PAUS/EAST END HO USE
Middle School
AFTER SCHOOL PROGRAM
2016-17 Enrollment Packet

FOR EEH OFFICE USE ONLY: Date Received: _______. Entered into ETO by _____ on _______.

Please complete and return this enrollment packet to: Stephanie Gendron, Sr. Dir. of Youth Opportunities
Mail: East End House, 105 Spring Street, Cambridge MA, 02141
Fax: (617-868-3616) Email: (stephanie@eastendhouse.org)

1. IDENTIFYING & DEMOGRAPHIC INFORMATION

Child’s Name: __________________________________________
Home Address: ____________________________ City: ________ State: _____ Zip: ______
Child’s Cell # ____________________________ DOB: _______ Current Age ______
School: ____________________________ Grade: _______
Sex: __Female __Male

EAST END HOUSE HISTORY

How did you hear about East End House?
___Referred by an agency (please specify) __________________________________________
___Referred by a friend __________________________________________
___East End House pamphlets, flyers, etc. __________________________
___East End House website __CCRC __________________________
___Previous program enrollment __Other (please specify) __________________________

Please list any children in your household who have participated in EEH Programs before:
1. Name: ____________________________ Please check all programs in which this child participated:
  □ Childcare □ School-Age □ Middle School □ High School □ Mentoring □ Summer

2. Name: ____________________________ Please check all programs in which this child has participated:
  □ Childcare □ School-Age □ Middle School □ High School □ Mentoring □ Summer

3. Name: ____________________________ Please check all programs in which this child has participated:
  □ Childcare □ School-Age □ Middle School □ High School □ Mentoring □ Summer
II. HEALTH INFORMATION

Does your child have any **Chronic Health Conditions**: ___Yes   ___No
If yes, please describe: __________________________________________________________

Does your child have an Individual Health Plan for a child with a chronic health condition? ___Yes*  ___No  *If yes, please attach.

Child’s **physician/clinic**: ______________________________________________________
Phone: __________________ Address: _______________________________________________

Does your child have a **Disability, Special Need, Limitations or Concern**? ___Yes   ___No
If yes, please describe: _________________________________________________________

**Allergies**: ________________________________________________________________
Reactions/symptoms that may occur: ___________________________________________
Allergy Treatment (e.g. Epi Pen, Benadryl, etc.): _________________________________

**Dietary restrictions**: _______________________________________________________

Does your child have a diagnosed **special need**?  ___Yes   ___No
If yes, please specify: _________________________________________________________

Does your child take any **medications** on a regular basis?  ___Yes   ___No
If yes, please describe and specify whether medications need to be administered during program time:
__________________________________________________________________________

**Medical Insurance Information**
Insurance Company Name: ______________________________________________________
Policy Holder Name: ___________________________________________________________
Policy Number: __________________ Special Instructions: ___________________________

*I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child’s school.*

**Parent/Guardian Initials: _____**
III. FAMILY/HOUSEHOLD INFORMATION

Parent/Guardian #1 Name: ____________________________
☐ Check here if head of child's household.
Relationship to Child: ____________________________
Home Address: ____________________________
Home Phone: ____________________________
Cell Phone: ____________________________
Email Address: ____________________________
Work Name: ____________________________
Work Address: ____________________________
Work Phone: ____________________________
Hours at work: from ____ to ____

Parent/Guardian #2 Name: ____________________________
☐ Check here if head of child's household.
Relationship to Child: ____________________________
Home Address: ____________________________
Home Phone: ____________________________
Cell Phone: ____________________________
Email Address: ____________________________
Work Name: ____________________________
Work Address: ____________________________
Work Phone: ____________________________
Hours at Work: from ____ to ____

Your highest level of education:
   ___ Some High School
   ___ High School Graduate/GED
   ___ Some College
       Associate’s Degree
   ___ Bachelor’s Degree
   ___ Master’s Degree
   ___ PhD or Professional Degree (MD, JD, etc.)
   ___ Other: ____________________________

