____

Leaving the CCC:

___ Parent or Guardian will pick up child.
___ Child will walk home on their own.
___ Child will take the CCC van home. **Additional fee** See van registration form.

I give my permission for my child/ren to be released from the Program at the end of the day as stated above. I also give my permission for the following people to pick up my child. (If no one is authorized, please indicate below by writing "NO ONE")

1. Name: _____ Relationship: _____
   Address: _____ Phone #: _____
2. Name: _____ Relationship: _____
   Address: _____ Phone #: _____
3. Name: _____ Relationship: _____
   Address: _____ Phone #: _____

_____ _____

Parent Signature Date

Cambridge Community Center
SERVICE DEFINITION

Child's Name: _____

Government agencies require periodic reports on the gender, age and ethnicity of applicants.
This data is for analysis and service definition only.

Race and Ethnicity

Please check all that apply:

___ Black or African American
___ American Indian or Native Alaskan
___ Asian
___ Native Hawaiian or Pacific Islander
___ White

Please check one of the following:

___ Hispanic or Latino
___ Not Hispanic or Latino

Cambridge Community Center

OFF-SITE ACTIVITIES PERMISSION FORM

I_____ give permission for my child, _____ to
(Parent/Guardian's name) (Child's Name)
participate in all of the regularly scheduled on-going activities at the following off-site locations:

Area IV Youth Center
Cambridge Public Library
Cambridge Boys & Girls Club
Corporal Burns Park
Dana Park
Danehy Park
Frisoli Youth Center
Gately / Middle School Partnership Youth Center
Hoytt Field
King School Park
King Open School
Magazine Park
Riverside Press Park
West Cambridge Youth Center

We will have specific permission slips for all other off-site activities.

_____ _____
Parent/Guardian Signature Date

Child's Name: _____

Enrollment Agreement

The Cambridge Community Center reserves the right to refuse any application as CCC deems it in the best interest of the child/ren to do so.

Fee Agreement

I understand that my total weekly fee of $_____ is due the Friday before every week that my will child/ren attend. I understand that if CCC does not receive payment by Friday, my child/ren cannot attend the following week.

Refund Policy

Requests for refunds must be made in writing. Refunds will be issued only if a child does not attend a week or more of the after school program because of illness or injury. A letter from a physician must accompany the request for a refund.

Photo release

I give the Cambridge Community Center, the absolute right and permission to use my son's or daughter's photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (including the Center's website), or other form of promotion. I release the Cambridge Community Center, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Immunization

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

_____ _____

Parent / Guardian Signature Date

_____

Print Name

Cambridge Public School District
Cambridge, Massachusetts

Massachusetts 21st CCLC
Soaring Beyond Expectations
afterschool program

Cambridge 21st CCLC Partnership
159 Thorndike Street
Cambridge, Massachusetts 02141

RELEASE OF INFORMATION FORM

2009-2010
Academic Year

I hereby authorize Cambridge Public Schools to release any student record (i.e. attendance reports, report cards, transcripts, IEPs, etc.) of my son/daughter to the staff professionals of the Cambridge Community Center, an After School Program supported by the Cambridge 21st CCLC Partnership. I also give the Cambridge School Department access to any 21st CCLC Partnership records or data that may support my son/daughter's academic achievement. It is my understanding that the content of all records will remain confidential and will be used to enhance my child's academic performance. No school records may be released to any other person or agency without my full permission.

Also, I will have the option of inviting afterschool staff members to attend in-school conferences and to meet with school teachers and/or staff members to discuss my student's progress per my request.

Child's Full Name _____

School _____ Grade _____

Parent/Guardian Signature _____

Date _____