



2019 Knowledge Builders Summer Camp Registration



FOR OFFICE USE ONLY

- FIU Summer Reading Enrollment incoming K, 1st, 2nd only
- Registration Receipt # issued _____
- Parent registered with Remind App
- Registration Fee Date Paid _____

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

Child's Date of Birth (mo/day/yr) **Child's Gender** Male Female

Does Child Have a Documented Disability lasting a year or more? Yes No

Start Date (mo/day/yr)

Child's Current School _____ **Grade just completed:**

Miami-Dade County Public School ID# No MDCPS ID Prefer not to give

Other Language(s) Spoken in the Home Spanish Haitian-Creole Other _____ None

Street Address _____ **City** _____ **ZIP Code** _____

Child's Ethnicity Hispanic Haitian Other, please specify _____

Child's Race American Indian or Alaskan Asian Black or African American
 Pacific Islander White Other, specify _____

Does Child Have Health Insurance (ex., private insurance, KidCare, Medicaid)? Yes No
(If not, we may be able to help you find affordable coverage-call 211 or visit www.thechildrenstrust.org)

Is Child Proficient in English? Yes No **Child's shirts size:** Youth Adult S M L XL

Child's primary caregiver (full name) _____
The parent/guardian information listed is considered the emergency contact. Mother Father Guardian

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

Primary care Email _____

(You may be contacted by The Children's Trust to ask about your satisfaction with these services)

Is the Participant a Child of a Military Family? Yes No

A member of the child's family is either: 1) an active duty member of the uniformed services; 2) a member of the National Guard or reserves; 3) a member or veteran who was severely injured and medically discharged or retired; or 4) a member killed in the line of duty.

Is the Participant a Child of a Dependency System? Yes No

Is the Participant a Child of a Delinquency System? Yes No

Does Child Have a Documented Disability? Yes No *If yes, do you have (check all that apply)*

- an Individualized Family Service Plan (IFSP; if under 3) a Section 504 Plan
- an Individualized Education Plan (IEP) at school system a medical diagnosis from a doctor
- a diagnosis by a state certified/licensed professional (ex., psychologist)
- disclosure by the parent or guardian describing the child's specific condition and/or need for accommodations

We want to get to know your child better so we can provide the best possible experience in our programs. Please tell us more about your child...

What are the main ways your child communicates? (Mark all that apply)

- Speaks and is easily understood Uses communication devices like pictures or a board
- Speaks but is difficult to understand Uses gestures like pointing, pulling or blinking
- Uses sign language Uses sounds that are not words like grunting

What, if any, help does your child receive at this time? (Mark all that apply)

- Behavioral therapy or services Physical therapy (PT)
- Counseling for emotional concerns Special education services in school
- Daily medication (not including vitamins) Speech/language therapy
- Occupational therapy (OT) None

What conditions does your child have that are expected to last for a year or more? (Mark all that apply)

- Autism spectrum disorder Problems with aggression or temper
- Developmental delay (only if under age 5) Problems with attention or hyperactivity (ADHD/ADD)
- Hearing impairment or deaf Problems with depression or anxiety
- Intellectual/developmental disability (over age 5) Speech or language condition
- Learning disability (school-age) Visual impairment or blind
- Medical condition or illness None of the above
- Physical disability or impairment

If you marked "None of the above" on the question above, please skip the next two questions and sign below. If you marked any other answer above, please answer the remaining questions and sign below.

Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do? Yes No

To support your child's successful participation in this program, in what areas might s/he need extra assistance? No specific help needed

- Holding a crayon/pencil, writing, using scissors or other fine motor tasks
- Sports or physical activities like running or other gross motor tasks
- Managing feelings and behavior
- Academic, learning or reading activities
- Adapting activities to take into account a visual or hearing impairment
- Using assistive device(s) like a wheelchair, crutches, brace or walker
- Personal services like help with feeding, toileting or changing clothes
- Other _____



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Please tell us anything else you think it is important for us to know about your child

If you are interested in other services funded by The Children's Trust, please call 211 or visit www.thechildrenstrust.org

How did you hear about us? _____

PICK UP LIMITATIONS

(Child's Parent/Guardian information listed on first page is assumed approved to pick up child unless otherwise notified.) Circle "YES" next to the person's name if they are permitted to pick up. Circle "NO" if that person is NOT permitted to pick up.

Name YES/NO Name YES/NO Name YES/NO

Code Word: _____

ADDITIONAL EMERGENCY CONTACT

If Primary Care Giver listed on first page CANNOT be reach, please consider someone outside of your household with alternative contact information.

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

MEDICAL INFORMATION (THIS AREA CANNOT BE LEFT BLANK) **FOR NO Medical Problems, Chronic Conditions OR Allergies write "NA"**

Doctor: _____ Office Phone Number: _____

Allergies (drugs, special medical problems and chronic conditions such as epilepsy, asthma, any dietary needs, insect bites, etc.): _____

By initialing below I, as the parent or legal guardian, acknowledge the following information or policies.