Your highest level of education:
   ___ Some High School
   ___ High School Graduate/GED
   ___ Some College
       Associate’s Degree
   ___ Bachelor’s Degree
   ___ Master’s Degree
   ___ PhD or Professional Degree (MD, JD, etc.)
   ___ Other: ____________________________

Please list all who live in child's household:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to Head of Household</th>
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<tbody>
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</tbody>
</table>

Total number of people in household: ______

Does your family have any custody agreements, court orders or restraining orders pertaining to the child?  ___ Yes*  ___ No  *If yes, please explain/attach:
EMERGENCY CONTACTS

Please list up to three emergency contacts other than the child's parents/guardians. In case of emergency you will be contacted first and if we cannot get in touch with you, we will call the emergency contacts listed. Please list contacts in the order they should be contacted.

CHILD'S NAME: ____________________________________________

1. Name: ___________________________     Phone: ___________________________
   Address: _____________________________________________________________
   Relationship to Child: _________________________________________________
   Do you give permission for your child to be released to this person? __ Yes    __ No

2. Name: ___________________________     Phone: ___________________________
   Address: _____________________________________________________________
   Relationship to Child: _________________________________________________
   Do you give permission for your child to be released to this person? __ Yes    __ No

3. Name: ___________________________     Phone: ___________________________
   Address: _____________________________________________________________
   Relationship to Child: _________________________________________________
   Do you give permission for your child to be released to this person? __ Yes    __ No
East End House Behavior Agreement

A Note to Families: The purpose of this agreement is to create a safe space for children to get academic support, learn positive socials and skills, develop character, be a part of a community and have fun.

I Agree to:

- **Be Respectful Towards Others at All Times**
  - Use positive and respectful language and a respectful tone
  - Be respectful and inclusive towards others.
  - No swearing or using disrespectful language.
  - Be engaged in the current group activity.
  - Respect the schedule laid out by staff.

- **Cell Phone Policy:**
  - No cell phone usage except to call parents with staff permission or during free time.

- **Be Safe**
  - Keep hands, feet, and property to self.
  - No Bullying; teasing, picking on, insulting, or gang up on or excluding another member.
  - No threatening language or behavior, even if 'just kidding.'
  - Participants need to stay with a staff member and his/her group at all times.
  - Youth are not allowed to leave a room without staff permission.
  - Children need to walk in the hallways and classrooms.

- **Keep the Community Clean**
  - Pick up after yourself. Eat and drink in designated areas only.
  - Be respectful of all East End House and program site materials, equipment, furniture, games, walls etc.

- **Listen to Staff Direction at All Times**

- **HAVE FUN & Be The Best You You Can Be (BTBYYCB)!!!**

East End House uses brief and mild consequences in the form of a 'break' in most situations for minor infractions, but if a student refuses to take a 'break', or continue to not follow the rules a staff will record the negative behaviors or rule breaking in a 'behavior report.'

If a member receives 2 'behavior reports' in a week then the child will need to meet with a staff member and in some cases, with the Program Director. Additionally, a call home will be made to inform parents/guardians of behaviors, to get support, and also to let the parents know that if the child receives 2 more reports in the same week he or she will need to take a day off from the program.

If a member hits, trips, shoves, kicks another student, or hurts another student in any way, or engages in destruction of property in any way, there will be an immediate behavior report and meeting with a parent or guardian. Depending on severity of incident, student may be suspended. Bullying, teasing, picking on or gang up on another member by a group of 2 or more members will result in automatic suspension and meeting with parent/guardian.

I understand the rules and agree to help East End House create a safe, respectful and positive space that promotes growth, learning and community.

