



**D.H.S.P. CHILDCARE & FAMILY SUPPORT SERVICES
PRESCHOOL & AFTERSCHOOL PROGRAMS
WAITLIST REQUEST FORM**

This form is to request that your child be placed in a Department of Human Services Childcare Program. If the program(s) of your choice is (are) currently full, your child's name will be placed on a waitlist according to the date this completed form is received by the Childcare Enrollment Coordinator. You will be contacted by telephone when an opening is available for your child to enroll. Preschool children are eligible to be placed on a wait list at one year (1) of age, Afterschool children at any time. If you have a change of address or telephone # please call the Enrollment Coordinator at 617-349-6254, so the information may be updated immediately. Incorrect information may affect your ability to enroll.

The Department of Human Services is committed to providing high quality programs for all children and youth. We welcome each child and value each child's strengths, needs, differences and similarities. We encourage all children and youth regardless of ability to fully participate.

Parent/Guardian's Name:

First _____ Last _____

Address: _____ Apt# _____ City, State, Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Child's Name:

First _____ Last _____ M _____ F _____

Date of Birth ____/____/____ Child's Current age: _____ yrs. _____ mos.

Elementary School child currently attends (After School children only) _____ Grade: _____

Is child a sibling of another child, currently enrolled in a DHSP Childcare Program? ____yes ____no Past Enrollment? yes ____ no ____

If yes, Sibling's Name: First _____ Last _____ Program Name _____

Does your child have an Individualized Education Plan (I.E.P) yes ____ no ____ if yes, you will need to fill out information release form enclosed.

Does your child require more individualized attention than the typical student? yes ____ no ____

Has your child been identified as having a special need?(emotional, physical or health) yes ____ no ____ if yes, please explain:

Directions: Select ONLY the programs for which you would be willing to accept enrollment when contacted there is no ranking please select carefully. If you should decline the first available space offered, your child's name will be removed from ALL the programs wait lists.

<u>Preschool Programs</u>	
(12) _____	Haggerty Preschool 8:30-12:00 option of: 5 days/week _____ M,W,F only _____ T,TH only _____
(11) _____	Peabody Preschool 8:00 a.m.—6:00 p.m.
(13) _____	M.L. King Preschool 7:30 a.m.—5:30 p.m.
(14) _____	King Open Preschool 8:00 a.m.—6:00 p.m.
(15) _____	East Cambridge Preschool 7:30 a.m.—5:30 p.m.
(16) _____	Morse Preschool 8:00 a.m.—6:00 p.m.

<u>Afterschool Programs</u>	
(1) _____	Peabody Afterschool Grades K-2____ or 2-5____ Afterschool—please check only one <u>Part-time slots upon availability</u> (King 3-5 and Morse 2-4 only)
(7) _____	Fletcher/Maynard Afterschool Grades K-4____ Mon, Wed, Fri (only) _____
(5) _____	M.L. King Afterschool Grades K-2____ or 2-4____ Tues & Thurs (only) _____ Full Time 5 days a week _____
(3) _____	Morse Afterschool Grades K-2____ or 3-5____ Transportation may not be available from all elementary schools to an after-school program.

Parent/Guardian Signature: _____ Today's Date: _____

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CHECK ALL FUNDING SOURCES THAT APPLY- (PLEASE CHECK AT LEAST ONE TO COMPLETE THIS APPLICATION-For more information, see descriptions below.

CITY SCHOLARSHIP: The City of Cambridge Department of Human Service Programs has a limited amount of funds available for tuition assistance for families enrolled in either a DHSP preschool or after school program who's parents/guardians are either working or training 20hrs or Part-time school (bachelors or associates only). Your family's total gross income may not exceed \$46'550 for a family of 4. As scholarships are based on gross monthly income, family size and Cambridge residency, you will be asked to supply required documentation at the time of registration. Other forms of documentation may also be required where necessary. (PLEASE DO NOT SEND DOCUMENTATION WITH THIS FORM.) For more information call Childcare Enrollment Coordinator at 617-349-6254.

