



**City of Cambridge Department of Human Service Programs  
Cambridge Youth Programs Pre-teen/Middle School Summer Programs**

## **The Mission Possible: Solve It!**

@ Moore Youth Center in collaboration with Cambridge Public Schools

**Who: Rising: 6<sup>th</sup>---8<sup>th</sup> Graders**

**When: 8 week, June 26– August 18**

**Time: 8:30 AM - 6:00 PM**

Brought to you by the Mission Possible Staff! Are you interested in Science, Technology, Engineering, Arts & Math (STEAM)? The Mission Possible: Solve It Summer Program is a full-day, interactive STEAM experience! Paired with summer morning math classes through Cambridge Public Schools at the Putnam Avenue Upper School (PAUS), the Moore Youth Center offers interactive programming that includes hands-on activities, field trips, college visits professional meet and greets and incentive programs! Our amazing staff encourage youth to uncover the math & science at play in their everyday lives and, help build an increased understanding of and appreciation for math. Come and problem solve with us in Summer 2017!

### **Application Deadline: May 2th, 2017**

We will accept applications on a rolling basis, however spaces are limited: please apply early!

**Applications may be submitted via email:**

[STEM@cpsd.us](mailto:STEM@cpsd.us)

or

[Mooreyouthcenter@gmail.com](mailto:Mooreyouthcenter@gmail.com)



**Send via backpack or deliver to:**

Your child's school or  
Moore Youth Center

12 Gilmore Street, Cambridge, MA 02139



**Or send by mail to:**

CPS Science, Technology, Engineering & Math (STEM) Department

Mailing Address: 159 Thorndike Street, Cambridge, MA 02141

**Questions?**

Please contact: Kaitlyn Byrne at 617-349-4492 [kbyrne@cambridgema.gov](mailto:kbyrne@cambridgema.gov)

Ben Godfrey at 617-349-6277 [bgodfrey@cambridgema.gov](mailto:bgodfrey@cambridgema.gov)



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Cambridge Youth Programs Pre-teen/Middle School Summer Programs

**The Mission Possible: Solve It! @ Moore Youth Center**

**Who:** Rising 6<sup>th</sup>---8<sup>th</sup> Graders

**When:** 8 weeks, June 26– August 18

**Time:** 8:30 AM - 6:00 PM

**Fee:** \$75.00 per week (13 Year olds are FREE) for afternoons, July 10 – August 18  
\$150.00 per week (13 Year olds are FREE) for full days, June 26-August 18

**REQUIRED:** Please complete the DHSP pages and attach a copy of your child's most recent physical exam

☐ Check here to request a financial aid application (deadline May 26th)

**My child will attend the Mission Possible: Solve It! at Moore Youth Center during the following weeks:**

**June 26-June 30:** ☐ full day \$150

**July 3-7:** ☐ full day/\$150

**July 10-14:** ☐ afternoon/\$75 ☐ full day/\$150

**July 17-21:** ☐ afternoon/\$75 ☐ full day/\$150

PAID

☐☐☐☐

Office  
Use Only

**July 24-28:** ☐ afternoon/\$75 ☐ full day/\$150

**July 31-Aug. 4:** ☐ afternoon/\$75 ☐ full day/\$150

**August 7-11** ☐ afternoon/\$75 ☐ full day/\$150

**August 14-18:** ☐ afternoon/\$75 ☐ full day/\$150

PAID

☐☐☐☐

Office  
Use Only

**Please Note:** Please do not send money through Cambridge Public Schools. When your application is received by DHSP, you will be contacted to request a pre-paid deposit (first week's fee) to secure your child's spot, plus \$20.00 CASH for field trip costs. Students who qualify for financial aid will have a reduced weekly fee and deposit, and 13-year-olds only need to pay \$20 cash.

**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:

☐ Moses

☐ Frisoli

☐ Gately

☐ Russell

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

\_\_\_\_\_  
**Date**

**If your child is NOT currently enrolled in a Cambridge Youth Center Program, please share the following additional information with DHSP:**

Student Email Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

\_\_\_\_\_  
Eye Color

\_\_\_\_\_  
Hair Color

\_\_\_\_\_  
Skin Color

\_\_\_\_\_  
Height

\_\_\_\_\_  
Weight

\_\_\_\_\_  
Identifying Marks

Race/Ethnicity: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic/Latino ☐ White ☐ Other: \_\_\_\_\_

Primary Language(s) Spoken at Home: \_\_\_\_\_ Gender: ☐ Male ☐ Female

**For Office Use Only:**

☐ Deposit received

☐ Application received

☐ Physical received

☐ Survey Waiver



**City of Cambridge Department of Human Service Programs  
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**Transportation Plan and Authorization**

My child will **arrive** at the program by:

- ☐ Unsupervised Walk
- ☐ Supervised Walk (who: \_\_\_\_\_)
- ☐ Parent/Guardian Drop Off
- ☐ Other (Describe: \_\_\_\_\_)

My child will **depart** at the program by:

- ☐ Unsupervised Walk
- ☐ Supervised Walk (who: \_\_\_\_\_)
- ☐ Parent/Guardian Pick Up
- ☐ Other (Describe: \_\_\_\_\_)

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.