__________________________________________  ______________________________________  __________________________
Student - Printed Name                     Student - Signature                      Date

__________________________________________  ______________________________________  __________________________
Parent - Printed Name                      Parent - Signature                        Date
CONSENTS

Media Release
I do ___ or do not ___ give permission to have my child appear in any photos or displays within the agency and in agency literature, newsletters, social media, and/or annual reports. I understand that the President and CEO has been given the authority by the Board of Directors to determine appropriate requests for using children’s images for these purposes.

Parent/Guardian Signature ________________________________ Date ______________

Emergency Medical Treatment Consent
I hereby give East End House permission to administer basic first aid/CPR to my child and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child’s health.

Parent/Guardian Signature ________________________________ Date ______________

Child’s Swimming Level:
___ Non-Swimmer  ___ Beginner  ___ Intermediate  ___ Advanced

All of the above information is accurate to the best of my knowledge. If there are any changes in any of the above information, I will notify East End House immediately.

Parent/Guardian Signature ________________________________ Date ______________

Printed Name ________________________________

This program is in part made possible through the award of a Massachusetts DESE 21st Century Community Learning Center Grant

The purpose of the 21st CCLC Grant Program is to establish or expand “community” learning centers that operate during out-of-school (OST) hours and provide students with academic enrichment opportunities along with other activities designed to complement the students’ regular academic program.
Attendance Agreement

Student's Name: __________________________
Program Start Date: ______________________

After school programs can provide many benefits for the youth involved. Participation in a quality afterschool program can:

- improve school attendance and performance,
- reduce risk behaviors like drug use, sexual activity, and crime,
- increase homework completion,
- improve behavior,
- inspire new career paths,
- teach social skills,
- and keep kids active and healthy!

We work hard to provide all of these benefits to your children during our program. However, our research has shown that in order for these effects to be seen, students must be present at the program for at least 3 days weekly.

We require a **minimum** of 3 days of consistent enrollment in the program*.

(Although we hope your child can attend more!)

*Students' conflicting athletic/other extracurricular obligations will be taken into consideration and will not prevent students' participation in PAUS/EEH programming.*

Please complete the chart below to indicate which days your child will attend program, what time he/she will depart each day, and method of transportation home:

<p>| Check off which 3-5 days student will attend program (consistent weekly schedule is required!): |</p>
<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>Departure time: (5:45 preferred/recommended)</td>
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<tr>
<td>How will child leave the program each day? (Must complete separate sign-up paperwork for 5:45pm late bus)</td>
<td>☐ Unsupervised Walk*</td>
<td>☐ Unsupervised Walk*</td>
<td>☐ Unsupervised Walk*</td>
<td>☐ Unsupervised Walk*</td>
</tr>
<tr>
<td>☐ 5:45pm Bus</td>
<td>☐ 4:30pm Bus</td>
<td>☐ 4:30pm Bus</td>
<td>☐ 4:30pm Bus</td>
<td>☐ 4:30pm Bus</td>
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<tr>
<td>☐ 5:45pm Bus</td>
<td>☐ 5:45pm Bus</td>
<td>☐ 5:45pm Bus</td>
<td>☐ 5:45pm Bus</td>
<td>☐ 5:45pm Bus</td>
</tr>
</tbody>
</table>

*For unsupervised walkers, please indicate whether your child is allowed to leave the afterschool program without calling you first:  Yes  No

*No late buses available*
(Attendance Agreement, cont'd)

- If your child needs to be absent for a day, please contact East End House at 617-876-4444 or email Stephanie at stephanie@eastendhouse.org

- If your child is consistently absent on days when he/she is supposed to attend, we will need to speak with you in order for him/her to stay enrolled in our program.

- If you need to change your child’s schedule at any time, let us know!

I understand that my child is expected to attend the afterschool program on the days indicated above. If he/she will be absent or needs to change his/her schedule, I will notify East End House in advance. I understand that if my child has persistent and/or unexcused absences, he or she may be removed from the afterschool program.

