Dear Parents and Families,

I hope you and your family are staying safe and healthy through the pandemic. At East End House we are doing our best to plan for the future given these uncertain times. The Department of Early Education and Care will soon be approving programs to reopen, and it is our hope to open for summer on July 6th. This date has still not been confirmed and may be pushed back for a variety of reasons.

This summer, programming will look very different due to new health and safety regulations regarding the coronavirus. In order to make sure everyone stays safe, we will need your cooperation and support in enforcing these new regulations. As our plan is finalized, we will share all the details so we can work as partners through this process.

To officially secure a spot, we are asking for a one-week deposit of $200, and to complete an enrollment packet which is attached. The enrollment form must be properly completed along with any applicable additional paper work (Individual Health Care Plans, Consent to Administer Medication), and any necessary medication must be on hand before your child/children can start. Please do not hesitate to reach out if you need assistance with paperwork or have questions about enrollment.

The program is tentatively scheduled to run for 8 weeks, from July 6th through August 28th, Monday through Friday, 7:30 am - 5:30 pm. but this schedule is subject to change. We hope you to see you all in person sometime soon!

Sincerely,
Sean Pulsfort and East End House Staff
SCHOOL AGE PROGRAM SUMMER FUN
CHILD’S ENROLLMENT FORM

Child’s Name: ___________________________________________ Date of Admission _______________

Date of Birth: ______________ Current Age _______ Grade: _______ (if summer enrollment, grade in Sept)

Street Address ___________________________________ City _______________ Zip __________

Sex _______ Weight ________ Height _______ Eye Color ___________ Hair color ___________________

Skin tone: ___ Fair    ___ Olive    ___ Light Brown    ___ Dark Brown    ___ Other: ______________________

Primary Language: ________________________________ Primary Ethnicity: __Hispanic/ Latino __Not Hispanic or Latino

Race: ____ American Indian/ Alaskan Native ___ Asian ___ Black/ African American ___ White ___Black/African American & White ___ Native Hawaiian/ Pacific Islander ___Other: __________________

Identifying Marks: _________________________________________________________________________

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:_________________________ Parent/Guardian Name:_________________________

Relationship to child: _________________________ Relationship to child: _________________________

Home Address:______________________________ Home Address:______________________________

Telephone (h): ______________________________ Telephone (h): ______________________________

Telephone (c): ______________________________ Telephone (c): ______________________________

Email Address: _____________________________ Email Address: _____________________________

Work Name: ________________________________ Work Name: ________________________________

Work Location:______________________________ Work Location:______________________________

Work phone #: ______________________________ Work phone #: ______________________________

Hours at work: from ___________ to ___________ Hours at work: from ___________ to ___________

Best way to contact: _________________________ Best way to contact: _________________________

ADDITIONAL INFORMATION: Please submit current physical exam, immunization record, and lead
screening test OR verify that this information is on file at your child’s school. Please initial if the
above information is on file at your child’s school: ______________

Special limitations or concerns (including dietary restrictions): _______________________________________

Allergies: ________________________________________________________________________________

Reaction to allergen: ____________________________________________________________

Allergy treatment (Benadryl, EpiPen, etc.): _____________________________________________

Current School: ___________________________ Teacher’s name: _____________________________

________________________________________________ (forms expire one year from this date)

Parent/ Guardian Signature ___________________________ Date ___________________________
HOUSEHOLD INFORMATION - Please fill out below information for the head of household

Head of Household’s Name: ___________________________ Relationship to child: ______________________

Your race:
___American Indian or Alaska Native
___American Indian/Alaska Native & Black/African American
___American Indian/Alaska Native & White
___American Indian/Alaska Native & White
___Asian
___Asian/White
___American Indian/Alaska Native & Black/African American & White
___Native Hawaiian or Other Pacific Islander
___Black or African American
___Black/African American & White
___Other Multi-Racial (not listed above)

Ethnicity: ___Hispanic/ Latino  ___Not Hispanic or Latino  Primary Language: _____________________________

Born in the United States: ___Yes ___ No  Child born in the United States: ___Yes ___ No

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: _____________________________

Other adults in household:
Adults are between the ages of 18 and 61
1. ___________________________ Relationship to head____________________
2. ___________________________ Relationship to head____________________

