



Cambridge Youth Programs and the East End House

Present:

Winter Olympics!!!

Middle School Network

February Vacation Week Program

(Tuesday, 2/22 to Friday, 2/25)

Join us at the Gately for Four Full Days of Middle School Programming!

Gately Youth Center: 70R Rindge Ave Cambridge, MA 02140 Phone: (617)349-6277

Space is limited, so be sure to sign up at your local Youth Center or Program as soon as possible. No later than **Thursday, February 17th.**

Please note: *This program is open to all 6th, 7th and 8th graders who are Cambridge Residents*

When: Tuesday, 2/22/11 to Friday, 2/25/11

Deadline for Applications: Thursday, February 17th

All information must be complete and handed in

Time: 9:00 am - 6:00 pm

Fee: This is a free program

Transportation will be provided to and from the Gately, leaving the Frisoli Youth Center at 8:30 am and returning at 6pm.

Lunch is not provided: please have your child bring a lunch

REGISTRATION INFORMATION

Last Name _____ First Name _____ Date of Birth _____

"Home" Youth Center/Program _____ Home Phone # _____

Name of Parent/Guardian: _____

Cell phone #: _____ Work phone #: _____ Hours at Work: _____

If more than one child in your household is applying, please complete the following:

Name of Additional Child: _____ Date of Birth: _____

_____ Date of Birth: _____

Medical Information: Please describe any medical/physical conditions which CYP and EEH Staff should be aware of (dietary restrictions, allergies, chronic health conditions, medications): _____

Additional Emergency Contact (If Parent/Guardian is not available)

Name: _____ Address: _____

Relationship to Child: _____ Phone: _____

Guardian Permission

As _____'s legal guardian, I hereby authorize him/her to participate in CYP/EEH's February vacation week daily activities and field trips, which may involve riding the MBTA with supervision.

In the event of a serious illness or injury, I express my consent of the administration of emergency medical care, including anesthesia. I understand that the staff of CYP and EEH will make a reasonable effort to contact me first in case of emergency. I will not hold CYP/EEH or any member of the staff responsible for such illness or injury.

Signature of Parent/Guardian

Date

Dismissal Information: (Please check one of the following)

My child will be picked up by the following person(s): _____
Relationship to child: _____

My child has permission to walk home

My child will be transported home via City van (West Cambridge only)

Very important: Program Staff will only follow these instructions; all persons picking up a child MUST be on the list.