



Thank you for applying for Summer Sling 2025!"

Please complete the Summer Sling 2025 application (fillable or hard copy) and return it via email to (greaterduval@gmail.com) or call Andrew Miles at 352-519-2743 or Carla Lewis at 352-441-8702.

Parents, please submit all supporting documents. We have 2 positions available. See the job description below to apply.

- **7 interns (\$100/week for 7 weeks = \$700 each) must have attended Summer Sling and be in 10th-12th grade for the 2025-2026 school year.**
- **13 youth stipends (\$60/week for 7 weeks = \$420 each) must be in 7th-12th grade for the 2025-2026 school year.**

**Our Program cost \$300 a week. Scholarships are available for eligible qualified participants.**

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

- 1) Live in Alachua County or living for the summer at an address in Alachua County**
- 2) Be entering Kindergarten through 12th grade in the 2025-2026 school year.**
- 3) Meet one or more of the following scholarship criteria:**

### **Supporting Documents needed for Scholarships**

Supporting documentation must be provided to verify eligibility in one category.

**Please send All Supporting documentation with you Application!**

### **Acceptable Documentation:**

#### **1) Family at or below 300%.**

- ☐ Income Statements (Pay stubs or Proof of income statements)
- ☐ 2024 Tax Return or Letter from Employer

#### **2) Family receiving SNAP benefits**

- ☐ SNAP Eligibility Form or Letter Date on or after May 1, 2025.
- ☐ Note: A copy of a SNAP or EBT card is not accepted, as it does not have a date.

#### **3) Child is in foster care, voluntary formal kinship care, or under case management supervision**

- ☐ Placement letter

**See Application Below**



## Summer Camp Enrollment Form



Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_

Child's Date of Birth (MM/DD/YYYY)

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Child's Current Age \_\_\_\_\_

Child's Gender ☐ Male ☐ Female ☐ Other

Child's Upcoming School Name \_\_\_\_\_

Child's Grade for the Upcoming School Year \_\_\_\_\_ Special Education Student ☐ Yes ☐ No

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Note:** Child must reside in Alachua County.

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 Parent/Guardian \_\_\_\_\_

Language Spoken at Home: ☐ English ☐ Spanish ☐ Other, Please Specify \_\_\_\_\_

English Language Proficient: ☐ Yes ☐ No

Parent Email \_\_\_\_\_ Primary Phone

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Is this a cell/mobile phone? ☐ Yes ☐ No

How did you hear about this program? \_\_\_\_\_

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 this program. Information provided to the Trust that identifies your child will be kept private, in a secure system, not shared with unauthorized individuals, and only used for accountability, evaluation, and program improvement.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I hereby: ☐ consent and authorize ☐ do not consent and authorize

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

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

Record ID \_\_\_\_\_ Family ID: \_\_\_\_\_

**Your Child’s Planned Attendance:**

Children are expected to attend a minimum of 3 days per week.  
Please mark with an “☒” each day your child will attend:

June 2025							July 2025							August 2025						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3*	4☐	5☐	6☐	7			1☐	2☐	3☐	4☐	5						1☐	2
8	9☐	10☐	11☐	12☐	13☐	14	6	7☐	8☐	9☐	10☐	11☐	12	3	4☐	5☐	6☐	7☐	8☐	9
15	16☐	17☐	18☐	19☐	20☐	21	13	14☐	15☐	16☐	17☐	18☐	19	10	11*					
22	23☐	24☐	25☐	26☐	27☐	28	20	21☐	22☐	23☐	24☐	25☐	26							
29	30☐						27	28☐	29☐	30☐	31☐									

\*school ends on June 3, 2025; \*school starts on August 11, 2025.

Holidays: June 19<sup>th</sup> is Juneteenth; July 4<sup>th</sup> is Independence Day

**Total Days Expected to Attend:** \_\_\_\_\_

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- 1) Live in Alachua County.
- 2) Be entering Kindergarten through 12<sup>th</sup> grade in the 2025-2026 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 at or below 300% of 2025 federal poverty guidelines

**2025 Poverty Guidelines**

Persons in Family/Household	300% of Poverty Guidelines	Family/Household (please complete)	
2	\$63,450	# of Adults:	
3	\$79,950	# of Children:	
4	\$96,450	Total Persons:	
5	\$112,950	Annual Household Income:	
6	\$129,450		
7	\$145,950		
8	\$162,450		

For families/households with more than 8 persons, add \$16,500 for each additional person.