Seniors in household:
Seniors are over age 62
1. ___________________________ Relationship to head____________________
2. ___________________________ Relationship to head____________________

Children in household:
Children are under age 18
1. ___________________________ Relationship to head____________________
2. ___________________________ Relationship to head____________________
3. ___________________________ Relationship to head____________________

Total number of people in household: ______  Household Income: $________________

Types of income received (check all that apply):
___Unemployment  ___TAFDC  ___No income  ___Child Support  ___Alimony
___EAEDC  ___Pension  ___Self-employed  ___Work  ___Worker’s Comp
___Refugee Relief  ___SSDI  ___VA Benefits  ___SSI  ___Food Stamps
___Other_____________________

Does your family have any custody agreements, court orders or restraining orders pertaining to the child?
___Yes*  ___No  *If yes, please attach
**CHILD INFORMATION**

**Medical Information**

Allergies: ________________________________________________________________________________

_______________________________________________________________________________

Reactions/symptoms that may occur: __________________________________________________________

Allergy Treatment (e.g. Epi Pen, Benadryl, etc.): __________________________________________________________

Dietary restrictions: ________________________________________________________________________

Does your child have a disability, special need, limitation or concern (diagnosed or not)? ___Yes ___No

If yes, please describe: ________________________________________________________________________

Does your child take any medications on a regular basis? ___Yes ___No

If yes, please describe: ________________________________________________________________________

Chronic Health Conditions: ___________________________________________________________

________________________________________________________________________________________

Does your child have an Individual Health Plan for a child with a chronic health condition? ___Yes* ___No

*If yes, please attach.

Any serious illnesses, hospitalizations and/or surgeries? ___________________________________________

________________________________________________________________________________________

**Administration of Topical Mediations**

I give permission for my child to have sun screen/block (SPF 30) applied to the skin by East End House staff if needed. *During summer months sunscreen will be applied every two hours while children are outside.*

____________________________ _______________
Parent/Guardian Signature Date

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** __________

Has your child been tested for lead? _______Yes (please initial) ___No
FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: ___________________________________________ Date of Birth: ______________________

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to ________________________, and to secure necessary medical treatment for my child.

Child's Physician Name: __________________________________________________________
Address: ________________________________________ Phone Number: __________________________

Child's Allergies: __________________________________________________________________________
Chronic Health Conditions: __________________________________________________________________

Emergency Contacts (In order to be contacted, including parents and guardians)

Name__________________________________________ Relationship to child________________________
Home Phone_________________________ Cell Phone__________________________
Do you give permission for child to be released to this person? Yes_____ No______

Name__________________________________________ Relationship to child________________________
Home Phone_________________________ Cell Phone__________________________
Do you give permission for child to be released to this person? Yes_____ No______

Name__________________________________________ Relationship to child________________________
Home Phone_________________________ Cell Phone__________________________
Do you give permission for child to be released to this person? Yes_____ No______

Name__________________________________________ Relationship to child________________________
Home Phone_________________________ Cell Phone__________________________
Do you give permission for child to be released to this person? Yes_____ No______

Health Insurance Coverage________________________________________ Policy #_____________________

Parent/Guardian Name: ________________________________ Phone______________ Cell______________

Parent /Guardian Signature ____________________________ Date (valid for one year)
Transportation Plan:
On a typical day:
My child will be dropped off by __________________________ at __________________ (time)
My child will be picked up by ___________________________ at __________________ (time)

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE.")

1. Name _____________________________ Relationship _________________________
2. Name _____________________________ Relationship _________________________
3. Name _____________________________ Relationship _________________________
4. Name _____________________________ Relationship _________________________

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING.

