



CHILDREN'S TRUST
OF ALACHUA COUNTY

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 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 Days of Youth Programming to Be Offered

Please add a "x" for each day summer camp programming will be offered:

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"/>		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"/>		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"/>		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"/>		28	29	30	31				25	26	27	28	29	30	31

*School ends on May 31, 2024
June 19th is Juneteenth
July 4th 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 12th 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.

- Income Statements (Pay stubs or other proof of income statements)
- Recent Tax Return
- 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

**PLEASE FILL OUT ALL FIELDS ON PAGES 1 - 4, SAVE THIS FILE AND EMAIL IT TO
IAMSTEMCAMPSCHOLARSHIPS@GMAIL.COM**



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)
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- o Letter from Employer

of Adults in Household: _____

of Children in Household: _____

Annual Household Income: _____

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