_____ **PAYMENT POLICY:** If applicable, all fees are due Monday of each week. **PAYMENTS NOT RECEIVED BY MONDAY 6pm, your child(ren) will not be allowed to attend camp Tuesday morning.** Fees are not pro-rated for absences.

_____ G-Rate and PG movies such as Space Jam, Parent Trap, & 101 Dalmatians are occasionally offered. If you authorize your child(ren) to view PG movies, please indicate by initialing.

_____ In the event of a medical emergency, I _____ (Parent or Legal Guardian) hereby authorize Knowledge Builders to seek emergency medical treatment for my child(ren).

_____ I have received, read, and understand all pages of the 2019 Parent Summer Handbook which contains Section 402.3125(5), F.S. required that parents receive a copy of the Child Care Facility Brochure, "Know your Child Care Facility" (CF/PI 175-2) brochure and Section 65C-22.006(3)(c)2, F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

_____ **Influenza Virus, The Flu, A Guide to Parents:** During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September. My signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents located in the 2019 Parent Summer Handbook.

_____ **Client Confidentiality Policy:** Staff will to the best of their ability; ensure confidentiality and privacy in regard to history, records and discussions about the people we serve. The very fact that an individual is served by Knowledge Builders of Florida, Inc. must be kept private and confidential; disclosure can be made only under specified conditions, which are described more in detailed outlined in 2019 Parent Summer Handbook. This means that staff shall not disclose any information about a person, including the fact that the person is or is not served by our organization, to anyone outside of this organization unless authorized by the client or the client's designee. The principle of confidentiality must be maintained in all programs, departments, functions and activities. The following policy directives are mandatory. The full Client Confidentiality Policy can be reviewed in the 2019 Parent Summer Handbook.

_____ **WAIVER AND MEDICAL RELEASE AGREEMENT:** I, _____ (Parent or Legal Guardian) do hereby release Knowledge Builders of Florida, Inc., their employees, successors, agents, attorneys, and all other persons, corporations, or insurance companies liable or who might be claimed to liable, from any claims, demands, injured, or damages, resulting from any accident which may occur as a result of my child(ren) in the program.

_____ I, _____ (Parent or Legal Guardian) hereby authorize and give consent to the staff of The Children's Trust of Miami-Dade County and Knowledge Builders of Florida, Inc. **consent and authorize** or **do not consent and authorize** 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. 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 and Knowledge Builders of Florida, Inc. 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, Board members and Knowledge Builders of Florida, Inc.

I have read and fully understand the contents of this application. I have completed the application to the best of my knowledge and ability. I understand that if any information listed in this application changes, I will notify Knowledge Builders immediately. The child listed above has/have my permission to participate in the activities, trips, and events sponsored by Knowledge Builders. In case of an emergency an alternate person will be called if the parent(s) cannot be reached by phone. The undersigned, individually and as parent or guardian of the participant, hereby authorize Knowledge Builders of Florida, Inc. to carry out any measures deemed necessary should as emergency occur, including at the expense of the undersigned, appropriate medical treatment for the participant, and hereby releases Knowledge Builders, its employees and agents, from any liability or claims arising out of the participant's engagement in the above described events.

Your signature below indicates that I have received the items below and that the information on this enrollment form is completed and accurate.

I give my permission for this information to be submitted to The Children's Trust for program quality and evaluation purposes. The Children's Trust provides funding for the program.

Parent or Guardian Signature

Date

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PERMISSION FOR FOOD-RELATED ACTIVITIES & SPECIAL OCCASION FOOD CONSUMPTION FORM

Pursuant to 65C-22.005(1)(c)2., F.A.C, licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: group cooking projects, gardening, program wide celebrations, and birthdays.

I _____ give permission for my child _____
(Parent/Guardian) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

- My child **DOES NOT** have a food allergy or dietary restriction. He or she may participate in activities.
- My child **DOES NOT** have a food allergy or dietary restriction. He or she **may not** participate in activities.
- My child **DOES** have a food allergy or dietary restriction. He or she **may not** participate in activities.
- My child **DOES** have a food allergy and/or dietary restriction. He or she may participate in activities, but not eat or handle the following items. (Please list below):

.....

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

(Parent/Guardian) (Date)

ACKNOWLEDGEMENT FORM

- Section 402.3125 (5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24
- Section 65C-22.006 (3)(c), F.A.C, requires that parents are notified in writing of the disciplinary practice used by child care facility.
- During the 2009 legislative session, a anew law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

Your signature below indicates that you have received the above items and that the information on the enrollment form is complete.

(Parent/Guardian) (Date)