



CHILDREN'S TRUST  
OF ALACHUA COUNTY



Child Unique ID: \_\_\_\_\_ Family ID: \_\_\_\_\_

### Child Enrollment Form SUMMER SLING 2024

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

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

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

Child's Grade for the Upcoming School Year   Child's Age at Enrollment

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 Parent/Guardian(Full Name) \_\_\_\_\_

Parent Language:  English  Spanish  Other, Please Specify \_\_\_\_\_

Parent Email Address \_\_\_\_\_

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

#### Your Child's Planned Attendance:

#### Summer 2024

Please add a "x" for each day you plan for your child to attend camp.

June 2024							July 2024							August 2024						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
26	27	28	29	30	31	1	30	1	2	3	4	5	6					1	2	3
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30	31
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*School ends on May 31, 2024  
June 19<sup>th</sup> is Juneteenth  
July 4<sup>th</sup> is Independence Day  
\*School starts on August 12, 2024



## **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 successful, and
- Live in a safe community.

Program services may include screenings, 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. Withdrawing consent will not affect care and treatment if I decide to seek services in the future.
- 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 client 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 and 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 the 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.

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

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Date

***For minor child under 18:***

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

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 12<sup>th</sup> grade in the 2024-2025 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 2024 federal poverty guidelines
- Family between 200% - 400% of 2024 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

**2024 Poverty Guidelines for 48 Contiguous States**

Persons in Family/Household	200%	400%
2	\$40,880	\$81,760
3	\$51,640	\$103,280
4	\$62,400	\$124,800
5	\$73,160	\$146,320
6	\$83,920	\$167,840
7	\$94,680	\$189,360
8	\$105,440	\$210,880
For families/households with more than 8 persons, add \$5,140 for each additional person.		

Source: [HHS Poverty Guidelines for 2024](#)

- 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 must also be at or below 400%**
  - 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



CHILDREN'S TRUST  
OF ALACHUA COUNTY

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
- o Letter from Employer

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

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

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

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**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:** \_\_\_\_\_