



SUMMER CAMP REGISTRATION

July 8 - August 2, 2019

Beginner Camp

____ City Church, Homestead (July 8 – August 2)

Child's Last Name _____ First _____ Middle _____

Child's Date of Birth (mo./day/yr.)

Child's Gender Male Female

Last 4 Digits ONLY of Child's Social Security #

No SSN Prefer not to give

Miami-Dade County Public School ID #

No MDCPS ID Prefer not to give

Child's Current School _____ Child's Current Grade

Is Child Proficient in English? Yes No

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, Kid Care, Medicaid)? Yes No

(If not, we may be able to help you find affordable coverage – call 211 or visit www.thechildrenstrust.org)

Child's Primary Caregiver (Parent/Guardian) _____

Primary Caregiver Email _____

Primary Phone

Type: CELL HOME

(You may be contacted by The Children's Trust for quality improvement purposes)

Number of Children Living in the Household (including child participant)

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.



Does Child Have a Disability? Yes No (Information Needed for Grant Purposes)

If yes, do you have (check all that apply)

- An Individualized Education Plan (IEP) at school
- system a Section 504 Plan
- 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

If yes, how would you best classify the disability type(s)? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Chronic Medical Condition | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Emotional/Behavioral Disorder | <input type="checkbox"/> Visual Impairment (or blind) |
| <input type="checkbox"/> Hearing Impairment (or deaf) | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Intellectual Disability (or MR) | <input type="checkbox"/> Other Disability _____ |
| <input type="checkbox"/> Learning Disability | |

Instrument _____ **Years of Study** _____ **Private Teacher** (name) _____

Shirt Size (circle one) **YOUTH:** S M L

ADULT: S M L XL XXL

PAYMENT

Registration will not be complete until tuition is paid. Applications submitted after May 1, **2019** will incur a \$50 late fee. If tuition is not paid by May 15, **2019** the student's slot will be forfeited. See next page for Tuition & Fees. Students must be fully registered in order to participate in any camp activities. Camp information, handbook, forms and details are available at www.qmys.org.

Mail or hand-deliver (no email or fax) registration forms and payments to:

GMYS, 5275 Sunset Drive, Miami, FL 33143

Checks to be made payable to GMYS

I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes. The Children's Trust provides funding for the program. I understand my information will not be given to a third party without my consent and will be properly safeguarded by GMYS.

PARENT / GUARDIAN SIGNATURE _____

DATE _____

Questions: Contact GMYS

Phone: (305) 667-4069

Email: camp@qmys.org

FOR STAFF USE ONLY (MUST BE COMPLETED)

PRIORITY POPULATION MEMBERSHIP (check all that apply):

- Migr Farm Wrk Dep Syst Delin Syst

TUITION & FEES

1. A **\$50** Non-refundable Application Fee is due by **May 1, 2019** with this registration form
2. **Tuition must be paid in full by May 15, 2019** (see the chart below for possible Reduced Tuition Rates – if you believe that you qualify for a Reduced Tuition Rate, your most recent tax return MUST be attached to this form along with the \$50 non-refundable application fee)

Family Income (Adjusted Gross Income)	Tuition
Above \$53,000	\$200
Above \$45,000	\$100*
Under \$38,000	Free*

SCHOLARSHIPS WILL BE AWARDED ON A FIRST COME, FIRST SERVE BASIS

*Most recent tax return MUST be attached to this form to be eligible for reduced tuition rates. Contact GMYS staff regarding special circumstances. For Payment Plan, please complete and submit Financial Aid application which can be found on the website.

3. OPTIONAL: **BEFORE CARE - \$60 per child for the full 4 weeks**
*Can be paid in-full at the start of the camp
 OR \$15 per week can be paid on the Monday of each week*
Before Care begins at 7:30 AM.

My child(ren) _____ will require Before Care during the GMYS Summer Music Camp. I will sign my child(ren) in and out of before and/or After Care. I agree that GMYS is not responsible for my child(ren) if they are dropped off before 7:30am. I acknowledge that the proper authorities will be notified if A) I or another emergency contact person does not arrive to retrieve the child(ren) by 1pm, or B) if no contact has been made with the camp staff notifying them of an emergency prohibiting the child(ren) from being picked up.

Please indicate below who will be dropping off or picking up the child(ren) for Before and/or After Care. This person MUST sign in and sign out the child(ren) with the Before/After Care supervisor

Child(ren) will ONLY be released to the individuals listed below:

Name	Relationship to Child	Place of Employment	Work Number	Cell Number

ATTENDANCE POLICY

Students absent more than six (4) days for the duration of the six-week summer camp will be dismissed from camp and not be allowed to participate in next year's summer camp. Attendance at all concerts in mandatory.

By signing below, I agree to all statements and requirements above.

 Parent / Guardian Signature

 Date

Permission to Transport

Comprehensive Parental/Guardian Consent Form and Liability Waiver

(Students cannot attend off-site field trips unless this waiver is signed)

I, (Parent/Guardian) _____ grant permission for my child _____ to be transported in a motor vehicle driven by or hired by GMYS, a MDCPS approved bus service, or a program van driven by a GMYS employee. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult staff members or volunteers. I agree on behalf of myself, my child named herein, and our heirs, successors and assigns to hold harmless and defend GMYS, its officers, directors and agents, and any funding agencies, from any and all actions, claims, demands, damages, costs, expenses, and all consequential damage arising from or in connection with my child being transported by GMYS employees or a MDCPS approved bus service.

I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/ Guardian Signature _____ Date _____

Emergency Contact Information and Authorization Pick-Up

Children will ONLY be released to the individuals listed below in the table and in the Additional Authorization Pick-Up List below.

Name	Relationship to Child	Place of Employment	Work Number	Cell Number

Additional Authorization Pick-Up List: Who else has permission to pick-up your child from camp?

Please list their names here: _____

Walk-Home Authorization

Days _____ Exact Times _____
I understand that GMYS is not responsible for the care of my child after the times listed above.

Parent / Guardian Signature _____ Date _____

Participant Medical Information

Please state below any medical or behavioral conditions your child has or has had that should be considered. Include any medication which needs to be administered while attending the program (allergies, present medication, activities to avoid, behavioral characteristics/techniques, etc). Furthermore, indicate if there are any special needs and/or accommodations necessary that our staff needs to be aware of in order to provide the best possible care. **IF THERE ARE NONE, PLEASE WRITE N/A**

Medical Verification and Consent

I hereby give permission to the physicians selected by GMYS to order X-rays, routine tests and treatment for the health of my child in the event I cannot be reached in an emergency. I give permission to the physician to hospitalize, secure proper treatment for and order injection and/or anesthesia and/or surgery for my child. I attest the participant is physically able to participate in all activities planned and hosted by GMYS and that the participant's physical condition has been verified by a licensed medical doctor, and I consent to any needed medical treatment for the participant in the event of an emergency. I understand as the participant's parent or legal guardian that the activities involve risk, and I do hereby voluntarily assume any and all risk such as injury caused by the negligence of GMYS and/or its volunteers, consultants and officers. My personal insurance bears primary responsibility in case of accident.

Parent / Guardian Signature _____ Date _____



AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, the parent or guardian of _____, hereby authorize and give consent to service providers and the staff of The Children's Trust of Miami-Dade County as follows:

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

the staff of The Children's Trust of Miami-Dade County 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.

Signature of Parent or Guardian

Signature of Witness

Date

Date

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.

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 and Board members.