Source: [HHS Poverty Guidelines for 2025](#)

- ☐ Family receiving SNAP benefits
- ☐ Child is in foster care, voluntary formal kinship care, or under case management supervision

## **Scholarship Eligibility (continued):**

*Supporting documentation must be provided to verify eligibility in one category.*

### Acceptable Documentation:

#### **1) Family at or below 300%.**

- Income Statements (Pay stubs or Proof of income statements)
- 2024 Tax Return
- Letter from Employer

#### **2) Family receiving SNAP benefits**

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- Placement letter

## **Alachua County Residency Must be Verified.**

Scholarship Eligibility Documentation Provided

Type of Documentation Provided\_\_\_\_\_

# of Adults in Household:\_\_\_\_\_

# of Children in Household:\_\_\_\_\_

Annual Household Income:\_\_\_\_\_

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

**PART 2 SUMMER SLING 2024  
OUT EAST YOUTH TUTORING SUPPORT  
SERVICES REGISTRATION PERMISSION FORM**



**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, WOULD 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 2024 GDNA Summer Sling.

**Rev E. Butler , President**

**Carla Lewis, CEO**

Contact [greaterduval@gmail.com](mailto:greaterduval@gmail.com) or 918 NE 18<sup>th</sup> street, Gainesville, Florida or 352-225-5939

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

While on field trips, It is understood that for my child 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Participant Consent for a Children's Trust Funded Program**

The Children's Trust of Alachua County contracts with community agencies that work together to provide services, screening, and assessment to eligible children, youth, and families.

This signed consent signifies my agreement, and that of my minor children, whether named below or born within one year of my signing this form, to participate in a Children's Trust funded program focused on promoting children and youth who are:

- Healthy and have nurturing caregivers and relationships,
- Learning what they need to be successful, and
- Live in a safe community.

Program services may include screenings, educational or enrichment activities, assessments, treatment, and referrals to services that will support my family in meeting identified goals and may include future services for me or my minor children (or both).

### **I understand that:**

- All information collected about me or my minor children while participating in these programs and services will be protected from disclosure and misuse as described in the Children's Trust's [Data Collection and Management Policy](#).
- I have the right to have my complaints, questions, and suggestions heard and to receive a timely response.
- Services offered through the Children's Trust funded programs are voluntary and I may participate in those that I find appropriate.
- I have the right to withdraw my consent, in writing, and stop participation in services at any point in time.
- I have the right to expect that participating agencies will deliver competent, quality services without discrimination.
- This signed consent allows participating agencies to establish a family chart, maintain participant records and enter my personal information into a data system. Information to be collected may include demographics, participation, surveys, assessments, and screening results, referrals, and case/progress notes. This information will be available to those directly working with me and my family for the purpose of planning and providing services. This consent will also permit the collection of information on services that I am receiving or may receive in the future.
- My family chart may be reviewed for administrative, fiscal, evaluation, audit purposes; or to ensure quality. My personal information may be shared with other agencies to evaluate the impact of the program. Any reports produced from such review will not contain identifying family information.
- Participating agencies will comply with state laws that require them to report if we suspect a child is being abused or neglected.



\_\_\_\_\_ My initials show I had a chance to ask questions about this Children's Trust funded program and my questions were answered. Questions may be asked of program staff or the Children's Trust of Alachua County at (352) 374-1830.

***Participants 18 years old or older:***

After reviewing all the information on this form, I am indicating consent for my participation in the Children's Trust funded program.

\_\_\_\_\_

Participant's Signature

\_\_\_\_\_

Participant's Printed Name

\_\_\_\_\_

Date

***Minor children under 18:***

After reviewing all the information on this form, I am indicating my consent for my minor children to participate in the Children's Trust funded program.

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Legal Guardian Printed Name