



c/o Harvard University
Student Organization Center at Hilles
59 Shepard Street, Box 1
Cambridge, MA 02138

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CityStep is an organization based at Harvard that introduces public school youth to the performing arts as an outlet for creative self-expression, a tool for building self-esteem, and a means to mutual understanding.

Through a year-long, after-school dance-theater curriculum based on the Massachusetts Arts Curriculum Framework, CityStep offers students a valuable creative supplement to their traditional education. Each week, teams of Harvard undergraduates teach and mentor middle school children, reaching them during their critical pre-teen years when tools for strengthening self-expression and self-esteem are crucial. Any student can participate—children are not individually pre-selected based on talent or inclination. Each year culminates in a completely original and thematically relevant dance-theater performance that all participants help to create, bringing together parents and teachers, peers and professors, citizens and local leaders in an outpouring of community support.

CityStep provides the opportunity for public school youth to...

- **LEARN** new skills and discover latent talents in dance, choreography, acting, improvisation, performance, and more.
- **DEVELOP** new bonds with classmates while working together towards a common goal, learning in the process to respect each other's points of view.
- **EXPERIENCE** their ideas and contributions as important as they participate fully in the creation of the final performance.
- **FORGE** meaningful and lasting relationships with undergraduate role models, who make college and success in life seem accessible.
- **ENJOY** the support of friends and family, classroom and community, as they bring focused and sustained efforts to fruition.

6th GRADE PROGRAM: This year, CityStep will be offered to 6th graders on **Tuesday afternoons** from **3:30-5:00 PM at Harvard's campus, very close to CRLS**. Students can ride the buses from their school to CRLS (please arrange with your child's Upper School), where CityStep teachers will meet them and walk a short distance to classrooms on Harvard's campus.

Classes are FREE and will start on October 4 and run until November 29 this year; we will continue next year from the end of January until April 8. **Save the date for this year's final show: April 7 and 8!**

CityStep is completely open to any 6th grader regardless of experience level or prior participation in CityStep! We will have a class for returning CitySteppers and a class for those who are trying CityStep for the first time. To register, please complete the permission slip on the following page.

Please contact citystep.harvard@gmail.com with any questions or concerns.

If your child is going to miss a class, please email citystep.harvard@gmail.com. There will be no class on November 22.

PARENT/GUARDIAN PERMISSION FOR PARTICIPATION IN CITYSTEP

I _____, give permission for my son/daughter/ward, _____,
[Print your name] [Print child's name]
to ride the bus on Tuesday afternoon to CRLS.

Signature _____ Date _____

In order for students to take the bus from their school to CRLS, parents must submit an updated transportation form to their school clerks. This form is included at the end for your convenience.

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I _____, give permission for my son/daughter/ward, _____,
[Print your name] [Print child's name]
to participate in the **CityStep** program during the **2016-2017** school year. I understand that my child will be working with Harvard College undergraduates learning about dance, building confidence, and developing life skills after school once a week.

I give permission for photographs or videos of my child as well as their written or verbal statements about **CityStep** to be used in **CityStep or Harvard University** program materials, including but not limited to: printed or electronic informational and promotional materials, printed or electronic media releases, the website, and archives. _____ [Initial]

I also grant permission for my son/daughter/ward to be included in the documentation of the program including photographs, video recordings, audio recordings, reproductions of academic work, and written quotations or descriptions of academic activities. I am aware that this documentation material may be edited as necessary. I also understand that the resulting material may be exhibited before the community, school, fundraisers, or other groups or individuals in video, audio, print, or other media formats. _____ [Initial]

I, as the legal guardian, release, hold harmless and agree to indemnify the Harvard University, and the students and staff associated with City Step, from and against any present or future claim, loss or liability for injury to person or property, related to my child's participation in this program (including periods of transit). _____ [Initial]

In case of medical emergency, I give permission for the CityStep volunteers to seek any medical assistance that the above named child may require. _____ [Initial]

Signature _____ Date _____

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We would like to work with you to arrange a plan for transportation home. Please check one of the following

☐ I will pick up my child from CRLS by 5 PM

Name of pick up person _____

Signature _____

☐ My child has permission to walk and/or take the MBTA home.

