Cambridge Community Center

5 Callender Street
Cambridge, MA 02139-2996
Tel: 617-547-6811
Fax: 617-864-0692
www.cambridgecc.org

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: _____ 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: _____

Cambridge Community Center

5 Callender Street
Cambridge, MA 02139-2996
Tel: 617-547-6811
Fax: 617-864-0692
www.cambridgecc.org

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)

Please check one of the following:

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

___ The following people have permission to pick my child up from 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: _____

Work Phone: _____ Work Phone: _____

Cambridge Community Center

5 Callender Street
Cambridge, MA 02139-2996
Tel: 617-547-6811
Fax: 617-864-0692
www.cambridgecc.org

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 American or Native Alaskan
___ Asian
___ Native Hawaiian or Pacific Islander
___ Latino
___ 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.

Cambridge Community Center

5 Callender Street
Cambridge, MA 02139-2996
Tel: 617-547-6811
Fax: 617-864-0692
www.cambridgecc.org

Please **initial** the following:

_____ 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.

_____ 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.

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

- Area IV Youth Center
- Cambridge Boys and Girls Club
- The Frog Pond @ Boston Commons
- Corporal Burns Park
- Riverside Press Park
- War Memorial Pool
- Cambridge Community Arts Center
- Gold Star Pool
- Harvard Square
- Central Square
- Magazine Street Pool
- Dana Park
- Gately Youth Center
- East End House
- Cambridge Public Libraries
- Hoyt Field
- King Open School
- Peabody Park
- Frisoli Youth Center
- West Cambridge 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 notification for other off-site activities.**

I acknowledge that I have read and understood the contents of this form.

_____ _____ ____/____/____

Parent Guardian Signature | Print Name | Date

_____ _____ ____/____/____

Director of OST Programs Signature | Print Name | Date