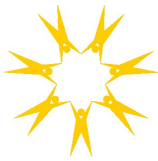
1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby give my child permission to participate in all Youth Center programs, activities and trips. I understand that the activities may include team sports, field trips, and workshops on various topics such as career awareness, violence prevention, alcohol/drug abuse, and other issues pertinent to pre-adolescents.

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:** \_\_\_\_\_

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

\_\_\_\_\_  
**Date**



**City of Cambridge Department of Human Service Programs  
Cambridge Youth Programs Pre-teen/Middle School Summer Programs**

**First Aid and Emergency Medical Care Consent**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

I authorize Cambridge Youth Programs staff who are trained in the basics of First Aid and/or 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.

**Instructions to reach parent/guardian:**

1. \_\_\_\_\_ home phone: \_\_\_\_\_  
Name work phone: \_\_\_\_\_  
cell phone: \_\_\_\_\_
2. \_\_\_\_\_ home phone: \_\_\_\_\_  
Name work phone: \_\_\_\_\_  
cell phone: \_\_\_\_\_

**Child's Pediatrician or Source of Health Care:**

\_\_\_\_\_ phone: \_\_\_\_\_

**Name and Address**

**Child's Allergies:** \_\_\_\_\_

**Symptoms of Allergic Reaction:** \_\_\_\_\_

**Chronic Health Conditions/Medications:** \_\_\_\_\_

(Please Note: If your child uses any medication {prescription including inhalers, over the counter including sunscreen and/or insect repellent} we must have a signed Medication Consent form on file for your child. The consent form must contain the signatures of the parent/guardian and the prescribing physician.)

**Health Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**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

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

\_\_\_\_\_  
**Date**



**City of Cambridge Department of Human Service Programs  
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**Off-Site Activities Permission Form**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

I, \_\_\_\_\_, give permission for my child to participate  
(Parent/Guardian's Name)

in all of the regularly scheduled on-going activities located at the following off-site facilities:

Moses Youth Center, Frisoli Youth Center, Gately Youth Center, Moore Youth Center,  
Russell Youth Center, parks, playgrounds and other destinations within a one-mile radius of  
the Moore Youth Center

The program will provide in writing a list of scheduled activities.

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

\_\_\_\_\_  
**Date**



**City of Cambridge Department of Human Service Programs**  
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**Family Information Questionnaire**

This form provides staff with a brief picture of your child and his/her family. The following information is strictly confidential and will only be used to help CYP staff understand and learn about your child. Any further information you feel might help the staff members make your child more comfortable at the program can be added on a separate sheet.

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

1. Can your child speak and understand English? \_\_\_\_\_

2. How many children are in your family? \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Others in family who live in the same house:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. What do you hope your child gains from this program? \_\_\_\_\_

5. With which agencies, services or partners do you work to support your child's development? \_\_\_\_\_

6. Does your child have any special needs? (health, physical, emotional) Yes \_\_\_\_ No \_\_\_\_

If yes, what type? \_\_\_\_\_

7. Have there been any major changes in your family routine during the past year? A new baby? Moving?  
Accident or injury to your child or other family member? \_\_\_\_\_

8. How does your child usually respond to a new experience? Shy? Assertive? Please describe: \_\_\_\_\_

9. What do you find most effective in calming your child when he/she is upset? \_\_\_\_\_

10. What activities does your child like **best**? Favorite toys/games/songs/activities? \_\_\_\_\_

11. What activities does your child seem to like **least**? \_\_\_\_\_

12. Are there any special dietary concerns and/or restrictions (e.g. foods not allowed, etc.)? \_\_\_\_\_

13. What additional aspects of your child's physical and/or emotional development would you like our staff to know about? \_\_\_\_\_

Additional \_\_\_\_\_ comments: \_\_\_\_\_

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

\_\_\_\_\_  
**Date**



**City of Cambridge Department of Human Service Programs  
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**City of Cambridge  
Department of Human Service Programs  
Information Release Form**

