



Priority will be given to the following families:

1. Low-income families.
2. Families who agree to have their children **(between 8 to 14 years)** in the program for 5 weeks.
3. Families who commit to bring their children for the program from Monday to Friday, recognizing there is a waiting list
4. Program Cost \$ 125 for 5 weeks for low-income families. \$ 75 per week for families in better economic standing.
5. Families must bring the form **COMPLETELY FILLED ALONG WITH REQUIRED DOCUMENTS.**
Applications will be accepted in the order they are received. An application is considered complete when ALL documents and requests are filled in its entirety.
6. NOTE: Submit the application does not save the space for your child unless **ALL** is complete.

Summer Camp:

- 5 Weeks. June 28th to July 30th. Monday through Friday from 8:00 am to 6:00 pm
- Your child will receive breakfast, snacks and lunch
- Your children will be supervised by high quality professionals.
- Employees and volunteers of the program have gone through a selection process including a study of possible criminal record.

List of Documents to be enclosed with the application:

- FULL** and signed application.
- Copies of your child's last report card.
- Copies of identification of a parent with a photograph (passport, license, etc.).
- Copies of identification of child
- 2009 Tax Report or proof of income for the year 2009 (summary of bank accounts, letter from employer, etc.).
- Vaccines
- If your child has a disability, bring certified medical tests.
- Indicate if your child has allergies to food / drugs, etc.
- Bring the application and documents in one envelope clearly marked Summer Camp

WHERE TO SUBMIT APPLICATION AND DOCUMENTS REQUIRED:

Ekklesia Global: 7205 SW 125 Avenue, or at the offices of Family Life Center located on the second floor room 4 between April 15th and May 15th. Acceptance will be confirmed during the last week of May

* Immigration status is not required to participate in the program.

For more information contact Family Life Center at 305-273-0028 ext 104



STUDENT APPLICATION

SITE*: EKKLESIA

2010 Summer Camp

CHILD INFORMATION:

TCT STUDENT ID Number: _____

LAST NAME*: _____ FIRST NAME * _____ Middle initial _____

STREET ADDRESS*: _____ APT. _____

CITY*: _____ STATE: FL ZIP*: _____

CONTACT PHONE NUMBER*: _____

GENDER*: Male Female BIRTHDAY *: ____/____/____ MM/DD/YYYY

CHILD'S RACE*: Asian Black/African-American White Pacific Islander Other. Please specify _____

CHILD'S ETHNICITY*: Haitian Hispanic Other Please specify _____

CHILDS'S COUNTRY OF ORIGIN (OPTIONAL): _____

IS CHILD PROFICIENT IN ENGLISH * Yes No

ADDITIONAL/OTHER LANGUAGE(S) SPOKEN IN THE HOME*: Spanish Haitian - Creole Other _____

CHILD'S SOCIAL SECURITY NO.*: _____ NO SSN; PREFER NOT TO GIVE SSN

MDCPS STUDENT ID NUMBER *: _____ NO MDCPS; PREFER NOT TO GIVE MDCPS

CURRENT GRADE LEVEL*: _____ CURRENT SCHOOL*: _____

DOES CHILD HAVE HEALTH INSURANCE (ex. Private insurance, KidCare, Medicaid)?* Yes No
(If not, The Children's trust may be able to help you find affordable coverage –call 211)

DOES THE CHILD HAVE ANY DOCUMENTED DISABILITIES*? YES NO

If yes, do you have (check all that apply): an Individualized Family Service Plan (IFSP; if under 5 years old)
 an Individualized Education Plan (IEP) from the school system
 a Section 504 Plan
 a medical diagnosis from a doctor
 other documentation _____

If YES, how would you best classify the type(s)? (check all that apply):
 Autism Spectrum Disorders Learning Disability
 Chronic Medical Condition Physical Disability
 Developmental Delay (under 5 only) Speech/Learning Impairment
 Emotional and/or Behavioral Disorder Visual Impairment (or blind)
 Hearing Impairment (or deaf) Other Disability
 Intellectual Disability (or mental retardation)
 UNKNOWN DISABILITY _____

***Required fields**

The Out of School Program is funded by The Children's Trust. The Trust is a dedicated source of revenue established by voter referendum to improve the lives of children and families in Miami-Dade County.

CHILD'S MEDICAL INFORMATION

I understand that every effort will be made to reach me for instructions if my child should become ill or injured while on the site or on a field trip. If, in the judgment of the staff or a medical professional, delay in reaching me might jeopardize the child's well-being, I hereby authorize the staff or medical professional to secure whatever medical treatment is deemed necessary, including the administration of anesthetics and surgery.