VOUCHER: We accept vouchers for both full-time and Part-time preschool and After school programs. Vouchers are issued by the CCRC (Childcare Resource Center) located at 130 Bishop Allen Drive, Cambridge. For more information or to be place on the EEC waitlist call 617-547-1063.

Massachusetts Department of Early Education and Care (EEC Slots): DHSP has a limited number of subsidies funded by (EEC), these subsidies are for parents who are working or training 30hrs weekly or who are full-time student (undergraduates only) , earn up to 50% or less of the state median income (approximately \$34'512 for a family of three). Families must meet EEC income eligibility and service need guidelines. Parents pay fees based on their gross monthly income. Slots are for Full Day licensed Preschool services only. These slots are waitlisted and are filled upon slot availability. For more information or to be placed on the EEC waitlist please call 617-547-1063.

PARTNERSHIP (CCPC slots): DHSP has a limited number of subsidies funded by the Community Partnership Program of Cambridge. This program is for parents who are working or training 30hrs weekly or who are full-time student (undergraduates only) , earn up to 50% or less of the state median income (approximately \$34'512 for a family of three). Families must meet EEC income eligibility and service need guidelines. Parents pay fees based on their gross monthly income. Slots are for Full Day licensed Preschool services only. These slots are waitlisted and are filled upon slot availability. For more information or to be placed on the EEC waitlist please call 617-547-1063.

REGULAR TUITION Tuitions are on a sliding fee scale based on income, with a current base rate of \$750 MONTHLY.

After you complete this form mail or bring it to:
Childcare Enrollment Coordinator
Department of Human Service Programs
51 Inman Street, 3rd floor
Cambridge, Ma. 02139

The City of Cambridge, Department of Human Service Programs, does not discriminate in providing services to children and their families on the basis of race, religion, national origin, cultural heritage, political beliefs, sexual preference, marital status, or disability. The Department of Human Service Program will provide auxiliary aids and services, written materials in alternative formats and reasonable modifications in policies and procedures to qualified individuals with disabilities upon request. For more information, call 617-349-6200 or TTY 617-492-0235



**City of Cambridge
Department of Human Service Programs
Information Release Form**

(PRINT Child's Name)

(Name of School)

Please circle one: NEW STUDENT RETURNING STUDENT

I am applying for: (Please circle your program choice.)

Youth Centers	Community Schools (CS)	Afterschool Childcare	Preschool Childcare
Area IV Pre-teen			East Cambridge
Area IV Teen	Cambridgeport CS	Fletcher Maynard K-3	Haggerty
Frisoli Pre-teen	Fitzgerald CS	King K-2 Room 1	King Open
Frisoli Teen	Fletcher Maynard CS	King K-2 Room 2	M. L. King
Gately Pre-teen	Haggerty CS	Morse K-2	Morse
Gately Teen	Harrington CS	Morse 3-5	Peabody
Moore Teen	Kennedy CS	Peabody K-2	
West Cambridge Pre-teen	King CS	Peabody 2-5	
West Cambridge Teen	Linnaean CS		Recreation
MSP @ Frisoli	Morse CS	King Open	Camp Rainbow
MSP @ Gately	Tobin CS	Extended Day (KOED)	Saturday Program
			Evening Program

(MSP=Middle School Partnership)

I hereby authorize the Department of Human Services (DHSP) to observe my child in his/her school day classroom or program and to discuss my child's educational, physical, medical, psychological and/or other needs with his/her teachers, specialists, therapists, medical providers and other caregivers for the purpose of evaluating his/her participation in DHSP's out of school time (OST) and preschool programs.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ **Date:** _____

**PERMISSION TO OBTAIN STUDENT RECORDS
(IEP, 504 Plan, behavior plans)**

I hereby authorize my child's school/program to release my child'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 child's participation in DHSP's out of school time (OST) programs.

Parent/Guardian Signature: _____ **Date:** _____

Revised 11/09