Parent/Guardian Name: ________________________________

Signature: ___________________________ Date: __________
PAUS/EEH 5:45pm LATE BUS REGISTRATION

The 5:45pm* late bus will be available Mondays, Tuesdays, Wednesdays & Thursdays** for students attending Putnam Ave Upper School/East End House After-School Programming (alternate arrangements will need to be made on Fridays). This bus has limited capacity, and will make limited stops throughout Cambridge. We will do our best to plan a bus route based on which stops work for each student/family.

* Please note, delays are expected regularly due to the timing of the route during rush hour.

** Bus availability is contingent upon demand/# of students signed up.

My child, ________________________________ is enrolling/enrolled in the PAUS/East End House program and needs 5:45pm bus transportation on:

___ Mondays   ___ Tuesdays   ___ Wednesdays   ___ Thursdays

Please CHECK OFF All Possible Stops & CIRCLE Your 1st Choice for your child's drop-off point:

☐ Kennedy Longfellow School - Spring St.
☐ 60 Wadsworth
☐ "FMA" Fletcher Maynard - Windsor & Harvard St
☐ Cambridgeport - Elm Street
☐ Area 4 Youth Center - Harvard St
☐ Old Longfellow - Broadway
☐ YMCA - Mass Avenue
☐ Audrey & Vassar St
☐ Amigos School - Upton Street
☐ Morse School - Granite Street
☐ King Open School

☐ Prospect St. & Cambridge St.
☐ "CRLS" Cambridge Rindge and Latin School (High school) - Cambridge Street
☐ Mt. Auburn & Brewer Street
☐ Baldwin School - Oxford Street
☐ Graham & Parks - Linnaean St
☐ Walden Square
☐ Peabody School - Ringe Avenue
☐ 362 Rindge Avenue
☐ Haggerty - Cushing Street
☐ Tobin School - Vassal Lane

Parent Name_________________________ Preferred Contact #:_________________________

Email: ___________________________ Signature: ___________________________

Alternative Emergency Contact (in case you cannot be reached):

Name ___________________________ Relationship to Student ___________________________

Phone #:_________________________ Email: _____________________________________
AUTHORIZATION FOR RELEASE OF STUDENT RECORDS
AND/OR STUDENT RECORD INFORMATION

I, _______________________, authorize the Cambridge Public Schools to
release copies of and/or information regarding the student record of my son/daughter,
to _______________________.

(I insert name of son/daughter)
I further represent that I have authorized _______________________
to receive a copy of my son/daughter’s student record and/or student record information
as indicated above.

By signing this Authorization for Release of Student Records and granting
permission as stated herein, I am releasing the City of Cambridge, the Cambridge Public
Schools and its individual schools and their respective officers, directors, agents and/or
employees from and against all claims arising out of the release of my and/or my
son/daughter’s student records and/or information contained in my son/daughter’s student
records and any subsequent use of this information by the designated recipient and
his/her respective officers, directors, agents and/or employees.

I have read this Authorization for Release of Student Records and understand its
terms. I sign it voluntarily and with full knowledge of its significance.

_________________________  _________________  _________________
Student Name                  Grade                  Date of Birth

_________________________
Parent/Guardian Signature

_________________________
Student Signature (if over 16)
Dear Parent/Guardian,

We are very excited to partner with the Program in Education, Afterschool and Resiliency (PEAR) in order to promote the positive social-emotional development of our students. There is increasing evidence that helping students feel good about themselves, their school, afterschool program and their relationships improves their learning. East End House and PEAR have worked together for several years to enhance evaluation procedures. This project extends the partnership, allowing us to improve youth services.

We will administer PEAR’s Holistic Student Assessment (HSA) to students in grades 6 – 8. As part of this effort, your child will be asked to complete a brief survey about him or herself at the beginning and end of the year. The survey focuses on social and emotional development, relationships and learning and school engagement. Designated staff at East End House will have access to these results. This information can help staff tailor teaching and support to your child’s unique strengths and needs. Additionally, in an effort to improve coordination between East End House and Putnam Avenue Upper School (PAUS), assessment results may be shared with PAUS staff. We believe this will improve the services we provide to students.