EXCEPT AS NOTED BELOW, this child is in good health, has no allergies and no chronic conditions which would affect treatment, and takes no medication routinely. His/her immunizations are current.

Child's Name	Food Allergies	Drug Allergies	Other Serious Allergies	Chronic Conditions

IMMUNIZATION RECORDS: YES NO

INSURANCE INFORMATION (if family has insurance coverage)

CARRIER: _____ POLICY: _____
Insurance Company Policy #

DOCTORS NAME: _____ PHONE: _____

FAMILY INFORMATION

FATHER'S NAME: _____
Last First

MOTHER'S NAME: _____
Last First

Does child live with a legal guardian? YES NO

GUARDIAN'S NAME: _____
Last First

PARENT/GUARDIAN ADDRESS: _____
Street City State Zip

HOME PHONE*: _____ WORK PHONE*: _____

CELL PHONE: _____ E-MAIL: _____

SOCIAL SECURITY NO. _____ (not required, but requested for record-keeping purposes)

EMERGENCY INFORMATION

Phone numbers where I can be reached during the day: _____

If I cannot be reached, please try to contact my designated alternate(s):

1. _____
Name Phone Number
2. _____
Name Phone Number

Optional:

Optional:

Does this child have a parent who is currently incarcerated? YES NO

NUMBER OF CHILDREN LIVING AT THIS ADDRESS: _____ NUMBER OF ADULTS LIVING AT THIS ADDRESS: _____

ESTIMATED YEARLY INCOME FOR FAMILY: \$ _____ (priority given to low-income families)

FAMILY STATUS: Married Not Married Single Female Single Male Guardianship/Foster Care

Non-Discrimination Policy:

Children ages 8 to 14 will be accepted into the Summer Camp and After-School programs regardless of race, creed, immigration status, health, religion, disability, ethnicity or ability to pay for services. Children without documented legal status, or whose parents are without documented legal status will not be discriminated against for selection in these programs. As with the Miami-Dade County Public School system, all children are welcome. Children with physical, emotional or behavioral disabilities may find after-school programs specially designed to meet their needs through other programs funded by the Children’s Trust; every effort will be made to find the most suitable placement for each child.

Parental Consent:

By signing the application below, I agree and certify the following:

- 1) **I acknowledge** that the application information and medical information I have provided above is true and complete to the best of my knowledge and ability.
- 2) **I understand** that participation by my children in the Program sponsored by FCFC and its partners and funded by the Children’s Trust involves physical education, organized sports, meals, and off-site field trips. As these activities may carry some degree of risk to my child’s physical and emotional health, I hereby release, hold harmless and waive all claims associated with out-of-school program activities from FCFC, the Children’s Trust, the program site and all employees, officers, directors, agents, and volunteers associated with the out-of-school program.
- 3) **I agree** to make every effort to insure that my child participates in the program daily, unless he/she is too ill to attend. **I also agree** that I or my representative will sign-out my child every day he/she attends the program.
- 4) **I agree** to all the program standards. I am aware of the fees (\$10.00/1 hour, \$5.00/30 min) charged for parent tardiness on pick-up at the end of the day. The program ends at **6:00 PM** each day. A calendar with the schedule is attached to this application.
- 5) **I understand** that some of the program sites are being held on the premises of religious institutions for the primary purpose of providing academic enrichment and a safe environment during out-of-school time. In some cases, religious instruction may be offered as an option to the children on the premises, but only with written parental permission. Unless express written permission has been given for my child to participate in religious instruction, an optional non-religious activity will be conducted. No Children’s Trust funds will be used for teacher stipends, books, curriculum or other expenses related to religious instruction.

I give my permission for this information to be submitted to The Children’s Trust for program monitoring and evaluation purposes

Parent / Guardian Signature

Date

FOR STAFF USE ONLY (MUST BE COMPLETED):

REGISTRATION FEE: _____ REGISTRATION FEE WAIVER: _____

Parent must complete the Voluntary Consent for Photography and Communications, as responses will be entered in Data Tracker System

VOLUNTARY CONSENT RESPONSES:

1. Photography <input type="checkbox"/> YES <input type="checkbox"/> NO	2. Communication <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Mailing List <input type="checkbox"/> YES <input type="checkbox"/> NO	4. Release & Waiver <input type="checkbox"/> YES <input type="checkbox"/> NO



AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of _____ hereby authorize and give consent to service providers and the staff of The Children's Trust of Miami-Dade County as follows:

I hereby:

consent and authorize or do not consent and authorize

the staff of The Children's Trust of Miami-Dade County to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

Signature of Parent or Guardian

Signature of Witness

Date

Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of The Children's Trust.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against The Children's Trust of Miami-Dade County, their staff, service providers, employees, agents, affiliates and Board members.

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www.thechildrenstrust.org