____________________________________________
Parent/Guardian Signature Date

Other:
Local Field Trip Permission Form
I give permission for my child to attend any local field trips or go to local playgrounds. I understand that all field trips/playgrounds will be within walking distance of the agency and within one mile of the agency. Field trips using the assistance of public transportation/school bus will require a second permission slip distributed at the time of the scheduled event. Possible destinations include:

• Local playgrounds and fields • Cambridge Street Fire Department • Local Shops
• Local Libraries Museum of • Science

____________________________________________
Parent/Guardian Signature Date

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, 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
Academic Information

School Child Attends:

___Kennedy/Longfellow  ___King Open  ___Peabody  ___Fletcher Maynard  ___Amigos

___Baldwin  ___Cambridgeport  ___Haggerty  ___Morse  ___Martin Luther King  ___Tobin

___Other (please specify): ___________________

Does your child have an IEP? ___Yes  __No
Does East End House (EEH) have a copy of the IEP? ___Yes  ___No*

Does your child have a 504 (b)? ___Yes  ___No
Does your child have a behavioral plan while at school? ___Yes  ___No Does EEH have a copy of the behavioral plan? ___Yes  ___No*

*If East End House does not have a copy of your child's IEP or behavioral plan, we request that you consider providing a copy for us. These documents will help us best meet the academic, social, emotional and behavioral needs of your child(ren).

Is your child in a self-contained classroom? ___Yes  ___No

*If yes, what percent of the school day is your child in a self-contained classroom (write 100% if your child does not typically spend any time in a general education classroom)? __________

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
Please check the weeks that you would like to enroll your child:

☐ Week 1: June 22 - June 26
☐ Week 2: June 29 – July 3
☐ Week 3: July 6 - 10
☐ Week 4: July 13-17
☐ Week 5: July 20 - 24
☐ Week 6: July 27 – July 31
☐ Week 7: August 3 - 7
☐ Week 8: August 10 - 14
☐ Week 9: August 17 -21
☐ Week 10: August 24 - August 28

My child’s shirt size is (please circle one):

Youth:   XS    SM    MD    LG    XL
Adult:   SM    MD    LG    XL
Release of Academic Information

I hereby authorize Cambridge Public Schools to release any student record (i.e. attendance reports, report cards, transcripts, IEPs, etc.) for my child _____________________________ to the staff professionals of the East End House. It is my understanding that the content of all records will remain confidential and will be used to enhance my child’s academic performance. No school records may be released to any other person or agency without my full permission.

Also, I will have the option of inviting afterschool staff members to attend in-school conferences and to meet with school teachers and/or staff members (including IEP meetings) to discuss my student’s progress per my request.

_________________________________________                                   _____________________
Parent/Guardian Signature                                                                             Date
East End House is dedicated to offering services and activities that help families thrive. As a part of that mission, the following services are available to East End House families!

1. **East End House can use the Massachusetts Virtual Gateway screening tool to check eligibility for the following public benefit programs:**
   - **Supplemental Nutrition Assistance Program (SNAP)** Nutrition program that provides eligible individuals and families with a preloaded electronic card to buy nutritious food at most grocery stores, convenience stores and some farmers markets.
   - **Transitional Aid to Families with Dependent Children (TAFDC)** Program run by the Department of Transitional Assistance (DTA) that provides eligible families with cash assistance, employment assistance and other benefits.
   - **Women, Infants and Children (WIC)** Nutritional benefit that provides vouchers for healthy foods to eligible families with children under 5 years and pregnant woman.

2. **Food Pantry Pick Up:** East End House offers fresh produce, canned goods and dry goods from the Emergency Food Program to income eligible families. Food is set aside and picked up when picking up your child(ren).

3. **Bulletin Boards:** There are bulletin boards on each floor of East End House with flyers for family friendly free events and free resources in the Cambridge, Somerville and Boston area. They are updated every few weeks so be sure to check them out!

4. **Local Resources:** East End House also has a directory of resources for Employment and Job Training, Energy and Utility Assistance, Financial Education and Counseling, and Housing Assistance, and Local Agency contact information.

5. **Annual Events:** East End House runs a Thanksgiving Basket giveaway and a Holiday Toy Drive to provide eligible families with food and toys for the holidays.

Name: ___________________________________________ Program: ______________________
Email: ___________________________________________ Phone: ______________________

☐ I would like to check my eligibility for public benefits.
☐ I would like to learn more about enrolling for Food Pantry Pick Up.
☐ I would like a copy of the local resources directory.
☐ I would like to learn more about enrolling in the Thanksgiving Basket Giveaway.
☐ I would like to learn more about enrolling in the Holiday Toy Drive.
☐ I have a specific need and would like to meet with someone to speak about options or referrals to address that need.