Signature _____

☐ Other (please specify below)

Signature _____

CityStep may be able to arrange walking a student to a T or bus stop. Please contact us at citystep.harvard@gmail.com if you would like to discuss a plan for transportation home.

Child's Name _____

Age _____ Male ___ Female

Parent/Guardian Name (*Please print*): _____

Parent/Guardian Signature: _____

Date _____

Please indicate any medical conditions and allergies: _____

Child's Birthday: _____

Parent/Guardian Email Address: _____

Parent/Guardian Phone Number: _____

Home Address: _____

Please provide any **emergency contact information**, in the event we are unable to reach you;

Name: _____ Phone number _____

Relationship to child: _____

CPS JK-8 Transportation Plan

Cambridge Public Schools



INSTRUCTIONS: CPS provides bus transportation to JK-5th graders who must travel 1 mile or more in the morning or afternoon, and to 6th-8th graders who must travel 1.5 miles or more. If you have questions about whether your student can take the bus, please search for "transportation eligibility" on the CPS website, or contact 617.349.6862 or transportation@cpsd.us. Help the school and transportation department supervise your student's arrival and dismissal by listing how he/she will get to and from school each day.

Please use this form any time your transportation plan changes. Thank you!

Student Name: _____ School: _____ Grade: _____

Parent/Guardian Name: _____ Phone #: _____ Date: _____

	MORNING	AFTERNOON
MONDAY	<input type="checkbox"/> Bus from home <input type="checkbox"/> Walk/Bike/Drive <input type="checkbox"/> Bus from other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____	<input type="checkbox"/> Bus home <input type="checkbox"/> Walk/Bike on their own <input type="checkbox"/> Stay at school <input type="checkbox"/> Picked up by: _____ <input type="checkbox"/> Bus to other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____
TUESDAY	<input type="checkbox"/> Bus from home <input type="checkbox"/> Walk/Bike/Drive <input type="checkbox"/> Bus from other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____	<input type="checkbox"/> Bus home <input type="checkbox"/> Walk/Bike on their own <input type="checkbox"/> Stay at school <input type="checkbox"/> Picked up by: _____ <input type="checkbox"/> Bus to other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____
WEDNESDAY	<input type="checkbox"/> Bus from home <input type="checkbox"/> Walk/Bike/Drive <input type="checkbox"/> Bus from other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____	<input type="checkbox"/> Bus home <input type="checkbox"/> Walk/Bike on their own <input type="checkbox"/> Stay at school <input type="checkbox"/> Picked up by: _____ <input type="checkbox"/> Bus to other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____
THURSDAY	<input type="checkbox"/> Bus from home <input type="checkbox"/> Walk/Bike/Drive <input type="checkbox"/> Bus from other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____	<input type="checkbox"/> Bus home <input type="checkbox"/> Walk/Bike on their own <input type="checkbox"/> Stay at school <input type="checkbox"/> Picked up by: _____ <input type="checkbox"/> Bus to other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____
FRIDAY	<input type="checkbox"/> Bus from home <input type="checkbox"/> Walk/Bike/Drive <input type="checkbox"/> Bus from other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____	<input type="checkbox"/> Bus home <input type="checkbox"/> Walk/Bike on their own <input type="checkbox"/> Stay at school <input type="checkbox"/> Picked up by: _____ <input type="checkbox"/> Bus to other location <i>please specify:</i> Program/Contact: _____ Street Address: _____ Zip Code: _____ Bus Name: _____



Instructions to Schools: Enter in Aspen and provide copies to the student's teacher/afternoon dismissal supervisors. If students attend an after-school program located at the school, please list the school address as their bus stop.