



Child Unique ID: _____ Family ID: _____

Child Enrollment Form

Child's First Name _____ Last Name _____ Middle _____

Child's Date of Birth (MM/DD/YY) _____ Child's Gender Male Female Other

Child's School Name _____

Child's Grade for the School Year Please Select _____ Child's Age at Enrollment Please Select _____

Address _____ City _____ Zip Code _____

Child's Race (select one): American Indian or Alaskan Asian Black or African-American
 Native Hawaiian or Other Pacific Islander White Multiracial Other _____

My Child is: Hispanic/Latino or Non-Hispanic/Latino

Child's Primary Caregiver (Full Name) _____

Primary Caregiver Language: English Spanish Other, Please Specify _____

Primary Caregiver Email Address _____

Primary Phone Number Is this a cell/mobile phone? Yes No

Your Child's Planned Attendance:

Please mark with an "X" each day your child will attend:

June 2023							July 2023							August 2023						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			31*	1	2	3	2	3	4	5	6	7	8			1	2	3	4	5
4	5	6	7	8	9	10	9	10	11	12	13	14	15	6	7	8	9	10*		
11	12	13	14	15	16	17	16	17	18	19	20	21	22							
18	19	20	21	22	23	24	23	24	25	26	27	28	29							
25	26	27	28	29	30	1	30	31												

*school ends on **May 31, 2023**; *school starts on **August 10, 2023**.

Holidays: June 19th is Juneteenth; July 4th is Independence Day

Total Days Expected to Attend: _____



I give my permission for this information along with my child's attendance to be submitted to the Children's Trust of Alachua County for payment, program monitoring and evaluation. The Children's Trust provides funding for summer camp scholarships. Information provided to the Trust that identifies your child will be kept private, in a secured system, not shared with unauthorized individuals, and only used for accountability, evaluation, and program improvement../

PARENT/GUARDIAN SIGNATURE	DATE
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The Children's Trust summer camp scholarships are available for children so they can have access to quality summer camp opportunities. The Children's Trust wants to see scholarships are received by those who can most benefit and might not otherwise be able to participate in these enrichment experiences. To qualify for a Children's Trust scholarship children must:

- 1) Live in Alachua County.
- 2) Be entering Kindergarten through 12th grade in the 2023-2024 school year.
- 3) Meet one or more of the following scholarship criteria:

Scholarship Eligibility (check all that apply):

Supporting document for one selection must be provided to verify eligibility.

- Family below 200% of 2022 federal poverty guidelines
- Family between 200% - 400% of 2022 federal poverty guidelines
- Family receiving SNAP benefits
- Child has an Individualized Education Plan (IEP) and/or 504 Plan
- Child is in foster care, voluntary formal kinship care, or under case management supervision

Acceptable Documentation:

- 1) **Family below 200%, or between 200%-400% of federal poverty guidelines.**
 - o Income Statements (Pay stubs or other proof of income statements)
 - o Recent Tax Return
 - o Letter from Employer

2023 Poverty Guidelines for 48 Contiguous States

Persons in Family/Household	200%	400%
2	\$39,440	\$78,880
3	\$49,720	\$99,440
4	\$60,000	\$120,000
5	\$70,280	\$140,560
6	\$80,560	\$161,120
7	\$90,840	\$181,680
8	\$101,120	\$202,240

For families/households with more than 8 persons, add \$5,140 for each additional person.

Source: [HHS Poverty Guidelines for 2023](#)

- 2) **Family receiving SNAP benefits**
 - o SNAP Eligibility Form or Dated Letter
 - o Note: A copy of a SNAP or EBT card is not accepted, as it does not have a date.
- 3) **Child has Individualized Education Plan (IEP) and/or 504 Plan**
 - o Copy of the IEP or 504 Plan (first page only)
- 4) **Child is in foster care, voluntary formal kinship care, or under case management supervision -**
 - o Placement letter



Child Unique ID: _____ Family ID: _____

FOR STAFF USE ONLY (MUST BE COMPLETED)

Enrollment Date: _____ Scholarship Type: Full Partial

Alachua County Residency Must be Verified. For children who are temporarily living in Alachua County, please contact your Contract Manager for scholarship eligibility determination.

Scholarship Eligibility Documentation Provided

Type of Documentation Provided _____ Collection

and verification of scholarship eligibility is required prior to attendance. Acceptable

Documentation:

1) Family below 200%, or between 200%-400% of federal poverty guidelines.

- o Income Statements (Pay stubs or other proof of income statements)
- o Recent Tax Return
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of Persons in Household: _____

Annual Household Income: _____ **2023**

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Permission and Release

Emergency contact name: _____ Contact number: (____) _____ *(SHANDS @ UF will be used for medical emergencies unless otherwise directed by parent/guardian.)*

Emergency Information

Doctor's Name _____ Phone No. (____) _____

Health Insurance Carrier _____ Policy No. _____

MEDICAL TREATMENT RELEASE: In the event of an accident or illness, Greater Duval Neighborhood Association (GDNA) and/or its employees or officers have my permission to secure medical attention for my child, if they are unable to contact me immediately. Any attending physician(s) has my consent to administer all emergency medical measures which he or she deem necessary for the well-being of my child.

X _____ Date _____ X _____ Date _____

Do your child need any assistance to access the building yes ___ no ___ if yes explain _____

Does your child have any medical problems we should be aware of *(i.e. allergies, medication needed etc.)?* yes ___ no ___ If yes explain _____

Our mission is to create opportunities for youth in the neighborhood to increase their chance for success.

I _____ understand GDNA is a non-profit organization dedicated to the education of young children in Gainesville and Alachua County. As a non-profit organization, GDNA will provide the Summer Sling program in a safe and secure environment. It is understood that reasonable precautions will be taken by those persons in charge to prevent accidents or injuries; I also understand that my child must follow all rules set forth by the Summer Sling policy rules as outlined in the program description you receive. As parent, or legal guardian, I remain fully responsible for any legal responsibility that may result from any personal actions taken by my child.

I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND ITS CONTENTS. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE.

X _____ X _____

Signature of Parent or Legal Guardian Date Signature of Parent or Legal Guardian Date

In anticipation of taking enriching field trips, we are asking you to sign this general field trip permission form below. This blanket permission form will suffice as your permission for all daily local field trips in the Gainesville area and the surrounding area during the 2021 GDNA Summer Sling.



For any field trips overnight, you will receive individual and specific field trip permission forms to complete and return to GDNA.

It is understood that reasonable precautions will be taken by those people in charge to prevent accidents or injuries, but neither those in charge nor those bringing groups shall be held responsible in case of accident or injury. ***I also understand that if my child violates any of the rules set for the field trip that I may be called to pick up the child. As parent, or legal guardian, I remain fully responsible for any legal liability that may result from any personal actions taken by my child.***

I grant permission for the GDNA to use the emergency numbers and medical Insurance info above if I cannot be reached.

Responsibility of Laptop(s)

My child will be assigned a laptop to attend Our Sessions for the Summer Sling. I, the Parent Signing, will be held fully responsible and will pay for any repairs for any damage, destruction or replacement if lost or stolen while in my/my child's possession. At the end of the session the laptop will be returned, or I will replace if not in my possession.

By signing below, I acknowledge I understand the statements above and wish for my child to participate in the Summer Sling program at no cost.

Participants Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

GDNA Rep. Signature: _____