**For official  
use only:**

\_\_\_\_\_  
**(PRINT Child's Name)**

\_\_\_\_\_  
**(Name of School)**

**Please circle one:    NEW STUDENT                      RETURNING STUDENT**

I am applying for: **(Please check all your program choice(s).)**

**Youth Centers**

- ☐ Frisoli Pre-teen
- ☐ Frisoli MSP
- ☐ Gately Pre-teen
- ☐ Gately MSP
- ☐ Moses (Area IV) Pre-teen
- ☐ Moses (Area IV) MSP
- ☐ Russell Pre-teen
- ☐ Russell MSP
- Moore Youth Center
- (MSP=Middle
- School Partnership)

**Community  
Schools (CS)**

- ☐ Amigos/CPort
- CS
- ☐ Elm Street CS
- ☐ Fitzgerald CS
- ☐ Fletcher
- Maynard CS
- ☐ Haggerty CS
- ☐ Harrington CS
- ☐ Kennedy CS
- ☐ King CS
- ☐ Linnaean CS
- ☐ Longfellow CS
- ☐ Morse CS
- ☐ Tobin CS

**Afterschool Childcare**

- ☐ Fletcher Maynard K-3
- ☐ King K-2
- ☐ King 2-5
- ☐ Morse K-2
- ☐ Morse 3-5
- ☐ Peabody K-2
- ☐ Peabody 2-5

☐ **King Open  
Extended Day  
(KOED)**

- ☐ East Cambridge
- ☐ Haggerty
- ☐ King Open
- ☐ M. L. King
- ☐ Morse
- ☐ Peabody

**Recreation**

- ☐ Camp Rainbow
- ☐ The Cambridge Prgm
- ☐ War Memorial Prgms

I hereby authorize the Department of Human Services (DHSP) to observe my child in his/her school day classroom or program and to discuss my child's educational, physical, medical, psychological and/or other needs with his/her teachers, specialists, therapists, medical providers and other caregivers for the purpose of evaluating his/her participation in DHSP's out of school time (OST) and preschool programs.

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **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 my child's records including his/her Individualized Education Program (IEP), Behavioral Intervention Plan and/or Section 504 Plan. DHSP will not disclose the content of any such records to any other party without my written consent, except as DHSP may be required by law to do so. All records will be used for the purpose of evaluating my child's participation in DHSP's out of school time (OST) programs.

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

**I decline authorization:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# City of Cambridge Department of Human Service Programs Cambridge Youth Programs Pre-teen/Middle School Summer Programs

## City of Cambridge Department of Human Service Programs STEAM Programs Impact Evaluation Data Collection Consent Form

### Introduction

The STEAM Coordinator at the City of Cambridge (DHSP) is conducting an evaluation of several summer programs around the city that are focusing on STEAM (Science, Technology, Engineering, Arts and Math) enrichment. As a part of our evaluation efforts, we would like to ask youth who are participating in Moore Youth Center's *The Mission Possible: Solve it!* to:

- Fill out a pre-survey on their first day of the program.
- Fill out a post-survey on their last day of the program.
- Answer reflection questions in a journal every Friday.
- Be a part of a panel on the last day of camp to discuss what they liked about their experience, what they learned from the STEAM activities, and what they thought could be improved about the camp.

### Purpose of Evaluation

The purpose of this evaluation is to:

- Evaluate the quality of the STEAM experiences being offered in this summer camp program.
- Examine the impact that this STEAM program has on youth's attitudes about science, technology, engineering, and math.

The analysis of this data may be presented at an educational conference or in a publication.

### Confidentiality

- The records of this study will be kept strictly confidential. Data records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file. Audio recordings will only be accessed by the STEAM Coordinator, the Evaluation expert, and Moore Youth Center's Director and Program Director for evaluation and educational purposes only. We will not include any information in any report we may publish that would make it possible to identify your child.

### Right to Ask Questions and Report Concerns

- You have the right to ask questions about this Impact evaluation and to have those questions answered by Sharlene Yang, City of Cambridge's STEAM Coordinator, before, during or after the evaluation. If you have any further questions about the evaluation at any time, feel free to contact Sharlene at [syang@cambridgema.gov](mailto:syang@cambridgema.gov) or by telephone at 617-349-4672.

### Consent

- Your signature below indicates that you have decided to allow us to collect data for this evaluation from your child. You will be given a signed and dated copy of this form to keep.

Parent/Guardian Name: \_\_\_\_\_

Child's

name: \_\_\_\_\_

Parent/Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DHSP's Signature: \_\_\_\_\_

Date: \_\_\_\_\_