

King Open Extended Day

850 Cambridge St.
Cambridge, MA 02141
(617) 349-6078

Waitlist Form

Today's Date: _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Address: _____ Apt.#: _____

City: _____ State: _____ Zip: _____

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

Email Address: _____

Child Information

First Name: _____ Last Name: _____ Gender: _____

Date of Birth (month/date/year): _____ Child's Current Age: _____ yrs

Please note:

**Only children who currently attend King Open or
will be attending King Open next school year are eligible for enrollment**

Elementary School, Preschool or childcare child currently attends: _____

Current Grade (if applicable): _____ Expected Grade next School Year: _____

Does your child:

- have any special dietary concerns or allergies
(e.g., asthma, hay fever, insect bites, medicine, food reactions?) **Yes** **No**
If **Yes**, please explain: _____
- take any regular medication **Yes** **No**
If **Yes**, please explain: _____
- have an Individual Education Plan (IEP)? **Yes** **No**

Program Hours and Attendance

- The program hours: 2:55-6:00pm daily, 12:55-6pm on early release days, 8am-5:30pm on school vacation days
- We require that a child attend at least 2 days per week and have a consistent schedule

Please check the days you are currently interested in:

M T W Th F

City Scholarship Information

The City of Cambridge Department of Human Service Programs has a limited amount of funds available for tuition assistance. Scholarships are based on income and family size.

Are you interested in a city scholarship? **Yes No**

Vouchers

We accept vouchers issued by Child Care Choices of Boston (CCCB). For more information from CCCB, please call 617-547-1063.

Do you have a CCCB voucher? **Yes No**

Waitlist Information

This form is to request that your child be placed on the King Open Extended Day Program waitlist. If the program is currently full or is not enrolling new participants at this time, your child's name will be placed on the waitlist according to the date this completed form is received by the Program Manager, unless other arrangements have been made. You will be contacted by telephone and/or email when an opening is available for your child to enroll. Children are eligible to be placed on a waitlist if enrolled at King Open or expected to enroll at King Open at the start of school in September. If you have a change of address or telephone number, please call the Program Manager at 617-349-4469, so the information may be updated immediately. Incorrect information may affect your ability to register.

Returning this Form

email to bohare@cambridgema.gov or, mail to
King Open Extended Day
359 Broadway
Cambridge, MA 02139

For questions or to schedule a tour call 617-349-6078 or email:

Bucky O'Hare, KO After-School Manager, bohare@cmabridgema.gov

Erika Peter- Harp, KOED Assistant Program Manager, epharp@cambridgema.gov

The City of Cambridge, Department of Human Services, 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 Services 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.

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Information Release Form

City of Cambridge

Department of Human Service Programs

The King Open Extended Day is a program of the City of Cambridge's Department of Human Service Programs (DHSP).

_____ **King Open**
(Child's Name) (Name of Elementary School)

Parent/Guardian Name (Please Print): _____

Check One: **NEW STUDENT** **RETURNING STUDENT**

Program: King Open Extended Day

I hereby authorize the Department of Human Services (DHSP) and King Open Extended Day (KOED) staff to visit my child's school day classroom/program and to discuss with relevant personnel (teachers, specialists, therapists, medical and other caregivers) any pertinent information regarding my child in the context of the his/her participation in DHSP's out of school time (OST) programs.

Parent/Guardian Signature (for authorization): _____ **Date:** _____

I decline authorization: _____ **Date:** _____

Permission to Obtain Student Records (IEP, 504 plan, behavior plans)

I hereby authorize my child's school/program to release any student record (i.e. IEP, behavior plan, 504 plan) to DHSP and KOED staff. It is my understanding that the content of all records will remain confidential and will be used to enhance my child's experience in DHSP's out of school time (OST) programs.

Parent/Guardian Signature (for authorization): _____ **Date:** _____

I decline authorization: _____ **Date:** _____