PEAR, a joint initiative of McLean Hospital and Harvard Medical School, may use results and data from our site for research and educational purposes that further PEAR’s mission to improve strategies fostering students' social-emotional development and well-being. Your child’s name will never be used as part of this research.

Please take a moment to complete and return this form. Your child will be unable to participate without your signed consent.

If you have any questions about this effort or would like to see a copy of the survey, please contact Stephanie Gendron at East End House at (617)876-4444 or stephanie@eastendhouse.org.

_____ I give permission for my child to complete PEAR’s Holistic Student Assessment

_____ I DO NOT give permission for my child to complete PEAR’s Holistic Student Assessment

Child’s Name ________________________________ Date __________________

Parent/Guardian Signature ________________________________

Parent/Guardian Name ________________________________

Relationship to Child ________________________________
Dear Parent,

Your child's after-school program has agreed to help develop a new after-school youth survey for the Massachusetts Department of Elementary and Secondary Education. This work is being conducted by Wendy B. Surr from the National Institute on Out-of-School Time, which is part of the Centers for Women at Wellesley College.

This school year your child will be invited to complete after-school surveys (one in the winter and another in the spring). The surveys will ask questions about what your child thinks of the program and about some of the ways he or she may be benefiting from attending the program. The information your child provides will be extremely valuable in helping our research team design an effective youth survey.

We assure you that all information collected from your child on surveys will be kept strictly confidential by program administrative staff and the research team. Your child will not be identified and your child’s answers will not be shared with after-school program staff, school personnel, or any other organization or individuals. Participation in this study is strictly voluntary and your child may choose to stop at any time.

Should you have any questions about this process feel free to contact Wendy B. Surr at the National Institute on Out-of-School Time at 781-283-2443.

Please sign the form below only if you do not wish for your child to participate.

******************************************************************************

Parents or Guardians

Please sign this form only if you do not wish for your child to participate.

I __________________________ (Print Your Name) do not wish for my child __________________________ (Print Child's Full Name) to participate in research being conducted by the National Institute on Out-of-School Time, Wellesley Centers for Women at Wellesley College to develop a new youth survey.

______________________________ __________________________
Parent or Guardian Signature Date
Dear Parents and Guardians:

Your child has been invited to participate in a program called GeniConnect, funded by the National Science Foundation and in partnership with East End House (EEH). The goal of this program is to boost your child’s awareness of science-related career possibilities and their understanding of genetics. The program consists of a series of experiences involving an online educational game, mentoring by a scientist in a local biotechnology company, and hands-on laboratory work in biotechnology and genetics. We believe that this approach will help motivate students to learn and to understand how scientists try to solve problems in the real world.

What will your child do in this project?

Your child will be part of research designed to determine the extent to which the GeniConnect program succeeds in these goals. Your child will work with a scientist mentor who has been trained as part of the GeniConnect program by staff at East End House. The research for this project is under the direction of Dr. Frieda Reichsmann of the Concord Consortium and Dr. Aaron Rogat of Purdue University, both of whom have many years of experience working with students.

Your permission for your child to participate in this program means that data from your child’s use of the GeniConnect materials will be collected for research. This includes using the genetics gaming software offered by GeniConnect, discussion in password-protected online project forums, answers to tests and surveys, as well as transcripts from interviews with your child. Though there may be no direct benefits to participants for participating in the research study, the risks involved with the research study are minimal, no greater than everyday life, and the research will benefit future students and teachers using this software and teaching materials. In any study of this nature, your child’s privacy and freedom of choice is a primary concern. Outside of our office, and in any report of results, each child will be identified only by a confidential code. Children’s privacy will be strictly observed. Actual names and identities will not be made public. Furthermore, participants can withdraw from the study at any time (see below for contact information).

