



City of Cambridge Department of Human Service Programs  
Cambridge Youth Programs Pre-teen Summer Programs

**Middle School Summer Program**

for rising 6<sup>th</sup> - 8<sup>th</sup> graders; Gately Youth Center  
(617) 349-6277

**Sports Leadership Program**

9-11 year olds @ Area IV Youth Center; 12-13 year olds @ Moore Youth Center  
(617) 349-6262

**Girls Empowerment Program**

Frisoli Youth Center  
(617) 349-6312

**Discovery Program**

West Cambridge Youth and Community Center  
(617) 349-6314

**Who:** 9 to 13 year olds (separate activities will be offered for 9-11 year olds and 12-13 year olds)

**When:** Eight weeks, June 28 – August 20

**Time:** 8:30 am - 6:00 pm

**Fee:** \$60.00 per week  **Check here to request a financial aid application (due 5/21)**

**Registration Requirements:** 1. Application packet (cover page, summer food program application, packet)  
2. Copy of child's most recent physical exam  
3. One week deposit (\$60) to secure your child's spot

**I would like to apply for my child to attend the following program:** (please select one)

**Girls Empowerment Program**

**Sports Leadership Program**

**Middle School Summer Program**

**Discovery Program**

My child is interested in learning more about the CitySprouts internship

My child is interested in learning more about the CitySprouts internship

My child is interested in a sports track within the program (golf, tennis, baseball & more)

**Child's Information\*:**

_____	_____	_____	_____
<b>Last Name</b>	<b>First Name</b>	<b>Date of Birth</b>	<b>Age</b>
_____		_____	_____
<b>Home Address</b>		<b>City, State, Zip Code</b>	<b>Home Telephone Number</b>

**My child will attend the following weeks:**

<input type="checkbox"/> June 28 to July 2	For office use only: <input type="checkbox"/> Paid	<input type="checkbox"/> July 26 to 30	For office use only: <input type="checkbox"/> Paid
<input type="checkbox"/> July 6 to 9	<input type="checkbox"/> Paid	<input type="checkbox"/> August 2 to 6	<input type="checkbox"/> Paid
<input type="checkbox"/> July 12 to 16	<input type="checkbox"/> Paid	<input type="checkbox"/> August 9 to 13	<input type="checkbox"/> Paid
<input type="checkbox"/> July 19 to 23	<input type="checkbox"/> Paid	<input type="checkbox"/> August 16 to 20	<input type="checkbox"/> Paid

**Important!** If your child currently attends one of the youth centers, please tell us which center has your packet and we can transfer it for you! My child currently attends one of the Youth Centers for afterschool:

Area IV  Frisoli  Gately  West

\_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_  
**Date**

**\*For current youth center participants: complete the reverse side of this page.**

**\*If you are new to CYP this summer, skip the reverse page and continue completing the remainder of the full application.**

**For Office Use Only:**

Deposit received  Application received  Physical received  Summer Food application received

**(FOR CURRENT CAMBRIDGE YOUTH PROGRAMS PARTICIPANTS ONLY)**

**Parent/Guardian Information**

**Guardian #1** name: \_\_\_\_\_ Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Guardian #2** name: \_\_\_\_\_ Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Emergency Contacts (in order to be contacted if guardians are unable to be reached):**

1. Name: \_\_\_\_\_ address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ phone: \_\_\_\_\_

Do you give permission for your child to be released to this person?     yes     no

2. Name: \_\_\_\_\_ address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ phone: \_\_\_\_\_

Do you give permission for your child to be released to this person?     yes     no

3. Name: \_\_\_\_\_ address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ phone: \_\_\_\_\_

Do you give permission for your child to be released to this person?     yes     no

**Transportation Information**

The following individuals may pick up my child from the program. If someone other than these people picks up my child, I will notify staff in writing in advance.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**IEP Release Form**

*(Please sign this section if your child has had any **changes** to his/her IEP)*

I hereby authorize the Cambridge Public Schools to release any student record (i.e. IEP, PassPort, etc.) to the DHSP Afterschool Program staff. It is my understanding that the content of all records will remain confidential and will be used to enhance my child's academic performance.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date