



Child Unique ID: _____

OUT EAST YOUTH TUTORING SUPPORT SERVICES
"SUMMER SLING"
REGISTRATION FORM

CHILD INFORMATION FORM

Child's Last Name* _____ First* _____ Middle Name* _____

Child's Date of Birth*(MM/DD/YYYY) Child's Gender Male Female

Child's School in Upcoming School year _____

Child's Grade in Upcoming School Year Child's Age At Time of Enrollment

Street Address* _____ City _____ Zip Code _____

Child's Race (select all that apply) American Indian or Alaska Native Asian White
 Black or African-American Native Hawaiian or Other Pacific Islander Other Race _____

Child's Ethnicity (select only one) Hispanic or Latino Not Hispanic or Latino

Child's Primary Caregiver* (full name) _____

Primary Caregiver Email Address* _____

Primary Caregiver Preferred Language English Spanish Other _____

Primary Phone Number* Is this a cell phone?* Yes No

How did you hear about this program? _____

Scholarship Enrollment Criteria (check all that apply):

Supporting documentation for at one least selection must be provided to verify eligibility (See Page 3)

- Child from family at or below 200% 2021 federal poverty threshold
- Child from family between 200% - 400% 2021 federal poverty level
- Child from family receiving SNAP benefits
- Child with Individualized Educational Plan (IEP) and/or 504 Plan
- Child in foster care, voluntary and formal kinship care, or under in-home case management supervision

I give my permission for select information provided to be submitted to The Children's Trust of Alachua County for program quality and evaluation purposes. The fields marked with an (*) will not be reported to The Children's Trust. The Children's Trust provides funding for this program.

Rev E. Butler , President

Carla Lewis, CEO

Contact greaterduval@gmail.com or 918 NE 18th street, Gainesville, Florida or 352-225-5939



Child Unique ID: _____

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.

FOR STAFF USE ONLY (MUST BE COMPLETED)

ORGANIZATION _____ SITE _____

Grades Served: K to 8th 9th to 12th

Scholarship Enrollment Criteria (Check all that apply)

Child from family at or below 200% 2021 federal poverty threshold

-
- Child from family between 200% - 400% 2021 federal poverty level
- Child from family receiving SNAP benefits
- Child with Individualized Educational Plan (IEP) and/or 504 Plan
- Child in foster care
- Child in voluntary and formal kinship care
- Child under in-home case management supervision

Enrollment Fee Scholarship? Yes No Scholarship Type Full Partial

Supporting Documentation Provided and Confirmed? Yes

Type of Documentation Provided _____

Collection and verification of supporting documentation is required before camp attendance starts

UNIQUE IDENTIFIER FOR PARTICIPANT: _____

Please provide a unique number for each enrolled child based on the sequence of their enrollment starting with one (i.e., first child enrolled =1; second child enrolled =2, and so on). You will use this code for all data collection efforts. The code should not include any pieces of information that, once combined, can be traced back to identify a participant (i.e. participant initials and date of birth). It should also not be generic enough that duplication may occur (i.e. participant initials and zip code).

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Child Unique ID: _____

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 if 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.

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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 persons 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:** _____



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Suggested Documentation for Scholarship Eligibility

Supporting documentation for at least one selection must be provided to verify scholarship eligibility

1. Child from family at or below 200% 2021 federal poverty threshold OR between 200% - 400% 2021 federal poverty level
 - Income Statements (Pay Stubs)
 - Previous Year Tax Return
 - Letter from Employer
 - Family Income Certification Letter
2. Child from family receiving SNAP benefits
 - SNAP Eligibility Form or Letter with date
 - Note: Copy SNAP or EBT card is not accepted form of documentation as does not have date
3. Child with Individualized Educational Plan (IEP) and/or 504 Plan
 - Copy of IEP or 504 Plan
4. Child in foster care, in voluntary and formal kinship care or under in-home case management supervision
 - Letter from case manager

# Of Persons in Household	2021 Federal Poverty Level for the 48 Contiguous States (Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$12,880	\$17,130	\$17,774	\$19,320	\$25,760	\$38,640	\$51,520
2	\$17,420	\$23,169	\$24,040	\$26,130	\$34,840	\$52,260	\$69,680
3	\$21,960	\$29,207	\$30,305	\$32,940	\$43,920	\$65,880	\$87,840
4	\$26,500	\$35,245	\$36,570	\$39,750	\$53,000	\$79,500	\$106,000
5	\$31,040	\$41,283	\$42,835	\$46,560	\$62,080	\$93,120	\$124,160
6	\$35,580	\$47,321	\$49,100	\$53,370	\$71,160	\$106,740	\$142,320
7	\$40,120	\$53,360	\$55,366	\$60,180	\$80,240	\$120,360	\$160,480
8	\$44,660	\$59,398	\$61,631	\$66,990	\$89,320	\$133,980	\$178,640
Add \$4,540 for each person in household over 8 persons							

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