



Questions? enrollment@cambridgecc.org

Register Online: www.cambridgecc.org/enrollment

Out of School Time Programs Enrollment Form

Child Information

Child's Name: _____ Date of Birth: ___/___/___

Gender: _____ School: _____ Last Grade Completed: _____

Does the child have an Individualized Education Plan (I.E.P.)? Y / N *If yes, please attach a copy to this packet.*

Primary Language: _____ Referred by (optional): _____

Physical Description of Child

Height: _____ Weight: _____ Race/Ethnicity: _____

Hair Color: _____ Hair Style: _____ Eye Color: _____

Other Identifying Features: _____

Parent/Guardian Information

Parent/Guardian's Name: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Additional Parent/Guardian Name (optional): _____

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency Contacts (Required)

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____



Questions? enrollment@cambridgecc.org

Register Online: www.cambridgecc.org/enrollment

Medical Information

Allergies: _____

Chronic Health Conditions (such as Asthma): _____

Doctor's Name: _____ Doctor's Phone: _____

Health Insurance Provider: _____ Policy #: _____

I 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.

Arrival (After school program only)

CCC Staff will meet child at school (Amigos School only).

CCC Staff will meet child at the Western Ave. / Howard St. bus stop.

CCC Staff will meet child at the Putnam Ave. / Magee St. bus stop.

Other (with approval from CCC Staff): _____

Departure (Check all that apply)

Parent/Guardian will pick up child from program

Child will walk home on their own (only children 9 years old and older; cannot be responsible for siblings)

Please check one of the following:

No one is authorized to pick my child up from the CCC OST Programs other than the child's parent/guardian and emergency contacts.

The following people have permission to pick my child up from the CCC OST Programs in addition to parent/guardians and emergency contacts:

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____



Questions? enrollment@cambridgecc.org

Register Online: www.cambridgecc.org/enrollment

Work Phone: _____ Work Phone: _____

Race and Ethnicity

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

Please check all that apply:

- Black or African American
- Native Hawaiian or Pacific Islander
- Native American or Native Alaskan
- Latino
- Asian
- White

Please check one of the following:

- Hispanic
- Not Hispanic

The Cambridge Community Center is committed to equal opportunity for all persons. No discrimination will be tolerated, with respect to enrollment, employment, volunteer participation, the provision of or participation in services, or otherwise, on the basis of race, color, sex, sexual orientation, gender identity, creed, religion, disability, age, veteran status, ancestry, or national or ethnic origin.

Please initial the following:

_____ The Cambridge Community Center reserves the right to refuse any application as we deem it in the best interest of the child to do so.

_____ I understand that my total two week fee of \$_____ is due on the Friday before every two week session that my child will attend. I understand that if the CCC does not receive payment by the Friday before the beginning of a session, my child cannot attend the program.

_____ Requests for refunds must be made in writing. Refund will only be issued if a child does not attend a week or more of the out of school time programs because of illness or injury. A letter from a doctor or physician must accompany the request for a refund.

_____ I give the Cambridge Community Center permission to use my child’s photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in a print ad, electronic media (including, but not limited to, the CCC website, Facebook page, and Instagram), or other forms of promotion. I release the Cambridge Community Center and the photographer from liability for any violation of any personal or proprietary right I may have in connection with such use.

_____ I have received a copy of the CCC OST Program Parent Handbook.

_____ 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.



Questions? enrollment@cambridgecc.org

Register Online: www.cambridgecc.org/enrollment

_____ EEC regulations state that children in full day programs should brush their teeth after all meals. I exempt my child from tooth brushing while at the Cambridge Community Center.

Permission for Offsite Activities (Please Check):

I give permission for my child to participate in all of the scheduled activities at the following locations:

- Agassiz Baldwin Community
- Cambridge Rindge and Latin High School
- The Frog Pond @ Boston Commons
- Corporal Burns Park
- Riverside Press Park
- War Memorial Pool
- Community Arts Center
- Margaret Fuller House
- Harvard Square
- Central Square
- Magazine Street Pool
- Dana Park
- Gately Youth Center
- East End House
- Cambridge Public Libraries
- Hoyt Field
- King Open School
- Peabody Terrace Park
- Frisoli Youth Center
- West Cambridge Youth Center
- Moses Youth Center

I give permission for my child to ride on the CCC van and/or the MBTA system accompanied by CCC staff to any of the locations listed above. **We will have specific permission slips and notifications for other off-site activities.**

I acknowledge that I have read and understood the contents of the Cambridge Community Center Enrollment Packet.

Parent/Guardian Signature

Print Name

____/____/____
Date

Director of OST Programs Signature

Print Name

____/____/____
Date

**ONCE COMPLETED, PLEASE SUBMIT BY MAIL TO
5 CALLENDER STREET, CAMBRIDGE, MA 02139,
EMAIL TO ENROLLMENT@CAMBRIDGECC.ORG,
OR FAX TO 617-864-0692**

ATTN: Rachel Kinch, Director of Out-of-School Time Programs



Late Pick-up Policy

Please be advised that all families, regardless of slot or voucher type, are required to pay a late fee should children be picked up after closing hours.

Please check the following:

- I understand that, **during after school hours**, all children must be picked up from the Cambridge Community Center no later than 6:00pm.
- I understand that, **during vacation day hours**, all children must be picked up from the Cambridge Community Center no later than 5:30pm.
- I understand that, **during Cowemoki hours**, all children must be picked up from the Cambridge Community Center no later than 4:30pm, 5:30pm if children are signed up for extended day.
- I understand that **I must call the program/provider at least 30 minutes prior to closing time**, or as soon as possible if I am going to be late picking up my child.
- I understand that if I am 10 minutes late or less I am required to pay a late fee of \$5.00. If I am more than 10 minutes late, I must pay a fee of \$5.00 for the first 10 minutes and \$1.00 a minute for every additional minute.
- I understand that late fees will be added to my program tuition balance.
- I understand program staff are mandated reporters and may call the Department of Children and Families and file a 51A report if unable to contact parent/guardians or any other party that I have authorized for pick-up.
- I understand that the Cambridge Community Center keeps a record of late pick-ups, and a chronic problem of tardiness may result in termination from the program.

I, _____, have read and understand the Late Pick-up Policy of the Cambridge Community Center Out-of-School Time Programs.

Parent/Guardian Signature

Print Name

____/____/____
Date