We may be taking photographs, videotaping or audiotaping children as they use the project materials. Participants may also create their own recordings while they are using our software, narrated by their voice (this process is called screenrecasting). The photographs, video, audio recordings and these student recordings of screen activity during use of software will be used primarily by project staff members to study how the program is being used and what kind of learning is taking place. Secondly, they may be used to share information with the broader research community at conferences, in trainings for future after-school staff, and in research papers. Photographs or video clips may also be displayed on the Concord Consortium website, social media outlets (including official Concord Consortium Facebook and Twitter pages), and in print and electronic publications. Once again, your child’s identity will never be made public.

We may also be interviewing and surveying your child as part of individual interviews or focus groups to understand what your student learned and how motivated he/she is about the science learned. This information will be used to understand the impact of our program and or improve the program. Interviews will be audio taped and transcribed as digital files. Though all research carries the risk of breach of confidentiality and researchers cannot control what subjects might share outside of the research environment and thus cannot fully guarantee the confidentiality of subjects, researchers for this project take the utmost care to protect the confidentiality of interviewees and participants. Digital files for project interviews will be stored on Concord Consortium’s password protected servers for 3 years, and then deleted permanently. Participation or lack of participation in this research study will not affect your child’s status in the after school program. Even if you do not give consent to have your child interviewed, surveyed or assessed, he/she can still participate in the afterschool program.
What if I have questions?
If you have any questions about this study, you may contact the project leaders: or Frieda Reichsman, (978-405-3228; freichsman@concord.org) or Aaron Rogat (314-422-0320; arogat@gmail.com). You may also contact Amy Pallant, chair of The Concord Consortium Human Subjects Institutional Review Board, at 978-405-3227 or apallant@concord.org if questions or problems arise during the course of the study.

If you have questions about your rights while taking part in the study or have concerns about the treatment of research participants, please call the Human Research Protection Program at (765) 494-5942, email (irb@purdue.edu) or write to:
   Human Research Protection Program - Purdue University
   Ernest C. Young Hall, Room 1032
   155 S. Grant St., West Lafayette, IN 47907-2114

The project's research records may be reviewed by the National Science Foundation and the Office for Human Research Protections and by departments at Purdue University responsible for regulatory and research oversight.

By signing below, you agree to have your child participate in the GeniConnect research study including agreeing to be assessed, interviewed and surveyed about the science my child learned and my child’s attitudes towards the science. You also agree to have your child’s responses recorded through photos, video, audio recordings and screencasts.

Print child’s name: __________________________

Print parent/guardian’s name: __________________________

Parent/guardian’s signature: __________________________ Date: __________

Researcher’s signature: __________________________ Date: __________
General Field Trip Permission Slip
2016-17 School Year

Student Name: ____________________________________________

Parent/Guardian Printed Name: ________________________________

LOCAL/CAMBRIDGE-BASED TRIPS:
I give permission for my child to attend local field trips within the city of Cambridge, under supervision of East End House Staff, during the 2015-16 school year. I understand that field trips may require the assistance of public transportation or a school bus.

Possible destinations include:
- Local playgrounds and fields
- Local Libraries
- Local Shops
- Cambridge Street Fire Department
- Museum of Science
- Cambridge Creativity Commons

_________________________  __________________________
Parent/Guardian Signature  Date

GREATER BOSTON:
I give permission for my child to attend field trips in the Greater Boston area, under the supervision of East End House staff, during the 2015-16 school year. I understand that field trips may require the assistance of public transportation or a school bus.

Possible destinations include:
- Museums
- College campuses
- Recording studios
- Arts venues

_________________________  __________________________
Parent/Guardian Signature  Date

*Please note: We welcome parents and guardians to chaperone any of our trips. Please let the Middle School Program Director or your child’s group leader know if you are interested in chaperoning.