

**CITY YEAR FOR KIDS**

Attention: City Year For Kids
 287 Columbus Avenue
 Boston, MA 02116
 PHONE 617.927.2473
 FAX 617.927.2560
 EMAIL cyfkboston@cityyear.org

City Year for Kids Vacation Camp is a safe, fun, and low-cost option to working parents looking for quality care for their children during the February and April school vacations. The sessions are run by trained City Year corps members, who work daily in the Boston public school system, and offer arts & crafts activities, active games, educational activities, and **FREE LUNCH AND SNACKS.**

Dates: Monday-Friday, February 15-19, 2010 (Winter Break)
 Monday-Friday, April 19-23, 2010 (Spring Break)

Cost: **8:00AM-2:00PM, \$25 per child, per session** (\$5 for each additional child)
8:00AM-5:00PM, \$35 per child, per session (\$5 for each additional child)

Payment is non-refundable. We accept cash or checks **ONLY (all checks payable to City Year Boston)**

- The City Year For Kids Vacation Program is for **1st to 5th graders ONLY.**
- Applications must be returned directly to City Year by mail, fax, or email no later than **Monday, Feb 8th, 2010.** You will be notified by phone or mail if your child is accepted.

TIME SELECTION

8:00AM – 2:00PM (\$25 per child, per session) **8:00AM – 5:00PM (\$35 per child, per session)**

SCHOOL SELECTION

Please number your 1st and 2nd site preferences where you would like to enroll your child(ren). Your confirmation call will include the name and address of the site your child is attending

Mattapan
Young Achievers School
 20 Outlook Road
 Mattapan, MA 02126

South Boston
Condon Elementary School
 200 D Street
 South Boston, MA 02127

West Roxbury
Ohrenberger School
 175 W Boundary Rd
 West Roxbury, MA 02132

GUARDIAN PERMISSION

I hereby authorize my child(ren) to participate in City Year For Kids' daily activities and I agree to the medical release. I give permission for my son/daughter to attend a field trip through City Year For Kids which may involve riding the MBTA with supervision.

Parent/Guardian Signature _____ **Date** _____

All children from same family (at same address) may go on one application. If children live at different addresses or have different guardians, please fill out separate applications for each. For more than 3 children, please fill out an additional application.

Child 1: Last Name _____ First Name _____ Age ___ Grade ___ Gender ___
 Child's School _____ Session (circle one): Winter Spring Both

Child 2: Last Name _____ First Name _____ Age ___ Grade ___ Gender ___
 Child's School _____ Session (circle one): Winter Spring Both

Child 3: Last Name _____ First Name _____ Age ___ Grade ___ Gender ___
 Child's School _____ Session (circle one): Winter Spring Both

Street Address _____ **Neighborhood/City** _____ **ZIP** _____

Home Phone # (____) _____ **Language(s) Spoken at Home** _____

Name of Parent/Guardian 1 _____

Work Phone # (____) _____ **Cell Phone #** (____) _____

Name of Parent/Guardian 2 _____

Work Phone # (____) _____ **Cell Phone #** (____) _____

Please turn page over and complete back side.

EMERGENCY CONTACT (NOT a parent/guardian)

To be contacted if parent/guardian is not available in case of emergency

Name _____ Relationship to Child _____
Daytime Phone # _____ Work or Cellular Phone# _____

DISMISSAL INFORMATION

Please note that City Year For Kids runs from **8:00am to 5:00pm**. City Year staff, Corps Members, & volunteers will **NOT be held responsible** for your child(ren) before or after these times.

Please check **ONLY ONE** of the following dismissal options:

- A.** ___ My child will be picked up by a **parent/guardian** OR the following person(s):
NOTE: All persons picking up child(ren) **MUST** be on the list and **MUST** show a photo ID.
Person 1: _____ Relationship to child: _____
Person 2: _____ Relationship to child: _____
- B.** ___ My child will take public transportation to and from the site using Bus # or T- Stop _____
- C.** ___ My child will walk to and from the site.

CYFK STAFF WILL FOLLOW ONLY THESE INSTRUCTIONS

MEDICAL INFORMATION (Information must be filled out)

Please describe any medical/physical conditions which City Year For Kids staff should be aware of (i.e. dietary restrictions, allergies, chronic health conditions, medications).

Doctor's Name _____ Doctor's phone # (_____) _____

MEDICAL RELEASE

I acknowledge that City Year For Kids has informed me that it will not have trained medical personnel available during **City Year For Kids**. As a result, I acknowledge that City Year will not be able to provide medical attention or care to my child at **City Year For Kids**, including but not limited to dispensing of prescription drugs. Therefore, I acknowledge that **City Year For Kids** has no responsibility for providing medical attention or care, including but not limited to dispensing prescription drugs, during **City Year For Kids**. In the event of a serious illness or injury I express my consent for the administration of emergency medical care, including anesthesia. I understand that the staff of City Year For Kids will make a reasonable effort to contact me first in case of an emergency. I will not hold City Year or any member of staff or corps responsible for such illness or injury.

INITIAL HERE _____

PHOTO RELEASE and SURVEY RELEASE

I give City Year For Kids permission to record, film, photograph, interview, or publish my son/daughter's name, appearance, and/or spoken words documented from the Vacation Programs, whether undertaken by City Year staff, Corps Members, media, volunteers, or students.

INITIAL HERE

ADDITIONAL INFORMATION

- ✓ **Bring a jacket**
- ✓ **Wear comfortable clothing and sneakers**
- ✓ **Please **do not** bring personal items such as iPods, CD players, video games, basketballs, etc.**
- ✓ **Lunch and two snacks are provided**

Office Use Only:

Application entered by _____ Date: _____
Application confirmed by _____ Date: _____



NATIONAL LEADERSHIP SPONSORS

